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Examining aging and care through an intersectional-sensitive lens

By STEFAN SCHWEIGLER[1], ANNA-CHRISTINA KAINRADL[2], HELEN KOHLEN[3], ULLA KRIEBERNEGG[2] & EVA-MARIA TRINKAUS[4]

Aging in a Caring Society: How Power Dynamics Intersect

This special issue emerges from the work of the Center for Interdisciplinary Research on Aging and Care (CIRAC), founded in 2020 during the COVID-19 pandemic at the University of Graz in Austria. Its opening conference, which took place in 2023, led to this publication, which is also inspired by one of the Center's first projects, "Gender Matters: Aging, Care, and Migration," in the framework of the Elisabeth-List Fellowship Program for Gender Studies. Elisabeth List's feminist philosophical legacy including her emphasis on embodied thinking and the entanglement of knowledge, power, and lived experience, shapes the foundation for the critical perspectives gathered in this special issue. CIRAC builds on this tradition by addressing socially relevant questions regarding aging, old age and cultures of care through critically informed research, education, and community engagement.

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This issue's contributions aspire to enhance our understanding of the complexities surrounding aging in the context of a caring society. Age(ing) and care(ing) are constantly materialized, culturally shaped and reshaped, unequally distributed, and generally invisible. Offering diverse approaches to how social and political identity categories intersect, these contributions aim to unravel the dynamics of power relations embedded in the aging process within a caring society. The increasing interest in intersectional research has not yet reached the point of fundamentally affecting how societies think of age(ing) and care(ing). Therefore, this special issue's activist agenda is intentional. It has the potential of affecting social and governmental structures by suggesting alternate perspectives on age(ing) and care(ing) by fostering minoritarian and heterodox theories that transcend disciplinary boundaries. The aim of this issue is to create a space where theories, ideas, and perspectives related to aging and care are brought into conversation by incorporating intersectional and interdisciplinary points of view.

Intersectionality has become a pivotal tool for understanding, analyzing, and critically assessing inequalities in the context of race, class, and gender. Coined by Kimberlé Crenshaw (1989, 1991) and rooted in the work of Black feminist scholars and activists in 1960s and 1970s USA (cf. Bennett 2023), it has since been adapted as a critical lens within aging studies: Scholars such as Toni Calasanti, Neal King, Kathleen Slevin, and others (cf. Calasanti et al. 2006, 2007, 2015; King et al. 2019) extended the intersectional matrix to include the category of age to raise awareness to a broader discourse of social, political, and structural inequities.

In this special issue, we explore intersectionality as a lens to detangle the strands of power and privilege across various fields, rendering visible and challenging dynamics of marginalization, discrimination, oppression, and inequity. We understand that hegemonic power structures are neither linear nor static, but dynamic and shifting dependent on circumstances and situations (cf. Keller & Trinkaus 2024). What the individual contributions to this special issue demonstrate is that what may function as a powerful norm in one situation may turn into discrimination or exclusion in another setting.

In our call for papers to our 2023 conference *Age and Care Graz 2023: Aging in a Caring Society*, we invited scholarly and practical engagements with aging and care that would posit prime examples of living a meaningful life, contributing to a more just and democratic aging and caring in a heterogeneous society. Despite the consideration of community, allyship, and solidarity as salient principles for care as a constituent of a good life (cf. Chatzidakis et al. 2020; Dowling 2022), we must not forget that, beyond a superficial glance, communities thrive on differences rather than being unified hives with only common interests (cf. Joseph 2002). In order to de-romanticize and de-tangle the complicated webs of care and caring relationships, we thus refrain from reductionist assumptions about communities in order to highlight the powerful essence of difference within similarities. As much as we understand intersectionality as a lens to foreground injustice, we simultaneously contemplate on its creative opportunity to uncover the potentials within hierarchies of care. Resonating Davis et al. (2022) we commit to a "willingness to anticipate change and to build into our organization a critical, generative reflexivity and opportunity to learn and grow" from the experiences and outcomes of both, the conference preceding this publication as well as the contributions that follow. In this endeavor, we understand power structures not only embedded in the social and political, the relational, and the caring aspects constituting our lives but also seek to dismantle hierarchies of scholarly imbalance in the way(s) we conduct our own research.

Unveiling Inequalities and Privileges in Aging and Care: The Potential of Intersectionality

Applying an intersectional lens to aging and care research reveals its potential for unpacking the complex configurations of inequality and privilege that inform later life and its research. Intersectionality provides a critical framework for analyzing the reciprocal dynamics that emerge against the backdrop of patriarchal and capitalist structures. Age, in this regard, is as much a marker of difference as a processual identity category, continuously negotiated across time and the intersecting axes of gender, class, race, and embodiment. Through the narratives of the fourth age, for example, neoliberal appropriations of aging and care, such as the individualization and responsibilization embedded in discourses of "healthy" or "successful" aging (Calasanti & Giles 2018), can be interrogated. Even though there is already considerable criticism of these concepts, within critical gerontology (Katz 2013), an intersectional perspective further enriches this analysis. It helps to reveal that these concepts frequently obscure underlying structural inequalities as well as its interconnections with both gender and other axes of difference (Calasanti & King 2015). Intersectional analysis therefore illuminates further how such discourses reinforce exclusion and marginalization, especially for those whose experiences of aging are shaped by multiple, intersecting forms of discrimination.

The potential of intersectionality extends to the critical analysis of care relations. In the context of care it questions conceptions of autarkic and isolated decision-making and enables the integration of diverse aspects of justice as articulated in the narratives of older, intersectionally marginalized individuals (Kainradl 2024). While doubts remain about intersectionality's capacity to inform normative theorizing, it can bring together, as Borras (2021: 208) argues, "the three spheres of health justice: economic redistribution, cultural recognition, and political representation." By foregrounding these interconnected dimensions, intersectionality challenges reductive understandings of justice, and highlights the need for more comprehensive approaches to equity in later life.

Critiques have been raised regarding intersectionality's focus on identity or group-level analyses (Ciobanu 2023), prompting calls – particularly from Marxist feminists – to more robustly address the role of class (Aulenbacher & Haubner 2025) and structural oppression (Bohrer 2019). Although recent studies have increasingly focused on socio-economic marginalization, the risk of establishing hierarchies of categories and privileging certain axes of difference (Dhawan et al. 2024) while ignoring others, or at least neglecting to address the discriminating as well as oppressing structures. The same concern extends to the risk of subsuming and homogenizing diverse individual experiences under broad categories such as race, without adequately interrogating their representational and structural entanglements (Collins 2017; Dhawan et al. 2024).

Globally, the rise of neoliberal and neofascist tendencies has had profound and often detrimental effects on marginalized groups, including older adults. This raises once again the question regarding the relationship between intersectionality and social activism, and the extent to which intersectionality functions as a political concept in the current social climate (Collins 2017; Davis 2020). Those who experience multiple forms of discrimination are particularly vulnerable to these developments, underscoring the urgent need to advance intersectional theorizing and activism in aging and care research.

Reaching Further: Interdisciplinary and Transdisciplinary Potentials in Research at the Intersection of Aging and Care

The contributions to this special issue belong to various academic disciplines and enter into a productive relationship through their heterogeneity. This collection, drawing from the fields of history, philosophy, media analysis, and social science empiricism, aims to mutually highlight questions of age, care, and power relations and to conceive of them as a necessarily transdisciplinary theoretical formation. To this end, they approach the critique of power by intertwining different theoretical traditions, including, among others, critical gerontological, decolonial, and queer/crip/feminist strands. These are brought into dialogue with concepts of power, including those by Foucault, Crenshaw, and Hay. Thus, the contributions also demonstrate that an interdisciplinary claim is often inherent in the intersectional claim, which consists precisely in bringing together minoritized and heterodox perspectives. This results in rich, pliable, and convincing analyses that repeatedly highlight the political prerequisites, limitations, or futurities of aging and care. Discourses, ideas, spaces, infrastructures, technologies, narratives, aesthetics, and academic scholarship itself are thus questioned as to what forms of (collective) action and feeling they enable or prevent for, with, against, or through older people. In each case, it is of interest what type of practice is thereby realized or realizable in a (counter-)hegemonic, experimental, tactical, strategic, or structural manner.

As the contributions in this special issue discuss recurring elements of an emerging, interdisciplinary theoretical formation inherent in the engagement with aging and care, it becomes clear: this is not only about the synthesis and application or deconstruction of established concepts, but rather original interventions that demonstrate specific evidence, plausibility, and urgency. Among other things, this concerns the critical questioning of the relationality of care-giving and care-receiving, as well as questions of intergenerationality and population. A politicization of social diversity, physical frailty, and class-related precarity, as well as existential concepts of mortality, are also negotiated within the framework of the special issue. These highly topical questions reveal that the particular potential of interdisciplinary Aging and Care Studies possibly consists of a science of relationships. In this sense, the contributions work on furthering the concepts of interdependence that, starting from age(ing) and care, opt for an unlearning of normative power structures and, at the same time, pay close attention not to prepare the theoretical potential of this thinking in an abstracted, disembodied, practice-decoupled, or metaphorized way, but always keep it tied back to existential questions of concrete bodies in concrete living conditions.

Reflections, Perspectives, and Pathways: Age, Care, Power Relations

The 10 articles gathered in this special issue approach intersectionality, aging, and care from a wide range of disciplinary perspectives: sociology, history, feminist economics, literary studies, digital media, and gerontology. They also cover different empirical contexts spanning Austria, Australia, Belgium, Canada, Korea, Sweden, and the United States of America. They are presented in three thematic sections. Section One, "Changing Epistemologies of Age(ncy) and Care," features three articles that intervene on different levels, from philosophical foundations of care ethics, the conceptual vocabulary of intersectional analysis, to research practices through which knowledge on aging and care is produced. Section Two, "Infrastructuring Care: Media, Literature, and Design," brings together three articles that examine how care is shaped by cultural and material infrastructures through which older adults engage with the world, including social media platforms, literary narratives, and participatory design processes. This section thus resonates with the emerging field of politicizing and theorizing infrastructures of care (Berlant 2022; Ertner 2022; Manchester 2012; Schweigler 2025). Section Three, "Spatial Experience is Lived Experience," takes up the increasingly important lens of the spatiality of age relations (Kriebernegg 2026; Laws 1997), gathering four articles that ground intersectional analysis in concrete places and institutions – from historical care homes and contemporary workplaces to queer domestic lives and migrant care networks – showing how space, place, and belonging structure inequality in later life.

Changing Epistemologies of Age(ncy) and Care

Albert Banerjee's article "Mortality Matters: Providing a Universal Ground for Care" opens the collection with a philosophical argument for mortality as the universal ground of a caring society. He proposes mortality as a new conceptual foundation for care ethics. Banerjee argues that centering shared finitude across all axes of difference opens a universal ground for care. He points toward a more honest and politically engaged relationship between aging research and the realities of human vulnerability, and proposes mortality as a new conceptual foundation for care ethics.

In their article "Researching the Agency of Older Migrant Women: The Potential of Intersectional Approaches," Anna-Christina Kainradl, Brigitte Kukovetz, and Annette Sprung argue that older migrant women remain undertheorized as agents. They call for intersectional frameworks that are capable of capturing the simultaneous working of gender, migration status, and age, and advocate for expanded conceptual vocabularies that can capture the agency and diverse and often resourceful ways older migrant women navigate their circumstances.

In their article "Intersectionality in Action: Reflections on Decolonizing Research Practice in the context of care(ing) and age(ing)," Justine McGovern, Ingrid Hellström, and Jan Oyebode offer an account of what conducting intersectional, decolonizing research in gerontology means to them. Drawing on fieldwork in communities undergoing rapid diversification, the article examines how researchers themselves reproduce colonial logics even when committed to critical practice. The authors do not merely advocate for decolonized methods but reflect on their own failures, arguing that honest self-examination is a necessary condition for producing knowledge that centers the voices of older adults and carers.

Infrastructuring Care: Media, Literature, and Design

June Oh, in "Beyond Independence and With Care: Reimagining Older Adults' Digital Agency with a Granfluencer" reframes digital agency as a relational and care-based concept, challenging dominant assumptions that equate older adults' digital participation with independent media use. Drawing on feminist ethics of care and the case of Korean social media figure Makrye Park, Oh opens new conceptual ground for understanding how interdependence, rather than autonomy, may be the more generative framework for thinking about older adults' digital futures.

In "An Intersectional Lens: Challenging, Resisting, and Embracing Old Age in Lore Segal's 'Ladies Lunch'," Eva-Maria Trinkaus turns to literary fiction as a site of intersectional inquiry, analyzing Lore Segal's 2023 short story cycle Ladies Lunch through the overlapping axes of age, gender, class, and ability. She shows how Segal's female protagonists simultaneously resist, negotiate, and embrace old age, constructing counter-narratives to ageist stereotypes. The article makes the case for fictional narrative as a productive space for exploring the lived complexity of later life in ways that complement empirical research.

Katja A. Rießenberger, Tobias Wörle, Barbara Barbosa Neves, and Florian Fischer, in "'Moving Sands of Power?' – Power Dynamics in Co-Design Practices with Older Adults" investigate what happens to power when older adults are invited into participatory design processes. Through interviews with Australian co-design facilitators, they identify three constraining dynamics: limited control over recruitment, asymmetries between participants and professionals, and structural obstacles to meaningful inclusion. Australia's colonial history and disability policies make these mechanisms particularly visible.

Spatial Experience is Lived Experience

Ulrika Lagerlöf Nilsson and Helene Castenbrandt, in "A Question of Dignity? Intersectional Perspectives on the Establishment of Old People's Homes in Sweden at the Turn of the 20th Century" trace how class, gender, and age converged in 20th-century Swedish institutional care, where dignified housing was conditional on social respectability, revealing the historical roots of the intersectional disciplining of old age.

In "'I'm Not a Quiet Woman': An Intersectional Analysis of Gender, Class, and Ageism In the Canadian Workplace," Amanda C. Bull and Nicole K. Dalmer draw on semi-structured interviews with 10 older Canadian workers (55+). They examine how ageism is compounded by gender and class in ways that rarely occur in isolation. Women in the study faced the dual burden of being older and female in male-dominated, youth-oriented environments, while economic precarity trapped others in physically demanding roles. The study also reveals how racial privilege shaped some participants' relative "immunity" against discrimination, reinforcing the case for intersectionality as an indispensable lens for workplace policy.

Karin Schönpflug brings feminist economics into conversation with queer aging theory through interviews with LGBTQI older adults in Vienna, Austria. In her contribution "Feminist Economics and Queer Aging: Exploring Caring Labor through LGBTQI Narratives In Older Ages," she examines both sides of the care relationship, the accumulated disadvantages that shape older LGBTQI people's care needs, and the gendered and racialized labor of those who provide that care within neoliberal frameworks. The article argues that combining these two analytical traditions opens new critical ground for understanding care as work, identity, and political economy.

Saloua Berdai Chaouni considers culturally sensitive care as insufficient in "Toward Equitable Dementia Care for Older Migrants: A New Conceptual Framework." Using an intersectional, decolonial framework, she argues on the basis of interviews with older labor migrants and their caregivers of Italian, Moroccan, and Turkish descent in Belgium that equitable dementia care requires challenging racialization and structural exclusion directly, not reducing them to cultural difference.

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Mortality matters: providing a universal ground for care

By Albert Banerjee*

Abstract

Can centering mortality contribute to a caring society? My argument in this paper is that while analyzing the intersections of oppression matters, highlighting the universal need for care also matters. This common ground has been hidden. Drawing on critical theories of medicine and technology, I suggest that health discourses have fragmented vulnerability and death into pathological processes in the hopes of control. Against this backdrop, I use the concept of mortality to support an intersectional analysis that weaves together different forms of ailments – disability, aging, disease, accidents, etc. – to reveal the fundamental vulnerability lying beneath. Centering mortality highlights aspects of life that are essential to care (e.g. finitude, vulnerability, meaning, and our connection to nature). I conclude by exploring the links between the fear of death and the neglect of care, suggesting that learning to engage skillfully with mortality may prove a significant contribution to a caring society.

Keywords: care, death, health, mortality, technology; intersectionality

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Introduction

> Prioritising and working towards a sense of universal care – and making this common sense – is necessary for the cultivation of a caring politics, fulfilling lives, and a sustainable world. (The Care Collective 2020: 19)

Can centering mortality contribute to a caring society? My argument in this paper is that there is important work to be done to foster solidarity around the universality of vulnerability and a shared need for care. This common ground has been hidden. I suggest that health discourses are partially responsible for this, having fragmented vulnerability into pathological processes in the hopes of control. Against this tendency, I want to turn to the wisdom of death to highlight our shared need for care. Death has often been understood as one of the few things that "we" all share, something that binds us together in a common humanity despite whatever may divide us (Sallnow et al. 2022). The rich and poor both die. Though the lives they lead and the deaths they die may be very different, they are both joined in a shared mortality.

Inspired by intersectional research, I suggest using the concept of mortality to bring these various strands together. I have often thought of intersectional research as a form of weaving, bringing together different analytic lenses – gender, race, class, age, sexuality, disability – to illuminate human experience. A similar conceptual weaving is what I undertake in this paper. By starting from death, I use our shared mortality to move beyond the "conceptual limitations of…single-issue analysis" (Crenshaw 1989: 149), weaving together different forms of ailments – disability, aging, chronic illness, etc. – to highlight our shared vulnerability and provide a common ground for care. This then is a contribution to a caring society, one that starts from the wisdom of death.

In what follows, I review some analytic strategies that have been deployed to imagine a caring society and then turn to death as a possible source of solidarity. One might expect that in the health care field the backdrop of death would lead to greater wisdom and compassion. Unfortunately, it does not. Instead, what prevails is a technological rationality that fragments death into an array of risks, such that we can barely recognize any common ground. Against this rationalized death, I suggest that the concept of mortality can act as a frame that highlights elements of our existence relevant to care (e.g. our shared vulnerability, the significance of finitude and meaning, as well as our connection to nature). Moreover, mortality brings these elements to the fore – not at the end of life – but in the present moment: immediately. Paying attention to mortality may help weave strands of existence that are often kept separate, while encouraging us to find the courage to care.

However, the fear of death, as I shall argue, is powerful and is one of the existential reasons for care's neglect. A caring society requires a recognition of shared vulnerability, and that is scary stuff. It is much more comfortable to pretend that care is only needed by some people, and perhaps only because they have failed in some way. I therefore conclude by suggesting that one contribution to building a more caring society might involve developing the knowledges and skills to engage with mortality in ways that do not close down into fear but open up into care, compassion and love. This will need to be both an individual and a collective project. It will also need to be a multidisciplinary project. Moving beyond technical approaches to mortality involves turning to the arts, the humanities, spiritual, and non-Western traditions. The writing of this paper reflects my own scholarly exploration of these diverse fields, nomadic at times, but always guided by interest in learning from those perspectives that engage with mortality in both practical and life affirming ways. This is one of the reasons I find thinking about care so compelling.

Contributions to a Caring Society

> What, we now ask, would happen if we were to begin instead to put care and the very centre of life? (The Care Collective 2020: 2)

There are many strategies that can be used to foster a more caring society. As someone who has worked to understand the limits of technological rationality – and the individualizing, reductionist, materialist worldview it engenders – I have been particularly drawn to those scholars who have recognized that care offers an alternate vision: a different way of seeing and being in the world. This approach is reflected in the research on the logic and ethics of care as well as in feminist epistemologies more broadly which seek to outline a more caring metaphysics (Code 2006; Gilligan 1982;

Mol et al. 2010; Ruddick 1995). These perspectives emphasize that care requires distinct ways of being, knowing, and doing to paraphrase Watson (2005: 305). Supporting care, therefore, involves studying, understanding, and articulating its unique characteristics, effectively giving care its own language. This enables us not only to better understand what is needed for care to be done well but also to discuss and share good care practices. Mol et al. (2010) describe the strategy nicely:

> [W]e seek to give words to things (events, habits, frictions) that have previously been unspoken. Such articulation work may help to make the specificities of care practices travel. Perhaps when articulated, when put in so many words, care will be easier to defend in the public spaces where it is currently at risk of being squeezed. Perhaps care practices can be strengthened if we find the right terms of talking about them. (p. 11)

This approach to fostering a caring society seeks to learn from care itself and develop an appropriate language for representing it. This strategy addresses the common challenge, as noted by Mol et al. (2010), that solutions to carelessness are often imported from unrelated fields. This is particularly evident in the context of nursing homes, where I have worked. Solutions to insufficient care are often borrowed from the financial sector – such as privatization, new public management, and auditing – and have frequently caused harm (Banerjee 2023b). This strategy for creating a caring society then begins from a point so obvious it tends to be ignored: To protect care, we need to understand what care is and what caring requires.

Another strategy has been to centre care in our thinking about society. In Canada, using the federal election as a springboard, a coalition of feminist political economists and activists (Armstrong et al. 2021) came together to elaborate what they called a "care economy." In their *Care Economy Statement*, they offer a vision of care as a fundamental component of basic societal infrastructure that enables both economic growth as well as personal wellbeing. Their statement puts care at the heart of economic thinking. Centering care in this way transforms what the economy is about. From economic growth for its own sake, thinking about the economy becomes about whether and to what degree Canadians are able to receive and give care. Care, in this vision, no longer occurs as an afterthought or an unnecessary cost as it so often does in conventional economic talk. Rather, the statement reveals that care is not only central to the economy but foundational for societal wellbeing. “A well-functioning care economy,” the authors (2020: n.p.) observe, “is key to the functioning of all the other parts of the economy.”

We find a similar strategy in Tronto’s (2013) work on democracy, where care serves as an orienting principle. Indeed, Tronto invites us to reimagine the very purpose of democracy as a means of negotiating caring responsibilities. Care is thus put at the heart of democracy. Again, the world occurs very differently when we do this. What if, Tronto asks, we understood democratic politics as being about caring for citizens and also caring for the needs of democracy? Not least, she suggests centering care in this way would orient politics around the day-to-day struggles that so many working- and middle-class people face. This would make democratic politics clearly relevant. She proposes this approach as a challenge to those who believe the electorate are disinterested. They may be, but this is largely because political conversations do not touch their daily lives. Centering care in democratic discourse, Tronto (2013: xii) suggests, would shift conversations from an “abstract set of concerns about ‘the economy’ to a way of coping with real people’s lives that is much closer to the way that people actually live.” In a prescient observation, Tronto not only argues that giving and receiving care should be central to democracy, but she also emphasizes the importance of caring for the democratic process itself – if democracy is to serve as a viable foundation for equitable social organization.

The above strategies center care as a means of advocating for a caring society. To some degree, they presume a commitment to care – requiring a preunderstanding that care matters and ought to be centered. Another less direct approach, but possibly more compelling for those who are not working in the realm of care scholarship, is an approach that centers the *need* for care. Rather than start from the assumption that care is a good, these strategies aim to persuade by showing a universal requirement for care and thereby build commitment. This is the strategy I am taking in thinking about the significance of death and mortality, but it is worth recognizing that these are not the only entry points.

Others have made similar moves. For instance, the Finnish Viva Collective (Vaivakollektiivi) has introduced the concept of “ailment” as a contribution to a caring society (Zechner et al. 2022). The term refers to the litany of specific troubles that plague us. This includes death as well as the existential "bothering awareness of the fragility and limits of life" (p. 2). More broadly, the concept of ailment draws attention to an "endless diversity" of troubles that plague human beings. Ailment is not specific. Indeed, the concept is intended to be used in the "abstract." In this abstract sense – and like mortality as I shall show – ailment highlights "*generalised care needs*" (p. 3). Seen in this way, the Viva Collective argues that ailment may become a source of connection and community. Of course, the Viva Collective recognizes the fact that connection is not the only response to ailment. Responses may vary. Some care needs are more visible than others. The "ailments of more marginalized bodies remain invisible, unrecognized and barely responded to by other ways than neglect" (p. 4). Thus, from these different responses, there emerges what they term a "politics of ailment." While the authors grapple with various political and organizational responses in their text, their attention to difference is always held against the universal backdrop of a generalized ailing human. "The ailing nature of humans," Zechner et al. (2022) write, "is understood as a permanent and all-encompassing feature that generates action and creates webs of connection in societies" (p. 5).

Just as ailment reminds us of our shared vulnerability and need for care, in what follows, I turn to death and mortality, for they have long been understood to be sources of wisdom, compassion, and solidarity.

The Wisdom of Death

> Death is not waiting for us at the end of a long road. Death is always with us, in the marrow of every passing moment. She is the secret teacher hiding in plain sight. She helps us to discover what matters most. And the good news is we don't have to wait until the end of our lives to realize the wisdom death has to offer. (Ostaseski 2017: 1)

Death has long been used as a reminder of our shared predicament as vulnerable, mortal beings. The notion of death as the great equalizer was perhaps most famously represented by the Dutch Renaissance artist Hans Holbein ([1538] 2017) in a series of 41 woodcut illustrations published as *The Dance of Death* (see Figure 1). Each illustration depicts a member from a cross-section of society as she or he is brusquely wrenched from everyday routine. In these illustrations, Death is sometimes portrayed as

Figure 1. The Nobleman.
Source: Hans Holbein’s Dance of Death (1523–5) The Public Domain Review.

a malicious skeleton mocking its victims while dragging them off to the grave. In one image, the Pope is giving a speech at a magnificent crowning ceremony, oblivious to Death, who is smugly reading his notes over his shoulder. In another, an Emperor sits listening to counsel as Death hops on his throne and snatches the crown off his head. At the king's banquet, Death serves the wine; the Queen is greeted by Death dressed as a jester; a duchess is dragged from her bed; a blind man is helped across the street by Death who holds an hourglass over his head. In other depictions, Death appears compassionate, even sad. When leading an old man to the grave or taking a young mother's child, Death almost seems to regret its task.

The Dance of Death serves as a timeless reminder of life's fragility and the inevitability of its end. Reflecting on the series, Kidder (1998) remarks that it was intended to be explicitly didactic. Its goal was to vividly underscore the universality of mortality. As such, it formed part of the *memento mori*, an artistic tradition that urged the contemplation of death and the need for preparedness. Reflecting the emerging humanism of time, Holbein's series also critiques the societal hierarchies starkly revealed by the equality served by Death.

While contemporary examples of the memento mori tradition can be found (e.g. see the contemporary resurgence of stoicism Irvine 2009 or the Mortality Collective 2024), the task of sharing the wisdom of death has been notably embraced by hospice practitioners who have written compellingly about death – not only to support those approaching the end of their lives or grieving loved ones but also, importantly – to share the wisdom gained by working with the dying. They offer lessons for the living. Take for example, the work of Ostaseski (2017), co-founder of the Zen Hospice Project. He describes how engaging with death has taught him to embrace life more fully, to open his heart to the plight of others, and to engage with suffering without being overwhelmed. While acknowledging the difficult, messy, and sometimes cruel realities of dying, Ostaseski also emphasizes that death has deepened his appreciation for life. He characterizes death as a "secret teacher" that is always with us, offering transformational lessons if we pay attention. Death is not only for the dying. In Ostaseski's (2017) words:

> Without a reminder of death, we tend to take life for granted, often becoming lost in endless pursuits of self-gratification. When we keep death at our fingertips, it reminds

> us not to hold on to life too tightly. Maybe we take ourselves and our ideas a little less seriously. We let go a little more easily. When we recognise that death comes to everyone, we appreciate that we are all in the same boat, together. This helps us to become a bit kinder and gentle with one another. (pp. 2–3)

This ability to reveal common ground amidst difference and open hearts towards compassion is one of death's secret powers. Such wisdom is particularly relevant for those engaged in the health field, for death lies at the very core of the health care project. It is, after all, in matters of health that we confront human vulnerability most profoundly. It is in matters of health that we come face-to-face with our own mortality and those of the people we love and care for. Death is not only the terrain of health, but the dominant model of medicine – biomedicine – is epistemologically rooted in death and the dead body. There is an epistemic reason why hospital floor plans are organized around specific organs and systems – the cardiac unit (heart), hepatology (liver), hematology (blood), neurology (brain), and so on (Prior 1988). This structure reflects biomedicine's origins in the study of the corpse (Leder 1992) about which I will have more to say further in the text. For now, it is simply worth noting that the healthcare endeavor is intimately related to death. Given the wisdom to be gleaned from death, one might expect that training in healthcare would naturally foster compassion, open-heartedness and solidarity. It does not – and this contradiction merits some consideration.

Death and Technological Approaches to Health

Despite the potential for death to serve as a ground for solidarity and compassion, prevailing health discourses have transformed death, fragmenting any notion of a shared death into a myriad of individual disease processes in the hopes of gaining control. This desire for control and to avoid the vulnerabilities that come with being mortal is understandable. Yet it has radically transformed death and reduced its potential for serving as a source of wisdom. To better understand how, it is helpful to turn to Heidegger's theory of technology as it provides a unique perspective on how values can transform reality (Edwards 2000).

In Heidegger's (1977) provocative theory of technology, he claims that technology should not be regarded merely as a collection of devices or objects but as a way of revealing the world. More specifically, technology is a way of revealing the world oriented by a "will to mastery" or an ethos of "ordering" (p. 6). Put more colloquially, technology is what we see when we seek control. Technology "enframes" (p. 20) the world, according to Heidegger, so that it shows up in particular ways. Consider a painting that has a black frame on it and then replace that frame with a gold one. The painting will be transformed not because its nature has changed but because the frame heightens certain colors and diminishes others. A painting that might leave us emboldened with one frame may leave us melancholic with another. Heidegger's perspective is particularly relevant in the context of health care, because it emphasizes the central role that values – such as care or control – play in shaping reality. From a Heideggerian perspective, values are not secondary considerations; they are constitutive. What Heidegger is claiming in his theory of technology is that, as an ethical orientation or ethos, technology quite literally shapes how the world occurs to us.

The ethos of ordering reveals the world in specific ways. Nature, for instance, shows up as a resource for use – what Heidegger (1977) termed a "standing-reserve" (p. 17). A forest occurs and can indeed be valued by economists as timber to be used for the construction of houses. This is another fascinating aspect of Heidegger's approach to technology. It reverses the presumed relation between technology and science. Rather than technology following science, as the application of scientific knowledge to practical purposes, technology reveals the world for science to know. Specifically, through a technological frame the world shows up as orderable and science – including health science – aims to enact that vision.

While there are certainly limitations to this way of thinking about technology, Heidegger's perspective helps us understand that a defining feature of the scientific revolution was a radical transformation in the way the world occurred (cf. Berman 1981). The world came to be seen not as a living whole that humans were a part of but as a dead, mechanical entity. The modern universe was metaphorically likened to a clock. This mechanical metaphor became the primary means of seeing, then knowing, then acting upon life itself. It is a version of the world inspired by the desire for order, control and autonomy. In such "fantasies of mastery" (Code 2006), death has also been transformed. It has been reduced to a material and mechanical process: fragmented along causal lines into innumerable disease processes that transpire deep within bodies and at the end-of-life. This scientific representation of death, which I examine briefly further in the text, empties any understanding of death as a “teacher,” “leveler,” or “companion” of ontological merit, rendering them as merely fanciful or at best poetic notions.

Biomedicine and the Ordering of Death

Research on the medicalization and rationalization of death within sociology and anthropology offers poignant examples of how technological enframing has transformed death (Foucault 1973; Lock 2002; Prior 1984; Seale 1998). Prior to the advent of biomedicine, the vitalist perspective predominated in European medical circles (Foucault 1973). From this perspective, Death was understood to be a force that competed with Life. Death would inevitably win as it must, but the battle could be long and drawn out. When anatomists opened cadavers for study, the lesions they saw were understood to be the effects of this battle: they were caused *by* Death. Death had agency within the vitalist perspective.

However, with the emergence of the mechanical worldview, anatomists no longer believed death was a force battling life (Foucault 1973). Rather, when they cut open cadavers, they saw something entirely different. They saw causes *of* death. Death within this mechanical vision was no longer a cause to be reckoned with but an effect. It was an effect of a series of physiological processes that transpired deep within our bodies. The field of pathological anatomy was born out of this understanding. Death was no longer a capricious force dragging people off to the grave, as captured by Holbein. Rather, death followed mechanical cause-and-effect laws that could be studied, understood, and ultimately controlled (Prior 1984). This was an optimistic time, and it was thought that biomedicine could bring death to heal.

I want to summarize a few key points from research on the rationalization of death to show how death occurs in this technological vision and why it is difficult for death alone to serve as a ground for care (see Table 1). A technological death is no longer a capricious or vital force. It is not a companion nor teacher, walking alongside us, reminding us of the fragility of life. Rather, death has been temporally reduced, ultimately to the

Table 1. Technological death

Some of the ways the ethos of ordering reveals death
Death occurs as a pathophysiological process occurring in the body
Death is fragmented along causal lines
Death is reduced to a definable moment at the end of life (e.g. brain death)
Death becomes the purview of scientific expertise
The dominant language for death is medical (e.g. disease and risk discourses)
The dominant relationship to death is antagonistic (e.g. death is an enemy)
While death may not be avoidable, each instance is potentially preventable

briefest of moments, and pushed to the end of life (e.g. as with definitions of brain death, cf. Lock 2002). It has become little more than a blip that can be represented as the cessation of the heartbeat on your favorite medical TV show. The flat line, that is death.

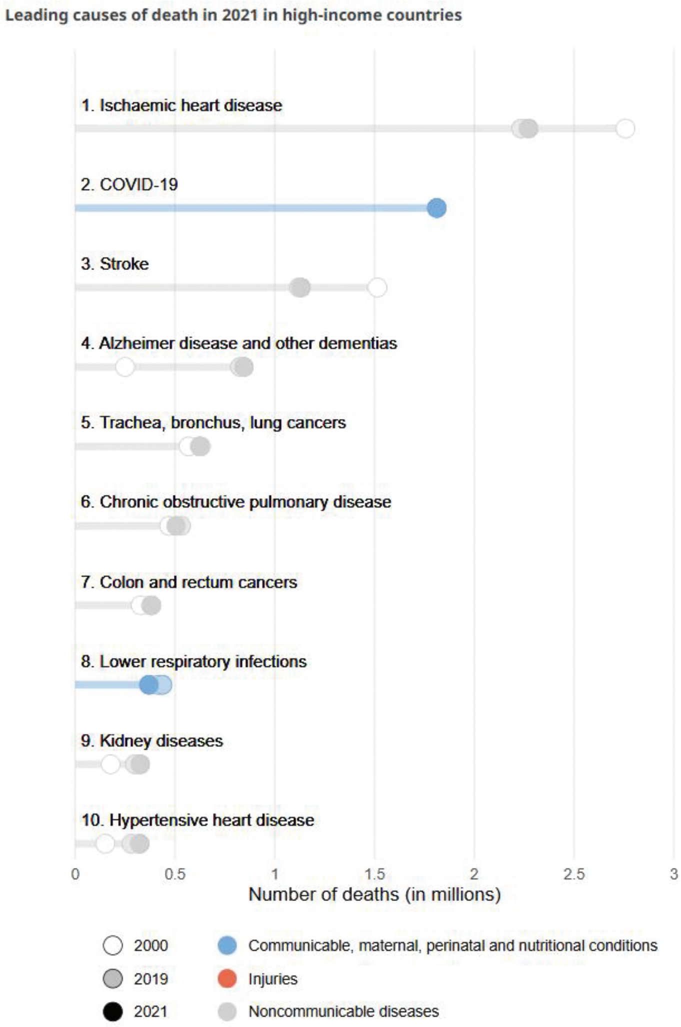
Not only has death been reduced to a moment at the end of life, it has also been confined to our bodies, first in organs, then as biomedicine progressed, it receded further into our cells and then our genes (Jewson 1976). Shifts in medical models also transformed death, though it always remained orderable. As lifestyle and environmental perspectives developed, we came to see death in pollutants and behaviors like smoking or unprotected sex. COVID-19 has taught us to see death in handshakes and hugs. Thanks to health discourses, death has made it back into life (Bauman 1993). It is everywhere, but now in the form of risk. Additionally, another crucial transformation is that death can only be seen and truly known by select experts and certainly not by artists like Holbein (Banerjee 2008). The modern relationship to death has come to be mediated by the scientific and medical profession. I wait anxiously for blood test results or MRIs to see how close my relationship to death is.

Within this technological frame, death is paradoxically everywhere and yet diminished. It has come to be conflated with disease, as Tolstoi (1903) famously captured in the short story the *Death of Ivan Ilych*. Death no longer stands on its own. Moreover, these disease and risk discourses have a defining feature, as Prior and Bloor (1992) point out: they represent death as rationally ordered and even calculable. It is a vision in which death can be ordered. We can see this representation of death in Figure 2, in the World Health Organization's (WHO 2024) graphic of the top ten causes of death. "Why do we need to know the reasons people die," the WHO (2024: n.p.) asks? They answer: "It is important to know why people die to improve how people live. Measuring how many people die each year helps to assess the effectiveness of our health systems and direct resources to where they are needed most." Yet, in this representation, death is not portrayed as a unifying shared experience. A universal rationale for care is hidden and resources will not be directed there. Instead, death is shattered into specific diseases, and citizens are encouraged to mobilize around each, channeling funds and a hope for cure, while wearing red (AIDS), pink (breast cancer), and purple (Dementia) ribbons.

Equally important, in relating to death through disease an antagonistic relationship is cultivated. Taking the example of high blood pressure (hypertension), I have elsewhere observed (Banerjee 2008) that health education operates as a "metaphysical trojan horse," seemingly providing medical facts while training people to relate to mortality in terms of problems that can and should be managed. This sets up a hostile relationship with death, while obfuscating any other way of relating to mortality. Care and compassion are not called for. Indeed, such attitudes might be naive. Hypertension, for instance, is commonly represented as a "silent killer." Being killed is very different from dying. Not only is it not normal to be killed (even though heart disease is one of the most common causes of death in high-income countries) but one does not typically approach killers with compassion. In an orderable world, such disorder is criminal. In its silence, this killer must be sought out.

Given the prominence and power of these health narratives, it should not be surprising that when the time for dying comes, many people are unprepared (Gawande 2014). Nor should it be surprising that many scholars concerned with aging and the twilight of life, such as Davis (2020) or Lamb (2017), are critical of health discourses' emphasis on agency and autonomy. These are all astute and compelling observations, but they frame the problem with death as a later life concern. Our relationship to death has relevance much earlier. The biomedical approach to death – and the fantasy of mastery that underwrites it – shapes how mortality is understood and related to throughout life. Thus, it should also not be surprising that a strong caring infrastructure is lacking or that even considering such a venture might be akin to giving up or acting recklessly in the face

Figure 2. WHO Leading Causes of Death.
Source: WHO (2024, August 7), *The Top Ten Causes of Death*, The World Health Organization. Geneva. https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death (Accessed: December 8, 2025)



of a death that should and can be ordered. Like death, care is pushed to the margins in the hope for control.

Beyond Ordering: The Ethos of Care

There is nothing inherently wrong with the will to mastery. To be sure, seeing death in mechanical terms has been incredibly useful, enabling some understanding of "how we die" (Nuland 1993) and some measure of control over the manner and time of dying. Rather, given the limits of a technological orientation – which are becoming apparent in more than the health field – my concern is how else may we relate to death? What values could orient us and what worlds may this open?

Care is one possible value orientation. Building on Heidegger, as a value orientation, care also reveals worlds. Care theorists like Joan Tronto can look at democracy and see an entirely different world, a set of problems and possibilities, that have to do with democracy's capacity to support care. Similarly, Pat Armstrong, the lead author of the *Care Economy Statement*, can listen to economic discourses and immediately hear the way care is presumed to be an exception and expense: in both cases occurring as unnecessary, unfortunate and avoidable. Centering the ethos of care offers a unique perspective on the world, highlighting necessary actions and the knowledges required to support them. Care also brings certain ontological features of the world into focus – interdependence, relationality, plurality, dynamism, emergence, and more – that stand in stark contrast to the mechanical worldview (Banerjee 2023b).

Among the most significant differences in the world of care is the acceptance of mortality. Care reveals a world in which we are mortal and our "fundamental vulnerability" (Baars 2012: 81) is brought to the fore – not in a fragmented, bio-mechanical sense – but as a *condition* of our existence. Take a moment to consider what Mol (2008) writes about the logic of care:

> [I]n care versions of the world, the hope that one might live happily ever after is not endlessly fueled. You do your best, but you are not going to live "ever after." Instead, at some point, sooner or later, you are bound to die. Along the way, there will be unfolding tensions and shifting problems. Care is attentive to such suffering and pain, but it does not dream up a world without lack. Not that it calls for cynicism either: care seeks to

> lighten what is heavy, and even if it fails it keeps on trying. Such, then, is what failure calls for in an ethics, or should we say an ethos, of care: try again, try something a bit different, be attentive. (pp. 12–13)

In the above quote, Mol (2008) recognizes that it is possible to inhabit different versions of the world. In the version of the world revealed by the ethos of care, we show up as mortal, vulnerable, and prone to suffering and failure. Vulnerability, failure, death are baked into a caring world. Thus, who we are, what we do, how we discern and know must occur differently than in the version of the world revealed by dreams of mastery. For instance, in the face of "lack," Mol imagines a form of agency that, as I understand it, holds in tension the will to mastery with a recognition of limitation. Care accepts mortality, but it is not passive. Care does not surrender. Neither does it dream up a world without "lack." Human agency and the respect for limitation are held together. Thus, the "art of care," as Mol (2008: 32) explains, "is to act without seeking to control. To persist while letting go."

Care and mortality call forth one another. Personally, I have found that when I engage with care theories and practices – or in those moments when I am providing care – I am more attentive to mortality. And conversely when I pay attention to mortality, the centrality of care to living well becomes apparent. Because of this intertwining, I suggest that centering mortality can assist in calling forth care. In what follows, I outline some of the elements of life relevant to care that mortality reveals.

Mortality as a Condition of Being

> Mortality, n.
> 1.a. The condition of being mortal or subject to death.
> (Oxford English Dictionary 2023)

While a fragmented death may be a difficult catalyst for solidarity, mortality may prove more productive. As the Oxford English Dictionary definition above indicates, mortality is a condition. It is not a moment at the end of life. It is not something that happens to us. It is a state of being. It is ongoing, something that we all are at every moment: subject to death.

This ever-presence is useful. We all are mortal now. We are mortal at age 5, 21, 43 and 75. We are mortal in the morning and at night. Our mortality is something we share in the present moment. Mortality puts us in the context of a finite, vulnerable life, not as a future possibility, but as an immediate condition of being. In this way, mortality serves as a frame that highlights numerous aspects of our being that have significance to care (see Table 2).

Most obviously, mortality draws attention to the fact that we die. As an inevitability, dying becomes much more than a medical matter (Davis & Scherz 2020). It is an ethical, existential, spiritual and relational process. As noted previously, there is wise scholarship from the hospice and palliative care community offering profound insights about how we can support the dying while preparing for the process ourselves (Mannix 2018; Miller & Berger 2019; Tisdale 2018). Some of the best writing about the end-of-life, whether scholarly or literary, holds profound wisdom for the living (see, e.g., Broyard 1992, or Kalanithi 2016, for excellent literary examples). This literature questions the divide between life and death, suggesting there is much the living can learn from the dying. What's more, recent trends in palliative care, specifically the Compassionate Communities movement, are aiming to inspire lay engagement with death, recognizing dying is not just a matter for professionals (Kellehear 2013). These efforts are blurring the professional boundaries that have kept death outside life and putting death back in conversation with living well.

Less obviously, but more importantly for the universality of care, mortality draws attention to the fact that we are fundamentally

Table 2. Mortality as a frame

A partial list of those aspects of life revealed by mortality
Mortality highlights the relevance of death throughout life
Mortality highlights our shared vulnerability
Mortality draws attention to finitude
Mortality reveals that meaning matters
Mortality highlights our connection to nature
Mortality draws attention to dying

vulnerable – we are subject to accidents, mistakes, misfortunes, diseases and ailments of an innumerable variety. As a frame, mortality reveals these disparate vulnerabilities and weaves them together into a whole such that they stand out. There is no escaping. Harms can happen predictably or unexpectedly and, in both cases, well before the end of our lives. Even if we are fortunate to live a long life, this will only increase the chances of living through loss (e.g. of those we love, perhaps even our children). By highlighting our shared and ever-present vulnerability, the frame of mortality as a "condition" encourages us to recognize why care matters for all of us, not just for some, not just for the weak, or morally suspect. Mortality reminds us, as Mol (2008) points out, that there are limits and that fantasies of mastery are not the only dreams one can live.

Mortality also draws attention to finitude. Indeed, mortality is a specific instance of finitude (Baars 2017). But only one instance. Finitude is broader category, though it lacks the personal resonance of mortality. Finitude points to the ever-presence of change – things come and go – impermanence is the norm. This awareness invites us into a very different world than the one revealed by the ethos of order. It is not a mechanical world of stable, autonomous parts. Instead, it is a fleshy, fragile world where change and uncertainty are inescapable. Expecting stability from an impermanent world inevitably leads to suffering. Thus, one task mortality reveals for a truly caring health sector is helping people to live and love well in the face of finitude, where the very people and things we cherish will shift, change, decay, or die. Embracing mortality thus awakens us to our finite nature and the nature finitude.

The concept of mortality also highlights the significance of meaning. Finite time lends a poignancy to existence. Gerontological research finds that as people become cognizant of endings – of any sort, not just death – priorities change (Carstensen 2021). One of the great psychological insights of the European existentialists – and of many spiritual traditions as well – was that confronting mortality could be ethically productive (Yalom 1980). It could become a useful tool for those wanting to live an authentic life. The noted Austrian psychiatrist, Victor Frankl (1959), used the deathbed as a therapeutic technique. He would ask his clients, who were struggling with difficult decisions, to imagine themselves on their deathbed looking back at the present. What would they wish they had done? The deathbed scenario was an impetus to free them from constraints, such as tradition or the desire to please. Recognizing that at the end of their life, they only had themselves (and maybe their god) to answer to, what should they do? Anecdotes abound of people, who upon a brush with death, have reimagined and reorganized their lives: quitting a job that was meaningless, committing to a relationship that was stuck, spending more time fishing or with friends. The reflections, changes and resignations the COVID pandemic inspired may yet be another example of how engaging mortality provokes a search for meaning. There is a reason that Cicero believed contemplating death was the start of philosophy and Buddhist monks meditate on impermanence. Paying attention to mortality reveals the importance of meaning in our lives and opens avenues for caring (e.g. spiritual and narrative care). It recognizes that meaning matters, sometimes more than life itself.

Finally, centering mortality reminds us, although more indirectly, that we are fleshy creatures and part of the cycle of nature. Modernity pitted civilization against nature. Whereas life in the state of nature was represented as nasty, brutish, and short to paraphrase Hobbes (1651[1985]: 186), humans (or perhaps more accurately at the time, white European men) were imagined as somehow above nature, separate and, thanks to science, in control. There is a growing understanding, albeit slowly and unevenly, of the harms of this vision, and that humans have always been part of nature, inextricably in relationship with it (Walter 2023). As with any relationship, there is room for tensions and contradictions. There is power in working with nature. And there are times to push against nature, directing its force like a sailor capturing the wind, to go where we want to go. Attending to our mortality serves as a caveat: much as we push against the winds, we are part of this ecology. Ultimately, we tire, stop and dissolve, becoming fodder for future life. As part of this ecology, mortality calls us to care not only for ourselves but to better manage our interdependence with other species and the natural environment itself.

The above elements are not the only ways that mortality matters (see, e.g., the Mortality Collective 2024). Nor are they all that the frame of mortality invites us to see. Rather, these are just some elements that might inspire reasons to care: to care at the end of life, throughout life, in the face of change and loss, and for the natural world. Mortality is not something that happens to us, over there in the beyond, in the dying. It is who we are. And it is who we must learn to be.

Mortality as Intersectional Analysis and Frame

> Dependence on care has been pathologized, rather than recognized as part of our human condition. (The Care Collective 2020: 23)

As a frame, mortality normalizes impermanence and uncertainty. It foregrounds our shared vulnerability. The world revealed by mortality is a messy, fragile one. It is a world that needs care. Conceptually, mortality enables a sort of intersectional analysis, bringing together categories that have been kept apart. Our shared vulnerability manifests in a variety of manners that get named and isolated: congenital heart disease, Alzheimer's, myopia, chronic obstructive pulmonary disease, leukemia, schizophrenia, hearing loss, depression, Parkinson's disease…the list is near endless. Fields of scholarship construct silos around each category until the whole disappears. Reductionist expertise obfuscates the wisdom of death. When seeing across categories is no longer a habit of mind, it needs to be intentionally cultivated. Mortality as a frame enables an intersectional weaving of these categories until they reveal the fundamental vulnerability that lies throughout.

This process of seeing across difference can support solidarity and collaboration. I want to consider two productive intersections. First, looking towards the end-of-life, as I have already noted, there are potential synergies between gerontology and hospice/palliative care. People working in these fields are concerned with care, working to cultivate community, meaning and joy, under circumstances where mortality is most obvious. Brassolotto and Banerjee (2024), for instance, have written about the ways the age friendly and compassionate community movements may collaborate to lay the ground for a more "death friendly" society in "which people do not fear getting old or alienate those who have" (p. 311). Such synergies become easier to see when mortality highlights common concern.

Similarly, looking earlier on in life, attending mortality reveals productive intersections between disability and aging. For the most part, older adults with impairments are not typically regarded as disabled in the same way younger people are (Leahy 2018). Indeed, for an adult over 65 the experience of an impairment may well be what defines them as "old." This siloing is reflected in the distinct disciplines, theories and policies targeting people with disabilities and older adults. Public policies, for instance, tend to assume that people are either disabled or old, not both. However, some scholars are challenging these conceptual separations, asserting the need, as Leahy (2018) puts it, "for a realistic engagement with the nature of humanity, including its limitations" (n.p.). As with the scholarship on ailment, what is called for is a general vision of "human nature that has limitation and vulnerabilities and is ultimately mortal" (n.p.) as a basis for theorizing. In other words, rather than start from aspirations for control and notions of productivity, success and activity, one begins from an acknowledgement of fragility and limitation (Grenier et al. 2017). The concept of "debility" has been proposed to encompass experiences of disability as well as senescence and chronic illness (Livingston 2005). The aim behind the move from disability to debility, as Puar (2009: 166) explains, is to deconstruct the construction of the able-bodied self – not "to disavow the crucial political gains enabled by disability activists globally, but to invite a deconstruction of what ability and capacity mean" – so we can better address the truth of our vulnerability.

Debility, ailment, fundamental vulnerability, and mortality are all concepts facilitating an intersectional weaving of categories that reveal the truth of shared vulnerability. As Garland-Thomson (2009) writes:

> Each one of us ineluctably acquires one or more disabilities – naming them variably as illness, disease, injury, old age, failure, dysfunction, or dependence. This inconvenient truth nudges most of us who think of ourselves as able-bodied towards imagining disability as an uncommon visitation that mostly happens to someone else, as a fate somehow elective rather than inevitable. (p. 19)

Just as there are many tricks by which I can momentarily convince myself I am not vulnerable, there are also many tools by which one can reveal common ground. Mortality is not merely an "inconvenient truth" but a frame that normalizes shared vulnerability and may open hearts and collective efforts towards compassion and kindness.

Confronting the Terror of Death and Care

> Recognizing our needs both to give and receive care not only provides us with a sense of our common humanity, but enables us to confront our shared fears of human frailty, rather than project them onto those we label as "dependent." (The Care Collective 2020: 30)

Finally, I recognize the limits of the assumption that confronting mortality leads to compassion, open-heartedness and solidarity. It can. But that is not always the case. Far from it. Indeed, Becker (1973) won the Pulitzer Prize for his work on the denial of death. He argued that the "terror of death" was an existential driver towards domination. Impermanence, he claimed, could make people feel small and insignificant, prompting them to turn towards compensatory forms of power. They may seek solace in grand narratives and heroic actions or equally in the exploitation and oppression of others. These claims may sound far-fetched, but there is a growing body of evidence from the field of terror management studies that indicates Becker's suppositions are well-founded (for a review, see Solomon et al. 2015).

Along similar lines, Rowe (2024) has compellingly argued that the fear of death lies at the center of capitalism's fixation on unending growth and incessant accumulation. Certainly, the neoliberal vision of society is one of competition and power over others, where the archetypical subject is an entrepreneurial hero, incessantly striving for wealth and status. Even the rise of Trump has been interpreted as a heroic fantasy of people "who are awash with anxieties about death, weakness, impotence and loss" (Devega quoted in Rowe 2016).

Given the terror of death, it does not strain one's imagination to posit that recognizing a universal need for care could be terrifying. To what degree, then, may the denial of care be a denial of death? Care drops us quite literally in the misery of mortality. Caring, as the Care Collective (2020: 27) observes, "puts us in contact with what may be the most daunting, even at times the most seemingly repellent or shameful, aspects of people's mortal, embodied selves." They go on to suggest that this contributes to the relegation of carework to marginalized groups, as this helps some people avoid (at least temporarily) "the sign of our inescapable corporeal existence and hence our mortality" (p. 28).

From this perspective, fostering a caring society involves grappling with mortality *and* the fear it provokes. This is not a concern to be left to the end-of-life. Arguably, approaches to mortality form the bedrock of the societies we inhabit: heroically careless or compassionately caring. Thankfully, research reveals that terror is not the only response and responses can be shaped (Park & Pyszczynski 2016). There are, for example, a variety of wisdom traditions and cultural practices that grapple with death in positive ways. Rowe (2024), for instance, suggests that meditation and certain rituals can act as technologies that transform our relationship to death. More broadly, contemplative traditions – particularly of the yogic and Buddhist varieties – explicitly engage impermanence. They provide values, knowledges and resources that can support people in finding contentment under conditions of impermanence (Banerjee 2023a). Such traditions teach us to think about mortality in ways that open into love and compassion. They hold the good with the bad while enabling a poignant connection to life.

Such practices alone will not be sufficient to "vanquish systematic injustice," as Rowe (2016: n.p.) acknowledges. Worse, they risk becoming individual solutions to collective problems. In writing about death studies, Walter (2025) acknowledges that anglophone research is suffused with individualistic concepts and concerns. Death anxiety, for example, is typically understood as an individual challenge to be addressed through self-care. In this paper, I am suggesting that the anxieties produced by mortality and care also operate at a societal level and therefore require collective responses. This is why I draw on care theories that not only recognize care's unique relation to mortality but also strive to transform societies and economies. In contemplative studies, there are also scholars who are exploring the socially transformative potential of wisdom traditions (cf. Klein Schaarsberg 2025; Loy 2003; Rowe 2024). It is in that spirit that I suggest considering them. While modernity is not homogenous, for instance, palliative care has emerged within the modern health care system (though of course not without struggle), learning from nonmodern and non-western traditions may prove a fruitful way of moving beyond the pervasiveness of technological rationalities. Contemplative traditions offer values – such as receptivity and presence – that reveal the world differently and provide ways of understanding agency beyond the will to order. They may, therefore, complement care theories and have something valuable to contribute to the development of a caring society – one capable of confronting limitation with greater openness and acceptance, thereby helping to address the existential fears that feed carelessness.

Conclusion

In this paper, I have argued that centering mortality – as a condition of being rather than merely the end point of life – can contribute to a more caring society. Centering mortality may act as the grounds for solidarity, bringing to the fore aspects of our being that have typically been pushed to the sidelines, such as our shared vulnerability, the pervasiveness of impermanence, the significance of meaning and our connection to nature. When mortality is accepted, it becomes clear that we need other approaches beyond seeking control. However, a shift in values is no small thing. I have drawn on Heidegger's (1977) theory of technology to argue that values can be constitutive of reality. They shape what we see, what we aspire to do, and what we need to know to do it. For instance, the ethos of control has fragmented death into individual disease and risk pathways, such that it no longer functions as a point of solidarity. Hence the need for the concept of mortality. What's more, mortality and care call forth one another. This may be one of the challenges of caring, that care may provoke both fear of mortality and less than compassionate responses. I therefore conclude by recognizing that building a more caring society will require developing the knowledges and skills to engage with our shared vulnerability in ways that do not close down into fear but open up into care, compassion and even love. This will need to be both an individual and a collective project.

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Researching the agency of older migrant women: the potential of intersectional approaches

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Abstract

The paper explores the agency of older migrant women using intersectional approaches. It provides an overview of existing research on the migration-ageing nexus in the social sciences. Based on this, it highlights the need to focus on the multifaceted challenges and potentials of older migrant women, considering the intersectional dynamics of gender, migration and age. The concept of intersectionality is discussed in relation to how it illuminates the discriminatory experiences and agency of older migrant women. Putting the concept of agency at the centre, the article highlights the importance of understanding agency from a gender, migrant, and ageing perspective. Finally, it argues for an expanded understanding of agency that takes into account the intersecting categories and diverse forms of expression.

Keywords: ageing, agency, gender, intersectionality, migrant

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Introduction

In a recently completed action research project, with the aim of enhancing caring communities in urban areas (Kainradl et al. 2024), we engaged closely with numerous older migrants who played a pivotal role in our initiatives. In addition to other activities, we conducted workshops with a group of migrant women, providing us with the opportunity to gain insights into their varied life situations, compelling narratives and their requirements and capabilities. These encounters have inspired us to *theoretically* reflect approaches and concepts that scrutinise the complex life circumstances and trajectories of older migrant women in this paper.[1] We explore the topic through several approaches. We will refer to scientific findings on the migration-ageing nexus, and to theories on agency, consider the interface between gender and ageing and ask about the intersecting concepts of several categories, whereby we also link intersectionality in particular to the question of people's agency.

In recent years, there has been a growing body of research on the migration-ageing nexus (e.g. Bartig 2022; Ciobanu et al. 2020; Torres & Hunter 2023). However, numerous areas and inquiries within this field have not been thoroughly explored. As will be elaborated in subsequent sections of our paper, key challenges are found, for instance, in examining the interplay and complexity of various social inequality categories, where intersectionality emerges as a crucial approach. Particularly in contexts where migration, gender and age coincide as circumstances vulnerable to discrimination and exclusion, intersectionality as an analytical framework can provide "an integrated and comprehensive approach to examine the simultaneous interactions between multiple dimensions of social identity that are, in turn, situated within broader, macro-level systems of power" (Kobayashi & Khan 2023: 317). Nonetheless, many intersectional studies concentrate on the categories of race, class and gender, often neglecting the factor of ageing. Furthermore, research on the life circumstances of older migrants has frequently emphasised the social hardships

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[1] Selected *empirical* results from the project *Caring Living Labs Graz. Living well in old age* have already been published. These papers focus on the empirical outcomes and deal with topics such as life-world oriented education with older adults (Kainradl et al. 2023), needs and resources of older (migrant) adults and the connected implications for social work (Kainradl et al. 2024), and caring communities approaches & spatial planning in cities (Wegleitner et al. 2025).

experienced by this group, while their resources, capabilities and agency have received limited attention. Therefore, we are particularly intrigued by the potential of intersectionality theories and their capacity not only to focus on the adversities faced by older migrant women, but also to delve into their agency.

The depiction and characterisation of late life, as delineated by Gilleard and Higgs (2021), stand as a central topic of discourse in critical ageing studies. When investigating matters concerning older adults, it is crucial for us to consistently bear in mind that the power dynamics underpinning the categorisation of a population group as *old people* versus a group of younger individuals must not be perpetuated (Katz 1992). The various methods used to define the category of older adults based on their age are rooted either in different, often chronologically structured life stages, the differentiation between capability and infirmity, or the proximity of death (Higgs & Gilleard 2016). The differentiation between the third and fourth age has been particularly impactful (Laslett 1991). It is frequently used in the scientific and public discourse about ageing and is particularly common when referring to the agency of older adults. However, this distinction is also being intensively questioned. Gilleard and Higgs' critique of the fourth age as a "black hole" (Gilleard & Higgs 2010: 121), in which ageing occurs without agency, also pertains to the groups that are the focus of this paper. Older migrant women in the fourth age, but also in the third age, are often seen as people without agency, as we will see later. Additionally, for older migrants, the tendency to homogenise and render them vulnerable remains a significant pitfall.

The gender perspective has been a pivotal focal point in ageing studies since at least the 1970s, when Sontag's (1972) critical inquiry into the "double standard of aging" sheds light on its relevance. Notably, research on older women has been conducted under the framework of *gendered ageism*. The term *gendered ageism*, originally coined by Itzin and Phillipson (1995) to describe age-related barriers in the workplace, has since been expanded and utilised in various contexts (Krekula et al. 2018). To elucidate the diversity within the category of older women, this perspective has also been linked to the intersecting categories of race and sexuality (Calasanti & King 2015), in order to highlight that older woman "are not homogenous but divided by intersecting hierarchies" (Calasanti & Giles 2018: 73).

The focus of this paper is to investigate the contribution of intersectionality theories in comprehending the agency of older migrant women. The paper commences with a succinct overview of existing research on the relationship between migration and ageing in the social sciences, encompassing all genders but with a specific emphasis on the circumstances of older migrant women. Subsequently, it delves into the introduction of intersectionality theories and fundamental concepts of agency, particularly in connection to migration, gender and ageing. A following section presents an intersectionally informed critique of agency, which leads into a final discussion on the potential strengths of intersectional approaches in examining the agency of older migrant women. This paper is underpinned by a review of theoretical perspectives within the domains of intersectionality theories, migration and ageing studies, and approaches to agency.

Older Migrants/Older Migrant Women – State of Research

In the first instance, it is important to clarify who we are talking about when we use the term *older migrant women* throughout our paper. A typology introduced by King et al. (2017) provides a valuable framework for comprehending the diverse array of potential scenarios related to the intersection of migration and ageing, including older individuals affected by the emigration of their children, those who relocate to host countries to be with their emigrated children, (often affluent) retirees who migrate internationally for an improved quality of life, older economic migrants, older labour migrants who return to their country of origin in later life, and those who have aged while residing in their destination countries. In our study, our primary focus is on the latter group mentioned, also known as ageing in place migrants (a term which should not be confused with the concept of *ageing in place* as used in ageing studies to denote individuals living in their residences, rather than, for example, in a care facility). Moreover, our analysis encompasses individuals who migrated at an advanced age to European Union/Organisation for Economic Co-operation and Development (OECD) countries for economic or personal reasons as delineated earlier, as well as those who became refugees in their later years (a category not explicitly addressed by King et al. 2017).

While the mentioned typology is valuable for illustrating the diverse potential life circumstances linked to the migration-ageing nexus, it is essential to note that a territorially constrained perspective in understanding the experiences of older migrants has its limitations. Consequently, a transnational perspective is pertinent for comprehending the intricacy of migration and mobilities, not only in general, but also in older age.

Research on the intersection of migration, ageing and gender has historically received relatively little attention in the social sciences. However, there has been a growing interest in the migration-ageing nexus in recent years (Torres & Hunter 2023). Early research, dating back to the 1990s, primarily focused on migrants who aged in the countries of their destination, but has since evolved to encompass the aforementioned complexities of cross-border mobilities of older individuals. In this paper, we aim to provide a brief overview of the main themes and some key findings regarding the social situation of older migrants present in existing studies in this field. Where relevant data are available, we will specifically focus on the life situation of older migrant women.

Several European and OECD studies highlight that in most countries, the lives of older migrants (of all genders) are more often characterised by a disadvantaged socioeconomic status compared to the non-migrant population, including poor housing conditions, less access to social participation and a higher risk of health problems and poverty[2] (Ciobanu et al. 2019; Gubernskaya & Dobrevna 2023; Kameraj et al. 2024; OECD/European Commission 2023; Reus-Pons et al. 2018). Furthermore, exclusion can also be influenced by language barriers. Many older migrants face obstacles in accessing services in the health and social sector. In addition to structural barriers, cultural factors may also play a crucial role in how people address specific issues, such as intergenerational solidarity norms in caregiving situations, end-of-life questions, etc. (Kainradl et al. 2024).

The majority of the referenced research or surveys have not specifically centred on gender aspects but rather consider gender as one of several socio-demographic characteristics (Honkaniemi et al. 2020; Stypińska & Gordo 2018). However, it is evident, as highlighted by

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[2] Just in a few countries such as Malta or Cyprus, which attract wealthy retirees, the poverty rates of native-born older people are higher than of foreign-born ones (OECD/European Commission 2023).

several studies, that many older migrant women are disproportionately impacted by poverty. For instance, in 2020, migrant[3] women in the European Union, aged 65 or above and not born in one of the EU-27 countries,[4] faced a considerably higher risk of poverty or social exclusion (36.5%) compared to *women without a migration background* (21.1%) or *migrant men* in the same age group (35.8%) (Eurostat 2024). These statistics can likely be attributed to discriminations related to a gendered and racialised work history, potentially resulting in low wages, confinement to certain labour market sectors, care responsibilities and experiences of racism. Additionally, gendered informal care work (Sagbakken et al. 2018) and social inequalities impact the health status of older migrant women (Debesay et al. 2022) and their access to the healthcare system (Arora et al. 2019).

The concept of intersectional discrimination is posited to be particularly relevant in the context of the various potential disadvantages faced by older migrant women (Bartig 2022; Calasanti & King 2015; Kobayashi & Khan 2020). Large-scale surveys analysing social inequalities in old age often do not provide comprehensive insights into the multifaceted reasons behind the data. In this context, an intersectional life course perspective becomes valuable in elucidating the interactions of various categories (Ferrer et al. 2017; Gubernskaya & Dobrevna 2023; Holman & Walker 2021; Katz & Grenier 2023), as well as the impact of the structural framework, such as the welfare system, and the recognition of old age “as a source of disparity in its own right” (Calasanti & King 2015: 195). Several studies employing an intersectional life course approach have already focused on the experiences of older migrant women, such as Tunçer’s (2024) study on the narratives of Turkish women who migrated to Sweden. This perspective allows for a more nuanced understanding of the complex challenges faced by older migrant women, taking into account the intersecting factors of gender, migration and ageing.

In addition to evaluating existing data, examining the emphasis of studies on the *ageing-migration nexus* is valuable. Ciobanu et al. (2020) pinpoint four primary analytical foci identified in studies up to 2019. These

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[3] Migrants are defined here as people living in another country than their country of birth.

[4] This refers to the members of the European Union since 2020.

include a *vulnerability focus* (addressing topics such as social exclusion, discrimination and loneliness,), a *policy focus* (exploring connections to structural aspects and welfare systems), a *transnational focus* (e.g. family support across borders) and a *care* focus (dealing with topics such as care arrangements and care needs of migrants).

Sandra Torres (2019) conducted an analysis of more than 300 papers on *ethnicity and ageing* spanning the period from 1999 to 2017. While the focus on *ethnicity* as a lens is not inherently linked to migration (with a majority of the papers in Torres' review originating from the US context and examining the situation of African Americans, thus focusing on ethnic groups rather than migrants), ethnicity remains a significant factor in the exclusion of migrants. In scrutinizing a subset of the papers, particularly those addressing health and social care in relation to ethnicity and older age, Torres revealed that many, especially gerontological, studies did not consider the diversity among ethnic minorities and reflected a rather essentialist understanding of ethnicity. Furthermore, Torres noted that the primary focus of most research was on the social disadvantages of ethnic minorities rather than exploring their resources. Studies from Europe or Canada dealt more frequently with the accessibility of the social and health care system. Torres also highlighted that the voices of individuals were not well represented in the analysed studies.

The critique of existing studies on the social and health situation of older migrants highlights the need for a more multi-perspective and resource-oriented approach (Ciobanu et al. 2019). Some research endeavours emphasise the potentials of older migrants, such as exploring intergenerational and transnational support in care relationships (Bartig 2022; Vullnetari 2023) or examining the community and civic engagement of older migrants (Kainradl et al. 2024).

It is apparent from this critique that there is still a lack of broader perspectives on older migrant women, which fail to fully acknowledge their capabilities, aspirations and societal contributions. Furthermore, the intersection of different categories of discrimination is often not adequately considered when examining individuals as *migrants* or *ethnic minorities* (Ciobanu 2023). Consequently, a closer look on the concept and theories of intersectionality is important.

Intersectionality

As the term of intersectionality together with its underlying questions originates in the Black feminist movement of the 1970s in the United States, it addresses from its beginnings the multifaceted and intersecting forms of discrimination that individuals encounter. Therefore, intersectionality can be a useful tool as it recognises multiple factors of difference and inequality in the lives of older migrant women (Phillipson 2015).

Already in its origins, societal systems of discrimination and oppression are focused with this concept. Kimberlé Crenshaw (1991) coined the notion of intersectionality to describe the workplace discrimination Black women faced in the United States. Addressing central problems of feminist research (Davis 2013) intersectionality developed into a travelling concept that scholars use to describe discrimination and its dynamics based on more than one social category. This approach was successful because it recognised that single-axis descriptions of discrimination, such as those that focus exclusively on sexism, racism, or classism, are inadequate as they fail to account for the phenomenon of intersecting forms of discrimination. Intersectionality also underscores the necessity for continued critical vigilance towards further marginalised constituencies (Dhawan et al. 2024). Moreover, cumulative or multiplicative lenses obscure contributing factors. In its origins focusing on the intersection of the categories of race, gender, and class, intersectionality is now directed towards various, multidimensional discriminations and situations of privilege.

Ageing and migration studies predominantly employ intersectionality as a tool of analysing discrimination at the individual or group level, with a particular focus on the categories of age, ethnicity, gender and class (Ciobanu 2023). By focusing on the multiple discriminations of individuals and population groups, intersectionality offers a means of identifying social structures that contribute to inequalities. The concept of intersectionality is therefore employed to analyse the way racism, sexism and classism are efficacious within social structures, and to examine them as "interlocking systems of oppression that shape the experiences and life chances of individuals as a consequence of their multi-dimensional social identities" (Green et al. 2017: 214). Furthermore, intersectionality emphasises the underlying structures of society. In particular, it examines the impact of capitalism and patriarchy on the negotiations of identity of individuals. In this way, intersectionality also addresses the extent to which individuals can exercise their agency and where "intersectional differences may also structure the ways in which people are enabled or constrained in expressing agency as they shape access to power and resources" (Holman & Walker 2021: 248). Giving an example from existing empirical research on older migrant women, this becomes relevant when intersectionality is used to analyse the various ways in which older Pakistani women in Norway cope with discrimination in the healthcare sector (Arora et al. 2019).

In the case of older migrants, the concept of intersectionality can be seen as a challenge that serves to highlight the heterogeneity of the older population even further, thereby contributing insights into the power relations associated with age diverse social locations (Calasanti & King 2015). An intersectional lens facilitates the observation of the interplay, for example, between gendered labour conditions, transnational mobilities and intergenerational care-relations (Ferrer et al. 2017). It challenges the ways in which frailty and disability are suppressed in representations of successful ageing and emphasises the necessary structural conditions for a good life in old age (Côté-Boucher et al. 2024). The application of intersectionality to older migrant women from a life course perspective allows for the understanding that individuals accumulate both advantages and disadvantages over time, which in turn shape their life courses (De Silva 2020) entangled on a micro-, macro- and meso-level (Ciobanu et al. 2019).

Further reflections on the categories of intersectionality have to be taken into account for the situation of older migrant women. A critical examination of the theoretical discourses surrounding the concept of intersectionality reveals an emphasis on the distinction between the categories of race, class and gender. Both the submission of diverse categories under one – such as "'First Nation', 'Native American', or '*pueblos originarios*' […] under the umbrella term 'race'" (Dhawan et al. 2024: 72) – as well as the use of other categories of analysis to describe individual narratives are subjected to critical discussion. As Van Dyk observes, age as a category is "either omitted [...] or subsumed under the dimension of the body" (Van Dyk 2020: 37, own translation). Of course, this classification has the potential to facilitate a critical and analytical examination of the utilisation and disciplining of bodies in relation to their productivity.

Furthermore, it has the ability to describe the individualisation of responsibility for maintaining a healthy and productive body. Moreover, such a classification of age under the umbrella of the body elucidates the distinctions and parallels between age and other categories of difference such as gender (e.g. with regard to the similar processes of naturalisation).

Nevertheless, from the perspective of critical ageing studies, this common interpretation of age(ing) as anchored in the corporeality is too narrow (Twigg 2004). It is only when age is regarded as a discrete category that one can undertake an analysis of "age as a norm, age as a (discursive) resource, and age as marginalisation" (Krekula et al. 2018: 39). Conversely, the absence of a distinct age category at the structural level presents a challenge to the investigation of the "dual character of age(ing) as a marker of difference and a process" (Van Dyk 2020: 37, own translation). Furthermore, it obscures the associated temporal elements at the levels of identity, representation and structure.

Despite the marginal status of intersectionality in gerontology and ageing studies (Ciobanu 2023; Holman & Walker 2021), intersectionality has the potential to identify continuities and discontinuities in the biographies and transitions of older adults (Phillipson 2015). For researching the agency of older migrant women, this approach highlights the significance of narratives of difference and inequality. These narratives not only address contemporary issues pertaining to identity construction in relation to age, but also prompt reflection on their ageing throughout the life course.

The concept of intersectionality is therefore referred to in this article as a lens for analysing more closely the agency of older migrant women. It is employed as a "heuristic device for illuminating discriminatory situations" (Davis 2024: 319), as well as situations of privilege. In order to achieve this objective, the concept of intersectionality incorporates structural and representational levels, as well as levels of intra- and interindividual negotiations. These levels are conceptualised in a non-cumulative way. The purpose of using this concept is twofold: firstly, to facilitate analysis of, and secondly, to encourage the agency of older migrant women.

This section has introduced the concept of intersectionality, particularly in relation to its proximity to theories of discrimination. Before we look at the links between the concept of intersectionality and the agency of older migrant women, we will briefly outline the theoretical concept of agency.

Agency

In modern Western theory, agency can be understood as the power or ability of human subjects to act and to influence their environment (Raithelhuber 2008). Its main goal is to promote social change or to challenge structural constraints or social customs (Rebughini 2023). There are several systematic approaches to analyse theories of agency, many of which delve into the relationship between agent and structure, autonomy and domination, subject and object. For the purpose of our paper, we primarily reference Paola Rebughini's (2023) critical analysis of ongoing discussions on agency. She asserts that agency is debated using three different terms, all of which, however, refer to agency as a human capacity and its relationship to structures.

Firstly, in Western European thought, agency is associated with *intentionality*, where individuals have the cognitive and logical drive to act in specific ways. Modern Western thought, influenced by René Descartes, emphasises intentionality, and the individual's ability to change their world. Most approaches in social sciences adopt the idea of agency, viewing the subject as an autonomous agent, who is aware of their actions and negotiates between opportunities and limitations in a given situation (Rebughini 2023).

Secondly, the debate surrounding agency also includes *relationality, situatedness* and *performativity* (Rebughini 2023). Within the American sociological tradition, in the understanding of Mead, Goffman and the Chicago School, agency is viewed as part of interactions rather than solely an expression of an agent's intentionality. "Structural constraints cannot be separable from the creativity of action, because any action can potentially create new structural constraints and any action is based on socialisation to rules and environments" (Rebughini 2023: 25). Likewise, gender studies focus on mutual dependencies by concentrating on the body and embodied critical knowledge. Agency in this theoretical tradition has been conceptualised as situated performativity (Rebughini 2023).

Thirdly, agency is framed as social *practice*, attempting to overcome the dichotomy between the subject and the structure (Rebughini 2023). Pierre Bourdieu (1972/1979), one of the most prominent voices in this debate, uses his concept of *habitus* to analyse social practices. Anthony Giddens (1984/1997) also examines the extent of an agent's autonomy and their potential collective impact on social structures. Bourdieu rather emphasises structural changes over changes through the individual and its habitus (interiorised dispositions), while Giddens perceives that agency, through individual reflection and learning form experience and information, contributes to structuration (Rebughini 2023). Rebughini highlights the significance of this *reflexivity* as an important component of agency for many scholars (Rebughini 2023).

Intersectional Critique on Agency

The main theoretical approaches on agency presented above can be criticised from four relevant perspectives:

(1) In *gender studies* and *studies of intersectionality*, having roots in both feminism and anti-racism, the focus has shifted towards the body and embodied knowledge. Rebughini clarifies that situated performativity is perceived to be crucial for exploring an individual's capacity to act and influence the social environment within gender studies (Rebughini 2023). Influenced by Judith Butler and intersectional theoretical perspectives, agency is seen as "the capacity to develop a critical relation with social normativity. […] It is related to the subject's ability to justify his/her choices, as well as to his/her vulnerability to the contingencies of the social environment" (Rebughini 2023: 26). This perspective on embodied knowledge offered a new viewpoint within the field of agency studies.

(2) When considering intersectionality in relation to older migrant women, it is essential to critically re-examine the concept of *ageing* and in consequence to scrutinise how agency is exercised. Modern biological gerontology sees ageing as a process of physical and mental decline (Dyring & Blonk 2024). Even though critical ageing studies have long and broadly contested this approach (Calasanti & King 2021), this view has a strong influence on the hegemonic discourse – and it is associated with a restriction of agency. Parallel to the discourse of the ageing population as a crisis (Katz 1992), older adults "have been discovered as potentially active and productive citizens" (Van Dyk 2014: 93). Thus, it might be assumed that agency has become the main focus of gerontology. However, from a critical point of view, the active ageing paradigm can rather be seen as

a denial of agency, as it does not really allow individuals to freely choose their goals (Pfaller & Schweda 2019, as cited in De Tavernier & Aartsen 2019). Moreover, it denies the agency of older people already through the way this phase of life is characterised and its adjustment to normalised middle age is made the responsibility of older adults. As one consequence, the concept of agency used so far should be revised by taking into account these critiques.

(3) A *migrant perspective* is also pertinent – especially one, that is critical towards Eurocentric approaches. Rebughini makes clear that a critique of the classical humanism inherent in Western thought, with its focus on the rational subject, unmasked this perspective as silencing the histories of a different critical agency, judged as pre-modern and therefore as being Eurocentric (Rebughini 2023). This is an important perspective for migration studies. Furthermore, Oliver Bakewell (2010) has noted that, in the dualism between structure and agency, theories in migration studies tend to be partial towards structuration. Migration studies that use agency as a theoretical approach tend to stay on a micro-level. This is the case, for example, studies follow De Certeau's (1984) concepts that concentrate on tactics for dealing with everyday challenges (e.g. Ramachandran & Vathi 2022). These approaches focus on the subjects rather than seeing migrants only as objects of both research and social structures or policies.

We consider these first three critical stances as particularly relevant to the discussion of the agency of older migrant women. Nevertheless, we must note that there is a fourth strong criticism that requires the adaptation of the concept of agency: (4) It adopts an anthropocentric perspective due to the reassessment of the relationship between human agenda and *nature/non-humans*[5] – a critique that Rebughini (2023) emphasises the most. While this paper does not deeply analyse this aspect, we believe

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[5] The fourth aspect poses a more fundamental challenge to the concept of the actor compared to intersectional theories. Rebughini asserts that the material dimensions, not only of the body but also of nature and environment, must be considered, leading to the analysis of material connections, including non-humans as agents (Rebughini 2023). This forward-looking aspect of integrating nature into concepts of agency is still notably absent in discussions on migration and age.

that it would be worthwhile to explore this topic further through theoretical and empirical research.

In the following section, we will discuss the possibilities to revise the concept of agency with regard to the first three critiques presented and being relevant for an intersectional perspective on our research topic.

Agency – Intersectionally Revised

Exploring the potential of intersectionality theories to enhance our understanding and analysis of agency and to promote the agency of older migrant women, we first refer to dominant approaches to intersectionality. In a second step, we address the aforementioned critiques of agency theories and discuss how agency might be conceptualised to adequately address the intersection of age, gender, and migration.

Intersectionality as a Tool for Analysis and Social Action

Intersectional theories have the potential to identify oppressive structures and to go beyond the binary attribution of agent and structure. They shed light on individuals and groups, as well as their capabilities and problems, that are otherwise invisible. The concept of intersectionality can help us to understand the multifaceted social and political affiliations of individuals' identities. The different categories, such as gender, migration and age, interact in many ways and have the potential to reinforce each other. This is the case, for example, when the deskilling of women due to their migration history, combined with a gender-segregated labour market, leads to poverty in old age – or when a wide range of professional experiences due to the migration-related changes leads to a diversity of expertise. However, different categories can also serve to render individual characteristics and experiences invisible (Knapp 2013). For instance, a medical issue encountered by older migrant women may not be acknowledged as a *gendered problem* because the framing as an older migrant overlays all other categories of difference. The same "intersectional invisibility" (Knapp 2013: 244) occurs when older migrant women are perceived solely in terms of their age, and all the ways of dealing with situations, their resources and networks acquired through the migration experience are not taken into account. Intersectionality can both describe processes of making invisible and unveil their accumulated discriminatory experiences or expertise throughout the life course. Therefore, intersectionality potentially challenges the perception of older migrant women's agency as "passive, helpless, and powerless" (Smarika 2024: 362).

Intersectionality, as an analytical approach that renders visible the challenges and potentials of individuals, is also a starting point for social action. As other approaches that deal with discrimination, intersectionality identifies possible points of intervention at the individual, community, and societal level. In consequence, it has the potential to transform limiting social structures. This can include challenging racist/sexist/ageist attitudes, reforming discriminatory policies and creating inclusive spaces. The project *Caring Living Labs Graz*, mentioned at the beginning of the paper, provides an example of how an intersectional perspective can start to change social structures. In several workshops with older migrants, the multiple transnational caring responsibilities and activities of older migrant women (e.g. for their grandchildren, for their own parents) were rendered visible. They differ from the perspectives of older migrant men (who are less involved in care tasks), but also from older women without migrant biography, whose focus is more on the local environment. The intersectional lens allowed the older migrant women to get into exchange with each other, share their specific knowledge and experience and get appropriate further educational measures organised. Furthermore, these activities and experiences within the project had an awareness-raising effect on various stakeholders.

The potential of intersectional theories for social action is also underlined by critiques within intersectionality discourse that denounce commodification and colonisation in the production of knowledge (Bilge 2013). The critique that "[i]ntersectionality has been whitened, depoliticised, and transformed into a product of the neoliberal academy rather than the helpmeet for social justice it was meant to be" (Davis 2024: 320) goes beyond the question of reception in academia. It emphasises the importance of action inherent in the concept of intersectionality. This is also evident when Cho et al. affirm that intersectionality always goes "beyond mere comprehension of intersectional dynamics to transform them." (Cho et al. 2013: 786). Thus, by building diverse alliances through "intersectional solidarity" (Tungohan & Tormos-Aponte 2024: 295), intersectionality specifically aims to facilitate social justice.

For this reason, intersectionality is frequently defined as both an analytical tool and a starting point for social action. Collins perceives intersectionality as "a lens for examining how critical analysis and social action might inform one another" (Collins 2019: 3). She seeks to demonstrate the intertwining of intersectionality as a critical analytical lens and social action and denounces the classification of intersectionality as a mere analytical tool as "[i]gnoring intersectionality's roots" (Collins 2017: 118).

We can conclude that intersectionality theory aids in analysing the agency of older migrant women by revealing the systemic, intersecting and power-related dimensions of discrimination and thus restricting components for the people's agency, akin to other discrimination-focused theories. Moreover, intersectionality approaches, both in research and in social action, have the potential to reinforce the existing agency of people who are often subjected to discrimination.

Expanding and Specifying the Concept of Agency

Intersectionality theory does not only have the potential to adequately examine and promote the capacities of older migrant women to act according to their own will – either despite limiting or discriminatory social structures, or even with the aim of changing these structures. It also has the potential to re-evaluate and modify the concept of agency itself. Intersectionality achieves this by integrating the three critical stances of agency theories through the lenses of gender, migration and ageing.

Even as social theorists focused more and more on the interactions and social practices, agency "cannot be separated from an analytical definition of the agent, who is not a neutral entity: the agent has a material body, a gender, a colour, a social position, a culture and a history, can be human or not human" (Rebughini 2023: 21). Thus, an intersectional perspective is inherent in a profound analysis of agency, considering all these positions. For the group, we are focusing on, their agency is interwoven with their gender negotiations and their migration history throughout their life course.

With regard to the migrant perspective, agency is often discussed on the micro-level, as described in the section above. An analysis of the impact of agency explicitly on migration regimes, which is at the macro-level, can be found in the literature on the autonomy of migration.

This relatively recent thesis has been interpreted in different ways, but one point of view is that it relates to the social and political struggles for mobility despite restrictive border regimes (Scheel 2015). Although it does not use the term *agency* per se, but rather *autonomy*, this concept appears to be closely related to the idea of agency as the ability of individuals to effect social change. Maurice Stierl states that "thinking of migration as autonomous allows one to move away from conceptions that portray the subjects of migration primarily as vulnerable, passive, or abject victims" (Stierl 2018: 214). And it is this perception of migrants as non-passive that points to agency – an agency that constitutes "political mobilities" (Stierl 2018: 214). The literature on the autonomy of migration seems to acknowledge migrants as promoters of social transformation (Stierl 2018). On the one hand, literature on the autonomy of migration takes into account the factors of national background, residency status, racialisation, class and sometimes gender (Olmos 2019), but it often leaves out the topic of age/ageing. On the other hand, the autonomy of migration is missing in discussing the agency theories. An integration of these perspectives would allow to do justice to the lived realities and histories of older migrant women – for instance as having exercised the autonomy of migration in earlier years and acknowledging these experiences.

In the section on critiques on agency, we have argued that agency theories are not only questioned through the lens of migration, but also of ageing. In general, research and policies imply that "health, activity and independence are necessary for agency" (Grenier & Phillipson 2013: 56). But the so-called *fourth age* challenges current understandings of agency. Amanda Grenier and Chris Phillipson claim that the concept should be interpreted more fluidly to include more diverse forms of expression such as touch, voice, and non-rational models of subjective experience as expressions of agency (Grenier & Phillipson 2013). These diverse forms of expression should also be analysed intersectionally, as they could vary according to a possibly differing habitus (Bourdieu 1972/1979) along one's biography shaped by gender and cultural ascriptions. This approach to diverse forms of expression would challenge other perspectives, including those of life course researchers. In life course studies, with some exceptions (e.g. Grenier & Phillipson 2013; Holman & Walker 2021), agency has so far been interpreted in terms of individual discretion and voluntary action (Dannefer & Huang 2017). Dannefer and Huang argue that structural challenges in the life course that constitute inequality as well as collective forms of agency should also be taken into account. These findings can be applied to the population group of older migrant women, as they have the potential to take migration and flight histories into account and to focus on the experiences of the women. The life course approach allows to unpack, for example, the experiences of exploitation of refugee women, impacting the older women and their forms of expression also in later life, but also the active role of migrant women within care relationships.

Conclusion

In considering the agency of older migrant women, we argue for an understanding of agency (see point a below), that is consistent with the main discourses on agency in the social sciences, including debates in pedagogy that often aim to *promote* people's agency. But explicitly, given that our topic lies at the intersection of different categories with different implications, we also include major critiques of classical understandings of agency – see points b and c.

In the light of intersectionality theory, we therefore argue in favour of an understanding of agency as follows:

(a) It is a capacity or capability of human beings to act in relation to their (social) environment, mostly with the aim of overcoming and changing social and/or structural restrictions.
(b) It takes into account the heterogeneity of agents and includes the social structures shaped by the categories of gender, migration and age, and the different social attributions associated with these categories as well as their intersections.
(c) It considers the different possible forms of agency, which are not only expressed through words and actions.

Finally, we can conclude that theories of intersectionality can contribute in several ways to a deeper understanding of agency in general, but particularly regarding the group of older migrant women. Bringing these examined perspectives into a dialogue has the potential to contribute to the further development of research tools that better elucidate the perspective of older migrant women, with the aim to overcoming existing discrimination and strengthening agency.

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Author Contributions

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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 autoethnography 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 hearken 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 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 qualitive 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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Beyond independence and with care: reimagining older adults' digital agency with a granfluencer

*By June Oh**

Abstract

Promoting digital literacy in older adults has been discussed as key in counteracting social inequality and the exclusion of older adults. However, little has been discussed about what is presented as the desirable outcome of this approach, that is, older adults' ability to navigate the digital space *independently*. Is an older adult's agency limited when their digital usage or navigation is a shared experience? How do we frame and understand digital agency of older adults who are helped to engage with digital technology? Drawing on feminist ethics of care, this paper examines granfluencers – older online figures who gained significant following on social media platforms – to revisit the concept of digital agency beyond the constraints of independence. It provides a case study of Makrye Park, known as the "Korea Grandma," who runs her social media accounts with her granddaughter. Analysing Park's Instagram posts and YouTube vlogs, this paper illustrates the way Park pushes back against the traditional idea of digital agency by accepting and thriving through care. In particular, I take a close look at how Park's unapologetic expression of intersectionality as a lower-class, digitally "unskilled," older Asian woman establishes her

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as a powerful digital agent. By extending feminist ethics of care into the digital realm, this study thus offers a new perspective on digital agency for older adults – one that is born in co-creation and through care.

Keywords: feminist ethics of care, influencer, intergenerational, media literacy, old age

Introduction

Promoting digital literacy in older adults has been discussed as key in counteracting social inequality and exclusion of older adults (Ferreira et al. 2017; Lee & Kim 2019; Reuter et al. 2021; Tomczyk et al. 2023). While recent scholarship questions such a techno-deterministic view that presents digital technologies as the solution for the "problems" of ageing population (Kania-Lundholm & Manchester 2022), little has been discussed on what is presented as the desirable outcome of this approach, that is, older adult's ability to navigate the digital space independently.

Independence operates as a core ideological value that underlies the idea of "successful aging." Since Rowe and Kahn's classic model defined successful ageing as high physical, cognitive, and social functioning in old age (Rowe & Kahn 1997), success in old age has been measured by the trifactor of health, productivity, and independence. While listed together with health and productivity, independence is often, and implicitly, seen as the essential goal that health and productivity are meant to ensure (Fraser & Gordon 1994). Indeed, ageing-related policies are sometimes structured around promoting independence with health and productivity treated as pathways to avoid reliance in old age (Hudson 1997).

Thanks to critical gerontology and age studies over the last two decades, independence as a desirable trait in old age has gone under critical scrutiny. Scholars such as Sally Chivers, Thomas Cole, Stephen Katz, and Margaret Morganroth Gullette have interrogated the concept of "successful ageing" and identified neoliberal ideologies that place undue responsibility on individual decisions and control in the ageing process. These critiques reveal that the disproportionate focus on independence not only overshadows the importance of systemic inequalities that arise from ageing's intersection with gender, class, race, and disability (Calasanti & Slevin 2006) but also neglects other cultural values such as filial piety and interdependence that do not reflect Western ideals of ageing (Lamb 2017). In other words, independence is so deeply ingrained as a marker of adulthood in Western cultures that it frames reliance as a threat to dignity.

The critical perspective towards independence has effectively shaped recent discussions of older adults' digital agency. Scholars working in socio-gerontechnology and Science and Technology Studies (STS) challenge the imperatives of independent agency by emphasising the socio-material and relational nature of older adult's engagement with technology (Gallistl et al. 2023). Rather than framing technology use as an individual achievement, they explore how technology use in later life emerges from diverse forms of entanglements of human and non-human actors. Concepts such as "co-evolution" of technology and ageing subjects (Peine et al. 2015), "infrastructuring" (Ertner 2022), and "entangled becoming" (Gallistl & Wanka 2023) underscore how the use and practice of older adults' digital technologies exist within complex networks of entities that urge us to move beyond the ideals of independence. Gallistl et al.'s work (2021), for example, shifts attention away from the binary of use versus non-use to explore diverse forms of engagement, such as shared or proxy use, where older adults may not directly use the technology but are nonetheless actively participating in digital life.

Yet, in many literacy education studies as well as technology use surveys used for policy making, older adults' digital literacy is still measured by assessing their ability to make decisions in navigating the digital landscape in an independent manner, that is, alone without help. Although there have been intergenerational approaches to foster older adults' digital literacy, such efforts have focused less on rethinking the concept of independence on older adults' part. Even in studies that highlight the need for more collaborative opportunities between generations and report on reciprocal learning that takes place in both generations, the shared synergetic digital experiences and capabilities are still largely framed as liminal, an in-between stage that ultimately must move towards individual skill-based competence without reliance (see e.g. Lee & Kim 2019; Tomczyk et al. 2023).

There is a group of older adults whose digital presence adds complexity to understanding digital literacy: the granfluencers. Granfluencer is a coined term that combines grandparent and influencer describing older online figures who gained significant following on social media platforms (King 2023; Ng & Indran 2023). The media was quick to celebrate the seemingly digitally adept "trendy" older adults as the next generation of influencers (Berry 2023). Scholarship has also acknowledged the phenomenon with attention to the ways they actively utilise media platforms to resist ageist discourse (Antunes et al. 2022; Farinosi 2023; Ng & Indran 2022, 2023).

Taking a media studies and cultural studies approach, some scholars have interrogated the motivation behind the granfluencers' digital presence, seeking to uncover the sociocultural contexts that shape their practices. These scholars highlight that many of the granfluencer accounts are managed in collaboration with a younger family member such as a granddaughter or grandson, taking issue with the ways in which the older adults rely on and even are directed by their younger partners. For example, Gehrmann (2023) notes that Joe Allington, aka grandadjoe 1933, who has 7.9 million followers and a total of 259.7 million "likes" on his TikTok account (as of December 2024) had disclosed in an interview, half-jokingly, that "Wendy says: 'Dad, we're doing TikTok, we're doing this today'. Then I just do as I'm told. I'm very obedient, you know" (BBC 2020). Within the context of the neoliberal market force that motivates the granfluencers' digital presence to some extent, the question of autonomy and authorship in such partnerships becomes significant (Banerjee 2023). What these scholars problematise is these granfluencers' digital agency, although not explicitly termed as such: whether this group of older adults can be truly regarded as autonomous and literate digital agents – fully aware of and in control of their own digital activities.

In light of this, the implications of independence in understanding older adults' digital engagement merit deeper exploration. While valuable, the above critique tends to narrowly frame agency as exerting complete independence, control, and self-direction. Rather than seeing the granfluencers as complicit in the "production" of attractive old age in new media (Gehrmann 2023), this paper looks at them as an opportunity to revisit the concept of digital literacy and digital agency for older adults. How does digital agency operate beyond the norm of independence? Is it reduced or compromised when reliance is present? Can reframing digital agency challenge the stigma around dependency and open space for accepting help as a valid form of agential expression?

This paper will discuss these questions by taking a closer look at one granfluencer, Makrye Park,[1] aka Korea Grandma. Grounded in age studies, media studies, as well as scholarship on care and feminist ethics, I first provide an overview of key terms including digital literacy, media literacy, and digital agency to trace how their conceptual overlap obscures values of independence. Then, drawing on Fine and Glendding's (2005) work among others, I use feminist ethics of care as a lens through which to revisit the concept of digital agency for older adults. I present philosophical and ethical debates on autonomy and care in ageing, focusing on older adults who rely on others' help for digital navigation. Finally, I analyse Park's digital engagement by examining the power dynamic manifested through Park's Instagram posts, YouTube vlogs, and co-authored biography, highlighting how Park pushes back against the conventional ideas of digital literacy by embracing care and thriving through shared, collaborative digital experiences. In doing so, I argue that her unapologetic expression of intersectionality – as a lower-class, digitally "unskilled," older Asian woman – establishes her as a powerful digital agent. By extending the feminist ethics of care into the digital realm, this paper ultimately hopes to provide a new perspective on digital agency for older adults.

Digital Agency beyond Independence

Assumptions of Independence in Digital Literacy

The definition of digital literacy is complex and evolving. Traditionally understood as the ability to access and use information and communication technology, digital literacy centres on individual competencies to access, understand, and utilise digital devices, technologies, and information in a variety of contexts (Gilster 1997; Schreurs et al. 2017). The concept of digital literacy has evolved, adapting to technological advancements and its growing importance in modern societies (Rasi et al. 2021). The initial focus on assessing "basic" technical skills has broadened to encompass the social, cultural, and socio-emotional dimensions incorporating

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[1] This paper uses the romanisation of Makrye Park as identified by her YouTube account, respecting her or her team's decision in its presentation.

how digital participation both shapes and is shaped by societal and interpersonal contexts (Hobbs 2010; Rasi et al. 2021; Schreurs et al. 2017).

This shift towards understanding digital literacy as a multidimensional concept with deeper implications in contemporary life is reflected in a related concept, media literacy. Building on the traditional definition of digital literacy, media literacy addresses the distinct networked nature of interactive, user-shared content (Belshaw 2012; Defining Digital Media Literacy 2022; Rasi et al. 2021; Schreurs et al. 2017). Although often treated as a subset of digital literacy for its specificity, media literacy is an arguably broader concept because it incorporates critical and systemic evaluations of media (Bawden 2001; Koltay 2011).

This expanded framework is meaningful because it recognises that competence in digital space isn't solely about technical proficiency but involves engagement with and contribution to sociocultural discourse. Scholars often refer to this dimension as *critical* to underscore the societal impact of individual digital interactions with an awareness of the broader power dynamics. For instance, Cho et al. (2024) emphasise contribution as a key social media competency to reflect the importance of engaging with the larger culture as an active participant. Similarly, Mihailidis (2018) focuses on contribution in socio-political contexts highlights citizenship and participation in democracy as one of the key areas of media literacy. Buckingham (2007), Festl (2021), and Turner (2019) expand this view by recognising the ethical dimensions of digital activity, further underscoring the ability for moral behaviours, responsibility, and reflection as crucial elements of literacy in operating in the digital space.

To this extent, the growth of the concept of digital literacy has become infused with expectations of certain ideals of agency. Although the term "agency" may not always be invoked explicitly, discussions about the critical dimensions of digital literacy often rest on implicit assumptions of self-governing autonomy (Wuyckens et al. 2022). Hobbs's (2010) positioning of accountability and independent decision-making as core elements of digital literacy illustrates this point well. Such a perspective assumes an ideal digital participant as one who is solely in control of their decisions and actions and, consequently, responsible. While scholars do recognise that the environment of digital space is interpersonal and contextual, they often overlook the possibility that individual engagement itself may not always come from complete autonomy. Failing to interrogate these underlying ideals of independence in the broader discussion of digital literacy risks reinforcing a narrow and exclusionary view of what it means to be an agent and have agency in digital space, as in the case of older adults who rely on others for technical assistance or navigating the broader digital systems.

Digital Agency

Often described as the "new kid on the block" (Siddiq et al. 2024), digital agency is a concept that describes "the individual's ability to control and adapt to a digital world" with competence, confidence, and accountability (Passey et al. 2018: 426). While it shares conceptual similarities with more established terms such as digital literacy or digital competence, the shift to agency is crucial. Compared to *literacy* which focuses on the acquisition and application of skills, *agency* – "a person or thing through which power is exerted or an end is achieved" (Merriam-Webster, n.d.) – foregrounds an entity who can act upon those skills within a given context, implying empowerment and adaptability.

Moreover, its semantic distinction equips it to address emerging challenges that demand a more nuanced discussion of agency. Siddiq et al. (2024) argue that digital agency has "explanatory power" in theorising and explaining recent issues such as those posed by algorithmic platforms and generative artificial intelligence (AI), where digital tools are increasingly being "integrated as partners in problem-solving, hypothesizing, and creative activities" (p. 5725). This shift enables a deeper examination of what we actually mean by agency and how it may be distinguished from the idealised notion of autonomy rooted in complete self-control and self-sufficiency. In other words, it allows us to consider how a user interacts with forces and entities beyond the individual self in their exertion of agency.

The concept of *distributed agency*, a notion developed by Bruno Latour and later expanded by Mustafa Emibrayer and Ann Mische as well as STS scholars and new materialists, is particularly useful in exploring agency as that which is shared between humans and digital systems (Shaffer

& Clinton 2006). While revealing how digital tools can influence – and even override – human decisions (Ågerfalk 2020; Lund & Aagaard 2020), this line of scholarship marks a crucial distinction between agency and autonomy, suggesting that agency resides in the individual, even when it involves collaboration with digital intelligence and is shaped by limited autonomy in a conventional sense. Building on this, Stenalt's revised concept of digital agency (2021) calls attention to the increasingly blurry boundaries between human and non-human agency, a phenomenon noted by earlier scholars (Fenwick & Landri 2012; Leonardi 2010). For Stenalt, agency emerges from the dynamic interplay between users and digital technologies, where agentic possibility is shaped by both human intention and, importantly, the inherent affordances and limitations of the digital systems.

For certain populations such as older adults, this could mean that their limited digital literacy does not equal diminished digital agency. Rather, their different engagement style represents another form of agentic possibility – one that adapts to the affordances and limitations of digital systems. This revised concept of digital agency is particularly useful when considering interactions not just between humans and digital tools but also between two human collaborators. Here, digital agency need not align with ideals of independence, sole decision-making, or full control, instead emphasising the context of two actors in navigating the complex digital landscape.

The next section introduces feminist ethics of care as a lens through which to further challenge assumptions of independence and reimagine digital agency. This framework helps us better understand modes of digital engagement that certain groups show – not as isolated individuals, but as interdependent agents within networks of caring relationships.

Digital Agency through Feminist Ethics of Care

Feminist ethics of care debunks the illusion of independence. Feminist ethicists generally view the traditional notion of autonomy with suspicion for its presupposition of an idealised, self-contained personhood (Stoljar 2024). Rooted in Western philosophical lineage, particularly Kantian ethics, traditional agency is envisioned as an individual operating in a vacuum, in full control over his values and decisions, and without reliance on others (Held 2005; Kittay 1999). Feminist ethics of care counters this view and argue that dependence is integral to all human experience, advocating for a framework of *relational autonomy* where reliance and interdependence are not a weakness or a loss of agency. Originally conceived to validate domains of life traditionally associated with women such as mothering, caregiving, and emotional labour, this perspective reclaims the “feminine” valuation of relations and emotion in understanding autonomy (Friedman 2003; MacKenzie & Stoljar 2000).

Fine and Glendinning (2005) apply the framework of relational autonomy to caregiving with reference to old age. Building on Kittay (1999), they argue that caregiving relationships are more complex than traditional notions of agency can encompass. A key insight they offer is the distinction between inequality of power and the exercise of domination. Whereas the exercise of domination is inherently unjust, they argue, inequality of power is a natural feature in caregiving contexts, and in fact, in human relationships (p. 613). Examining various practical contexts, they further elaborate that the power inequalities that exist in caregiving are not always as one-sided as they might seem. For example, a caregiver may appear to hold disproportionate power over a physically dependent care recipient, but that recipient may possess greater economic or socio-legal power (p. 614). Both caregivers and recipients exert agency but in ways that resist the traditional binary between independence and dependence. Their agency is relational, networked, and situational, where both actors exert influence, contribute to decisions, and shape outcomes in ways that recognise and respect each other’s respective capacities and roles.

To further emphasise the reciprocal dynamics in care relationships, Shakespeare (2000) suggests a new terminology, *help*. According to Shakespeare, care has historically been associated with negative connotations, often implying obligation and burden, whereas help conveys a sense of choice and a genuine, active personal commitment. Although this term has not replaced care, it highlights the actual support that is given and received without diminishing the realities of dependence or glossing over the challenges of interdependence inherent in caregiving relationships.

This nuanced discussion on ethics of care offers valuable insight for understanding digital agency, particularly for older adults who are not viewed as independent in a traditional sense. While not all feminist ethicists agree on what it means to balance inter/dependence with autonomy,[2] they share that both actors of caregiving are agential even when independence is limited. For older adults relying on others for the provision of technical support or systemic navigation, this would suggest that they can be agents with and through help. Some of the granfluencers' partnerships with the younger family members, for instance, would not diminish their digital agency but manifest it as relational.

Older Adults as Digital Agents in Collaboration with Care

The collaborative aspects underpinning older adults' digital agency remain largely underexplored. Existing research on collaboration primarily focuses on their roles as co-designers in technology who provide feedback to make it more "age-friendly" (Kania-Lundholm & Manchester 2022; Trentham et al. 2015). Scholars in socio-gerontechnology have pointed out that even these participatory approaches often inscribe ageing as an issue to intervene (Peine & Neven 2021), urging for a new framework that approach ageing and technology as mutually constitutive (Peine & Neven 2021) and promote forms of participation in which older adults are more than passive testers and helpers, but creative and adoptive agents who actively shape the design process (Cozza et al. 2016; Peine et al. 2016). Despite these arguments for reconceptualising older users as active contributors – or as Peine et al. (2014) put it, "innosumers," a blend of innovator and consumer – older adults continue to be largely depicted as consumers of digital technology and information, rather than creators.

Lavenir's (2022) study of older video gamers offers a valuable counterexample that highlights how older adults engage with technology not just for practical purposes of improving technology design or as an end-user but as a form of identity expression and social interaction.

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[2] Feminist ethicists vary in their view on relational autonomy's compatibility with practices of systemic oppression. For example, Westlund (2003) has studied the case of gendered self-abnegation of the "deferential wife" who would willfully (even when unconsciously) act to the wishes of others and whether she can be considered autonomous or as acts of internalised oppression. In the context of caregiving, such tension may be observed in a situation where a caregiver who excessively prioritises the needs of the care recipient would be considered autonomous remains to be debated. See Stoljar (2004) for a detailed discussion.

Lavenir observes that older female gamers navigate the gaming culture with remarkable creativity and playfulness. Resisting expectations of violence and competition, these "silver gamers" experience games with "a lot of zen, [appreciating] beauty, aesthetics" (Lavenir 2022: 175). Importantly, they value collective play over individual mastery, even playing single-player games together by sharing the controller back and forth, collaborating on the gaming experience. The way these older adults engage with digital technology not only complicates the utilitarian focus of collaboration that frames older adults' contribution as merely for problem-solving; it also shows that we must move beyond simplistic binaries of dependent or independent, competent or incompetent. Collaboration is a part of their expression of agency and social engagement, and even a source of pride (Kania-Lundholm & Manchester 2022: 175).

Older adults' content creation on social media exemplifies collaboration as integral to their digital agency. However, current research on granfluencers rarely addresses the co-creative dynamic underlying their digital engagement. A growing body of research on granfluencers primarily focuses on analysing the themes and presentation styles of their content (Antunes et al. 2022; McGrath 2018; Miranda et al. 2022). For example, Ng and Indran (2023) explore how TikTok granfluencers engage with ageing discourses through specific self-portrayal strategies, while Antunes et al. (2022) examine Instagram granfluencers' communication practices, including content themes, posting frequency, and follower engagement style. These studies align with earlier findings that granfluencers use social media platforms as a medium to challenge negative stereotypes related to ageing and offer an alternative vision of ageing identities such as active, social, sexual, and vocal – though some scholars debate whether such portrayals reinforce or subvert ageism (Banerjee 2023).

A key limitation of this body of research is that it examines granfluencers as single actors and their digital presence as individual achievements. Some studies examine user and audience interaction as their motivation for digital engagement (Harley & Fitzpatrick 2009), and others explore how the influencer economy influences granfluencers' digital content through sponsorships and brand endorsements, positioning them as individuals within neoliberal context (Antunes et al. 2022; Banerjee 2023). But the intergenerational or collaborative dynamic that often shapes many of the granfluencers' presence itself is rarely examined. Media studies scholars have begun questioning the promise of social media to "autonomously and strategically manage their own images, controlling how they want their identities and cultures to be received" (Kim 2020: 19), and investigate how such practices can undermine older adults' autonomy as mentioned above. Scholars such as Banerjee contend that the performative aspects of micro-celebrity culture also apply to older adults despite perceptions of their greater authenticity, focusing on how the involvement of younger collaborators behind the scenes contribute to the careful "staging" older adults, raising questions about older adults' autonomy.

In this respect, existing scholarship on granfluencers overlooks the relational processes behind their digital presence. To address this gap, it is useful to turn to adjacent fields such as feminist STS and socio-gerontechnology, where collaboration and entanglement are central to understanding older adults' engagement with technology. Michela Cozza's (2021) feminist analysis of ageing and assistive technologies offers a valuable framework for rethinking agency within networks of care and interaction. Cozza argues that material living conditions and practices of ageing are inherently entangled with technologies and objects where both human and non-human entities exist in interrelation, and thus inseparably. Drawing on Karen Barad's agential realism, Cozza contends that agency does not precede interaction but is distributed across relational configurations – among human and non-human actors alike – in a digitised world. This includes older adults, smart monitoring devices, care workers, and policy infrastructures that are all entangled in a practice of care. While Cozza forefront the relation between technology (non-human) and human from a post-humanist perspective, her work helps illuminate how granfluencers' digital engagements are similarly shaped by the entanglement of care relationship between two human agents and situated dependence in their engagement with digital technology.

Building on this critical departure from individualistic models of agency, I turn to the case of granfluencer Park Makrye to examine how digital practices among older adults are often relational and co-produced. As Kania-Lundholm and Manchester suggest, agency in later life emerges through the "messiness of practice," indeed shaped by questions of subjectivity, digital (dis)engagement, and even non-use (p. 11). Park's digital presence demonstrates that such "messiness" helps us see collaboration as integral to some older adults' engagement with the digital space. I argue that her digital agency is realised and exercised through co-creation, made possible by care and help.

Relational Digital Agency in Action: Korea Grandma

Park's Digital Agency: Relational and Collaborative

Park Makrye, known as "Korea Grandma," exemplifies how digital agency can emerge from relational autonomy based on dependence and interdependence. Her digital agency, co-created with and dependent on her granddaughter Kim, challenges traditional views of individual digital agency.

Park is one of the most prominent granfluencers in South Korea with over 1.1 million YouTube subscribers and 520 million views (as of March 2026). Sassy, down-to-earth, and bold, this 79-year-old vlogger has gained immense popularity for the brash way she embraces aging. Park's content is "all about showing off her wrinkles and her elderly life in the raw" (Lee 2017). She scoffs at cosmetic products that promise to make women younger and prettier commenting that "you would just have to be born again" and would suggest that eyeliners be applied along their crow's feet (Lee 2017). Collaborating with big-name brands such as Samsung and Netflix, she has also been featured in *Vogue Korea* and *BBC Main*, invited to Google, and received several awards including a Special Prize for Korean Content Award. In 2019, the Seoul Government launched the "Finding the Next Grandma" project where participants undergo 2 months of training in filming, editing, subtitling, and all-in-all management of running YouTube channels (Lee 2019). Such initiatives showcase that Park has effectively changed the role of older adults in the digital space redefining them as creators and even trendsetters.

However, it is crucial to note that Park is not a solo content creator. While her social media accounts almost exclusively feature her, they are co-created with her granddaughter Yura Kim, who identifies herself as the producer (Park & Kim 2019). Kim originally encouraged Park to start vlogging as a way to fight Alzheimer's Disease back in 2017 when older adults' presence on digital media was rare. Their YouTube channel has grown since then exponentially, going from 18 subscribers to 180,000 in 2 days (Park & Kim 2019), and now covers a wide range of topics including travel, beauty, cooking, Mukbang, reviews, parody, and grocery shopping

(박막례 [Park Makrye] 2024). It is not a stretch to say that YouTube would be difficult for Park without Kim's help. Whatever the content is, that Kim is behind the camera overseeing the technical side is obvious. Park is usually presented as conversing, talking to the camera, and frequently interacting with her granddaughter who is not shown on the scene. Their channel makes no effort to conceal that Kim handles the technical and logistical aspects from filming and editing to trend analysis and strategic planning.

Here, Park is often seen presented with "young people's things" such as an erotic show on Netflix (Park 2024b) or asked to engage with new trends such as "what's in my bag" (Park 2024a) or aesthetic planner/diary decoration (Park 2022) without knowing exactly what the tropes are. These are framed as a type of reaction or exposure videos, a sub-genre that typically involves individuals, often coded as "uncultured" or outside dominant taste cultures, responding to unfamiliar, elite culture.[3] While the audience is overwhelmingly positive about such content, the channel is not immune to criticism for profiting from ageist stereotypes. Despite their claims to authentic, "unfiltered grandma responses," Park's curiosity and bewilderment of the youth culture are presented as a source of entertainment, with her persona staged – or at least mediated and edited – by her producer, Kim.

Yet, this performance both draws on and destabilises ageist tropes. Her limited digital literacy – both in terms of the skills and understanding of the digital culture – is not simply a comedic device but a site of liberation. By foregrounding her lower digital literacy as the channel's quintessential charm, it challenges dominant notions of digital expertise and independence. Park's digital agency here exists because of her limited digital literacy and with – and only with – Kim's help.

Under the framework of relational autonomy, agency is not defined by complete independence but by the ability to act within and through relationships in specific contexts. In their unique relationship of care, Park's digital agency is not diminished by her reliance on Kim; instead,

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[3] Reaction videos, in general, are any videos that involve "an audience watching someone's emotional reaction to some other piece of content" (Therieau 2022). See Bliss and Nansen (2022) for the history of this genre.

it is shaped by their interdependence. As a prime example of relational autonomy in practice, Park's digital agency is not always exercised in the same manner. She varies the nature of her dependence and digital engagement style across the two platforms, YouTube and Instagram, adapting to each platform's affordances and limitations. On YouTube, Park's content reflects polished co-creation, with professional editing and strategic planning, with clear fingerprints of Kim's production. By contrast, her Instagram posts showcase a more personal and independent engagement.

These differences stem from the distinct characteristics of each platform. As a video-sharing platform, YouTube arguably requires a higher technical knowledge and editing skills, making it less accessible for Park without Yura's help. Meanwhile, Instagram's simpler interface, centred on photos and brief text (Boulianne et al. 2024; Timmi et al. 2024), allows Park to be a part of the technical aspect of the production in a more direct manner. Although the duo has not spoken in detail about it, it seems that Park's Instagram posts take on a different collaborative effort, with Kim (or their team) selecting the photo or clip and Park writing the text portion. This is evident in the way the visual element reflects professional-level editing skills (usually recycled material from her YouTube video content) while the text portion is marked by notable briefness, misspellings, broken hashtags, and no spaces – a distinct language style of Park that her fans affectionally call "Makrye font" (Lee 2017) (See Figure 1).[4] None of the text introductions of her YouTube videos reflect Park's personal text style. It is clearly written by Kim explaining what Park does in the respective videos in a highly conversational tone that incorporates trendy languages, followed by heavily marketed, copy-pasted blurbs that

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[4] Not all of Park's YouTube videos and Instagram posts are provided with English translation. In the case of her YouTube channel, many popular videos are translated in English, often with an additional indicator (e.g., (Eng), [Eng], [EngSub]) but the majority of the videos are offered only in Korea. In comparison, the majority of Park's recent Instagram posts cater to a global audience featuring English subtitles in the video content itself. These English translations, however, do not reflect "Makrye font" and its distinctive use of language. Even when the original Korean text contains typos and grammatical errors, the English version is without such. It seems there is no identifiable pattern of consistency in term of which posts offer translation, as some of her recent posts do not have English translation attached to Park's seemingly original Korean text portion.

Figure 1. A screenshot of Park's Instagram post featuring Park scrolling through a KakaoTalk message on her smartphone in large-font size that details increased prices of various vegetables. The Instagram caption reads "GeeCucumbersSoSteepChivesTooStabbingtheSky" (2023). Translated by the author.

korea_grandma 아따오이가너무빗사야쪽파도하늘쑤시네
94w

sun87_seul22._ 오이 3개 이천원이길래 왜이리싸냐니 빨리 팔아버려야안상한대서 계속 사줍니다😮
88w

ybm_0605 오이가 너무비싸서 어이가없네요 ㅠㅠ 😭
93w 2 likes

songheejokbal 그라게요 가격 보면 눈물이 납니다.
94w

jhje0327 못먹어요
94w

schwarzwald_j 쪽파 오이 진짜 비싸더라구요😭
94w

3,607 likes
February 28, 2023

promote her channel (e.g. "♥If you'd like to watch Grandma Makrye's delightful daily life, subscribe! ♥If you enjoyed watching the grandma, hit the like button! ♥If you'd like to introduce the grandma to your friends, share!").

Stenalt's theory of digital agency emphasises that user engagement is shaped by the interplay between human intention and platform affordances. For Park, the inherent limitation of platforms such as YouTube is its technical demands, and her acceptance of Yura's help are a form of her agency in exertion. Park's ability to embrace the opportunities of different digital systems and adapt her digital engagement style hence demonstrates how relational digital agency operates in practice for those with limited digital literacy.

Park's Intersectionality: Digitally Unskilled, Lower-Class, Older, Asian Woman

Compared to the more tech-savvy granfluencers, as in the case of Lynn Slater, known as Accidental Icon, or Helen Elam Van Winkle, known as Baddie Winkle, who suavely navigate the digital world, the media sensation surrounding Park arises from her limited digital literacy, particularly in the often-ungraceful way she engages with digital technology. Far from being a hindrance, Park's limited digital literacy becomes a defining feature of her digital agency, offering a powerful counterpoint to competence-focused frameworks.

Park speaks openly about the complexities of her intersectionality, addressing her experiences with sexism and limited education along with new acknowledgments of her race and sexuality. For Park, her limited literacy manifests best the cultural and systemic inequalities rooted in intersectional forms of oppression. As she writes, her life story can't be heard without tears. In her biography *Park Makrye, Will Not Die As This* (2019),[5] co-authored with Kim, Park recounts her struggles with such inequalities. The book opens with an episode where she asks to learn letters and gets hit on the forehead. Born the youngest in a large family, Park was denied education because she was a girl, and later survived an alcoholic, abusive husband who constantly left her in debt with three children. Poverty haunted her throughout her adult life and even prevented her from the education that she wished for her children. Although literacy is rarely emphasised as a core axis of intersectionality, Park foregrounds it as a manifestation of systemic inequalities shaped by intersectional matters. Her lifelong trauma surrounding education reflects deeply embedded sexism and institutional barriers that denied women opportunities in Korea in the past. For Park, literacy remains both a personal longing and a site of defiance.

Her approach towards digital culture and technology reflects this attitude. For example, her makeup tutorial videos, which sparked her rise to fame, highlight both her limited competence in technical skills and understanding of digital infrastructure but also her playful defiance against them. Rather than masking her inexperience, Park shows it off,

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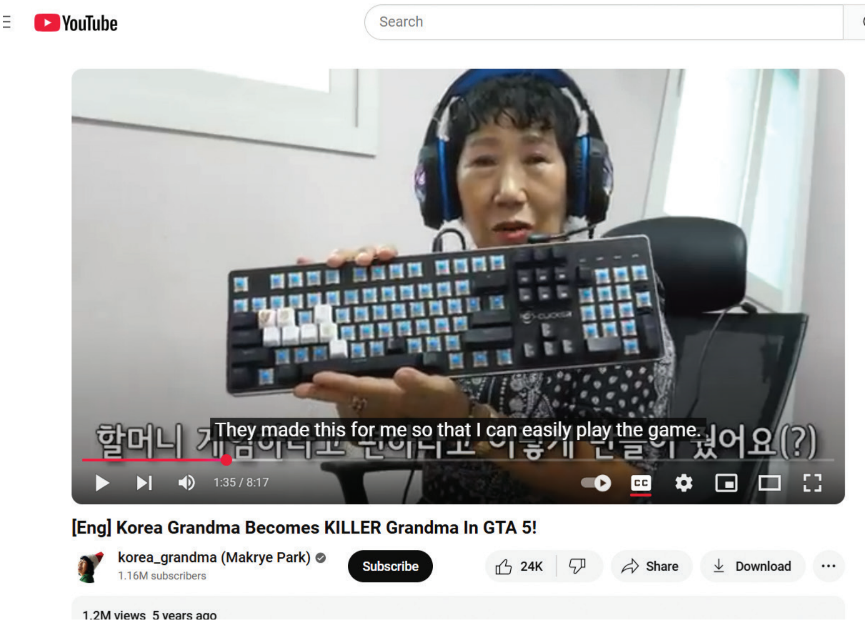
[5] There is no English translation of this text. All translations are the author's own.

transforming moments of struggle into a refreshing moment of digital engagement. In her early video titled "Makeup tutorial Park Makrye Daily Makeup Going to the Local Market After Dropping in at the Dentist Ver.," (Park 2017). Park appears bemused by the whole YouTube culture. When instructed to show and share what kind of items she was using in front of the camera, Park holds out her hand, inadvertently blocking the view from the viewer and only seeing the product herself. From time to time, she questions the purpose of such videos, exclaiming in her endearingly irreverent local dialect, "Who would watch this? Do young people really want to see people putting on makeup and stuff? They're random people, strangers – that's weird." Her lack of understanding of the norms of makeup tutorials and the YouTube ecosystem brings to the fore the assumed knowledge embedded in digital culture, subverting expectations and thereby marking her own place in the digital realm. This self-aware digital unskillfulness resonates with audiences who see in her an alternative model of digital agency, one rooted not in mastery but in curiosity and improvisation.

Although Park's unfamiliarity with YouTube culture and technology has since been diluted, it yet remains a core part of her digital identity and a manifestation of her digital agency. Even after hundreds of YouTube vlogs later, Park still wonders at the YouTube culture, having a blast about her audience watching her accessorize a big-letter calendar with stickers, cursing at it as she tries to navigate the clutter (Park 2022). Her playful approach to digital culture and unapologetically lower digital literacy extend to her engagement with gaming culture, where she subverts the norms of competent gamer narratives. Park plays GTA (Grand Theft Auto), a game that is defined by all kinds of freedoms for criminal activities including hijacking cars, beating up people, and firing guns (See Figure 2). Even before starting the game, Park is seen having to navigate the registration and struggling. Guided by Kim who is at a loss where to begin when Park asks if her email address is her home address, Park wonders why she would create a "nickname" and when she can actually play the game.

There is no question that Park depends on Kim for both technical and systemic navigation of the digital realm. Park features a custom-made keyboard that Yura provided, stripped down to only the essential keys for gaming. Instead of trying to master the skills and play through the

Figure 2. A screenshot of Korea Grandma's GTA gaming vlog with Park featuring the custom-made keyboard (2019b). GTA: Grand Theft Auto



They made this for me so that I can easily play the game.

[Eng] Korea Grandma Becomes KILLER Grandma In GTA 5!

missions, Park fixates on questions such as why the character is homeless and why she dressed the way she did – questions that a YouTuber gamer deeply invested in gaming culture would never ask. The video itself is titled "Killer Grandma has come online. GTA5, the sorrow of being homeless" (2019a) underscoring the dissonance that Park creates as the essence of the video.

The vlog further highlights Park's botched vocabularies and frustrations with technology in colourful, bold captions, embracing and amplifying her limited literacy as Park's hallmark digital agency. Her limited digital literacy is not a shortcoming or a barrier, instead, it is the foundation of Park's distinctive digital presence and a key expression of her agency. Park's engagement in digital culture – despite and because of her limited digital literacy – becomes an act of defiance against conventional ideals of expertise, mastery, and significantly, independence. Her agency does not emerge from individual proficiency or critical understanding of digital structures such as YouTube or GTA. It arises through her frustration, struggles, and moments of wonder with technology. Park's granddaughter, Kim, enables this agency, not by erasing Park's limitations but by foregrounding them through their collaborative navigation of digital spaces.

From her broken texts to a chaotic makeup tutorial video, Park thrives in her unpardoning frustrations, fascinations, and struggles over new technology and digital culture. These moments, at work with her granddaughter's help, affirm Park's digital agency as relational.

Interdependence within the Power Dynamic

Kim's digital engagement is also shaped by her relationship with Park. Without Park and their own power dynamics, the nature of Kim's digital agency would change. Although they now have a management agency, Kim continues to take on multiple roles. She is not only Park's producer, editor, and manager, but also her caretaker, attending to Park's physical, emotional, and personal needs while fulfilling her own professional desires for content production. This blending of roles shows the complex dynamics of caregiving in their unique relationship, challenging simplistic notions of power and dependence.

One example of this complexity is Kim's prioritisation of travel sponsorships, despite the challenges they pose. Travel has a special meaning for Park because the opportunities to explore the world have long been restricted by poverty. Recognising this, Kim prioritises travel sponsorships to better serve Park, even when it risks the channel looking overly commercial, thereby undermining its claim to authenticity. These sponsorships also create additional pressure for Kim on a personal level. Kim has to take care of Park and her schedule considering Park's health conditions during such travels, while ensuring the success of the content in order to secure future partnerships (Park & Kim 2019). This dual responsibility as a producer and a caretaker demonstrates how her emotional and professional labour resists assumptions about caregiving as an inherently one-sided power dynamic with the caretaker possessing disproportionate power over the care recipient.

In the actual content production processes too, Park sometimes exerts unexpected power that disrupts Kim's producer role. Even when Kim seeks to more actively direct the channel's content, Park's limited literacy or ability often overrides these efforts. Kim recalls planning a meticulous script for traveling to Japan that ultimately failed. Kim writes, I "planned it out too perfectly that my grandma didn't come through! The charm of our video is just Park Makrye, this human, the candid, quirky, and unpredictable, but my scenario had erased that" (p. 181). Other times, Park's trouble with memorising lines and lack of knowledge for current technology such as AI or smartphones frustrated Kim's attempt to have Park perform the way she wanted: Park simply goes, "Leave it. I'll do it my way!" (p. 310). Unlike media scholars' suspicion that older adults are passively staged by their younger family partners on social media, Park and Kim's relationship shows that interdependence shapes digital agency in more fluid ways for both actors.

Their YouTube channel information reads, "The only reason for this channel's existence is Park Makrye's happiness" (Park & Kim 2019: 106). But the channel cannot exist solely for Park. Kim writes that her goal with social media is two-fold: as a granddaughter, her grandmother's happiness, but as a producer, it is to have the YouTube channel recognised for its merit and spread that value (Park & Kim 2019: 313). This form of digital agency is neither fully independent nor entirely passive on either side. As Kim writes, "YouTube changed my grandma's life, but I realise that my life transformed just as much" (p. 315). Together, their dynamic demonstrates how relational autonomy operates in practice.

Conclusion

Park's digital presence shows what it means to be a digital agent with care. By embracing her limitations and relying on help, she challenges traditional ideals of technological mastery and individual autonomy. Park and Kim's co-created digital achievements show that older adults can claim agency not despite their reliance on care but with and because of it. Their collaborative partnership expands our understanding of digital agency as relational and interdependent, ultimately offering a more inclusive framework for understanding diverse forms of participation in the digital landscape.

The question of authorship may remain. Who then is the author of the channel of Korea Grandma? For practical purposes of this paper too, how to cite Korea Grandma's vlogs? Banerjee and Velten's (2020) study of coauthored centenarian biographies examines the dilemma of identifying whose voice truly shapes a story when collaboration is involved. They argue that disentangling the voices involved in the writing process – the centenarian who narrates the story and the co-author who put those words into a deliverable form of a literary genre – is impossible because their contributions are so deeply intertwined. Instead, they turn the question to us and ask why we need to separate the two in the first place: "It may be our desperate need to have the centenarian speak in their own words … it is our own fantasies of successful aging" (p. 5). Our insistence for "authentic" voice may reflect deeper anxieties about authority and control. As they suggest, the issue may lie in our desire for an idealised, autonomous agency – a fantasy of "successful ageing" grounded in self-sufficiency.

As in the case of feminist ethics of care, there may be no clear consensus as to what really constitutes digital agency and what aspects of autonomy contribute to a "full" agency. Will Park's agency change, even within this framework of relational digital agency, if her disabilities increase and affect how she engages online? Can Kim's reliance on Park's digital presence escape the critique of the influencer economy that commodifies personal relationships? Does reframing Kim's multifaceted caregiving roles risk romanticising gendered labour and reinforce burdens placed disproportionately on women, especially in Korean culture? These unsolved questions, however, do not undermine the value of interdependence as a legitimate and empowering form and expression of digital agency. Thriving through care, Park offers an opportunity for us to imagine an evolving model of agency that embraces and celebrates limitations.

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An intersectional lens: challenging, resisting, and embracing old age in Lore Segal's "Ladies Lunch"

By Eva-Maria Trinkaus*

Abstract

Fictional narratives about female friendships in old age, Chivers (2003) argues, can be part of "constructive narratives of aging" in an "imaginary world that can reflect and especially affect circulating social thought." Such a representation of friendship in old age is at the core of Lore Segal's short story cycle "Ladies Lunch" (2023). In this narrative analysis, intersectionality is used as a lens to investigate age, ability, gender, and class in Lore Segal's fiction in order to investigate the stories' intrinsic mechanisms of resisting, challenging, and embracing old age in order to counter ageist stereotypes.

Keywords: short story cycle, intersectionality, friendship, old age, food

Introduction

Through a narrative analysis of Lore Segal's literary fiction, this article analyzes the modes of resisting, challenging, and embracing stereotypes of old age in the short story cycle "Ladies Lunch" by the US-Austrian author Lore Segal. I analyze fictional texts based on close reading and a symbolic

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analysis of friendship as signifying cultural practice in the context of old age in America. Friendship in old age, in Segal's writing, constitutes a form of care – a way of relating and responding to one another (DeFalco 2020) and providing support and stability – among the women who partake in their regular lunch meetings in which they contest the readers' views on stereotypes of old age, and at the same time, also express personal vulnerabilities in opposition to a "decline narrative" (Gullette 1994: 13). Using a "gender lens" (Calasanti & Slevin 2001: 3), this paper teases out the potential of literary fiction to make the mechanisms of intersectionality visible by looking into Segal's female protagonists' stories and their fictional spaces and encounters. My analysis addresses the ways in which fiction shapes the public imaginary of what it means to age, and how it proposes alternatives to the prevailing negative stereotypes of old age. Especially when it comes to what Falcus et al. (2023) call the "decline master narrative [that] constructs ageing as a feared process that needs to be stopped or at least slowed down" (p. 2), literary representations offer powerful counter narratives that oppose decline and decrepitude by offering outlooks on aging and old age that do not suggest a slowing down or halting the process of growing older. Rather, these fictional representations provide a perspective on characters that roll with their aging, embrace it, and make the most of their lives, maybe not regardless of but even in spite of their age. I argue that fictional texts make these alternative outlooks possible in envisioning future scenarios, both individually and on a collective level and in communities. The affective quality of these texts disrupts cultural and political power dynamics when it comes to stereotypical and predominantly successful representations of aging and old age by providing powerful counter-narratives.

Representations of Aging Successfully Through Friendship and Food

When determining the factor of success, a prominent example oftentimes discussed in the context of cultural age studies is Rowe and Kahn's (1987: 143–144) division between "usual" and "successful" aging, whereas the latter serves as a powerful opposition to physical decline and disease. The "maintenance of the activities popular among the middle-aged privileged with money and leisure time" (Calasanti et al. 2006: 15) becomes the focal point of "age-resisting practices" (Calasanti et al. 2006: 15), upholding stigmatizations that reinforce patriarchal cultural understandings of good (i.e. healthy, successful, active) and bad (i.e. sick, decrepit, immobile) aging. In the *Bloomsbury Handbook to Aging in Contemporary Literature and Film*, Martina Zimmermann (2023) argues that:

> [S]uccessful aging emphasizes masculinist ideals rife in capitalist societies, including individual achievement, productivity and autonomy, and, in comparison to concepts like affirmative old age or harmonious aging, denies that material changes of the body are part of the aging process. (p. 63)

Biological aging (Hamczyk et al. 2020), despite being considered a main contributing factor to success, thus becomes outside one's own control and renders the older individual powerless. As Calasanti and Slevin (2001) argue, gender is a crucial factor of social organization that helps determine how we see and understand old age while also intersecting with other aspects of Crenshaw's matrix of intersectionality. Especially when it comes to experiencing ageism and age-based discrimination, in addition to investigating a "double marginality" (Woodward 1999: xi) based on race and gender, an intersectional approach allows for a more nuanced and situational determination of ageism and the ways in which age is represented as a narrative of decline and frailty. Researching aging as relational "enables us to learn more about how all of our positions and experiences rest upon power relations" (Calasanti et al. 2006: 17). Broadening this perspective on aging allows for a more tangible understanding of how discrimination is and is not embedded in individual places and social hierarchies. It also highlights the volatility of those concepts and further puts their situationality to the fore.

"[I]n a culture where the loudspeakers blare out positive aging," (Gullette 1994: 134) it is up to us to "figure out how to live with it." Following Gullette in my analysis of Segal's work, I argue that what aging successfully means in her writing becomes apparent through friendships and food. Success, resistance, and acceptance of old age are not bound to physical ability and mobility but to the possibility of maintaining friendships and remaining within the designated space(s) that these friendships provide the women with. As the short story cycle's title suggests, the ladies' lunch offers a space for exchange and provides the women with a way of feeling comfort in a familiar place. Through the ladies' lunch date, food – regardless of what kinds of food the women eat – provides the space and reason for their meetings that maintain and nourish their friendships. Lore Segal's literary representations of old age "offer an alternative perspective on aging, not one that renders physical or mental decline invisible" but more so "one that incorporates these aspects that old age might hold for us, in ways that these become part of the characters' personalities, their everyday lives, and social interactions" (Trinkaus 2022: 193). This contribution, thus, sets forth to explore the protagonists' "freedom to choose lifestyles and ways of being old that are suited to them" (Calasanti et al. 2006: 26) rather than what is deemed successful by society.

Friendship

In her 2003 monograph *From Old Woman to Older Women*, Sally Chivers so aptly proposed that it is a balance between "physical and other aspects of aging" that are "crucial to transforming current attitudes toward old age" that Segal's short story cycle portrays. Chivers addresses the importance of "constructive narratives of aging" in an "imaginary world that can reflect and especially affect circulating social thought" (p. 84). Friendships in old age, according to Chivers, "allow for a mutuality that might be lacking in inter- and cross-generational relationships" (p. 80). Friendship, in Segal's fictional texts, is thus discussed in the context of regular lunch meetings in which the women not only express their own vulnerabilities but also tackle the readers' pre-configured notions of stereotypes surrounding old age vis-à-vis a "decline narrative" as proposed by Margaret Gullette (1994: 13). Cultural narratives render age either visible or invisible, depending on the way age is being treated in a society. "If a culture lives by the understanding that aging signifies decline, and old age means sickness and decrepitude, a positive outlook on old age as a period of possibilities is automatically rendered invisible by the cultural implications posed" (Trinkaus 2022: 28). Contrasting this idea of invisibility, the kind of reciprocal care Segal's characters experience comes from a vulnerability that manifests as a "radical openness towards surprising possibilities" (Hirsch 2016: 81) where being old becomes a "space to work from as opposed to something only to be overcome" (p.81). Segal's representation of friendship is a powerful counter-narrative that can be read as a strategic intervention against ageist thought (Butler 1969) while incorporating and embracing old age as a crucial part of the life that constitutes the characters' identities. By embracing friendship and challenging age-related stereotypical behaviors, the women in Segal's stories are "not [represented] as forbiddingly alien and other, but as sharing many problems and possibilities with us" (Nussbaum 1997: 85), meaning us readers. Through the spaces the women's friendship and their regular lunch meetings open up, the stories focus on trivial aspects of the women's lives that put other aspects of intersectionality, which would become visible in other social circles, into the background and allow aging to be one aspect, but not a defining marker of distinction and otherness.

Food

In Segal's short story cycle, food is used as a narrative tool that helps constituting the spatial setting and backdrop to the story while simultaneously providing an element of coherence. In foregrounding the meaning of food for creating the backdrop to the analysis of intersectionality, I follow Pauline Adema (2009), who argues that "food is not merely a means of survival; it is encoded with symbolic significance and is a vehicle for communication" (p. vii). Food is utilized in the narration to create the spaces and places in which the women interact not only with each other but also with their families, with caregivers, and with friends and acquaintances. In its presence, it almost becomes a trivial aspect and is reduced to a narrative element; in its absence, its relevance in fostering community becomes evident and is thus both "medium and outcome in the construction of identities" (Kong & Sinha 2016: 4).

Food, as Carol Counihan (1999) outlines in her *Anthropology of Food and Body*, not only is extensively gendered but also brings aspects of intersectionality to the fore. As the analysis will show, "[c]lass, caste, race, and gender hierarchies are maintained, in part, through differential control over and access to food" and that [o]ne's place in the social system is revealed by what, how much, and with whom one eats" (Counihan 1999: 9). She further points out that "[r]ace, class, and gender distinctions are manifest through rules about eating and the ability to impose rules on others"

(p. 9), which will become visible in the ways in which parent–children relationships, as well as the protagonist's relationship to her caregiver are represented in the story. Especially the aspect of company – eating in the presence of others, the protagonist's son or her caregiver, as well as eating with friends, becomes a clear distinctive feature of how control is exercised. While gender and age become distinctive features in the protagonist's relationships outside the ladies' lunch, race, class, and age do not play a role within the friends' group despite its distinctive feature to the outside world.

Food, in Segal's writing, highlights "distinct patterns that shape the way we read and interpret socially relevant narratives" (Trinkaus 2022: 67). Describing food as "endlessly meaningful" (Counihan 1999: 6) and as a "language accessible to all" (p. 19) provides the basis for my analysis of the relation of food and friendships in Segal's short story cycle. By bringing those aspects together, Segal's short story – in relation to old age – allows the reader insight into the different social spaces that the characters find themselves in while also providing access to various power structures highlighted in the stories. With food being both a backdrop to the story whenever it provides a meeting ground for the protagonists, as well as an element of negotiating power when it comes to its nutritional qualities, the short story cycle highlights the multiple and diverse negotiations and representations of old age that take away from a solely physical and healthy reading of successful aging, providing an alternate yet still powerful interpretation of what it means to age "successfully."

Resisting, Challenging, and Embracing Stereotypes of Old Age: An Intersectional Perspective

As Crenshaw (1991, 2017) proposes, intersectionality is not an accumulation of inequality patterns and criteria but a situational experience of people that depends on what kinds of environments they find themselves in. In her conceptualization, it "is a lens through which you can see where power comes and collides, where it interlocks and intersects" (2017) and where power structures render people invisible or place them at the margins. It is exactly this collision, intersection, and interlocking of a variety of power structures that I am interested in teasing out in this article in order to get a better grasp of how stereotypes about old age function in literary fiction but also how literary fiction resists stereotypes by shifting those power structures. Reading Segal's short story cycle with a focus on intersectional entanglements, a pattern of stereotypes toward old age emerges that is also cleverly disrupted throughout the narration. The short stories outline intersectional entanglements in relation to the inside and outside of the women's circle of friends, bringing aspects of intersectionality to the foreground or background depending on their social environments. In line with Crenshaw's concept, the stories make visible how power structures change and people adapt or cope with the respective spaces they find themselves in. Whereas age, for example, is not an intersectional marker that differentiates the protagonists, it does become a defining issue when they find themselves in the presence of their families. The same is true for ability, both in the context of family and an extended group of acquaintances.

The idea that the "multiple stories that tell of the changing weave of identities and people's often sinuous life paths" (Grenier & Valois-Nadeau 2020: 7) that the characters in Segal's short story cycle embody are representations of various levels of intersecting hierarchies and power structures within their group of friends, as well as their families. Segal's stories do not depict women, in a Beauvoirian sense, as "socially marginalized group" that is "characterized by alienation, self-estrangement, and a loss of self" (Hartung 2017: 263–265), even though they do touch upon frailty, loneliness, and a threatening loss of "self-reliance" (Cruikshank 2013: 11).

Resisting, challenging, and embracing stereotypes of old age in Segal's narratives is subversively adhering to the expected structures and activities. The characters largely behave their age or act their age, following a notion of appropriateness while mocking or contradicting expectations. In their unexpected actions and activities, they antagonize prevalent social norms and requirements of old people, especially of old women, making the reader wonder, "is this what I want for myself?" There are several narrative strategies that highlight either resistance, a challenge, or an embracing of stereotypes, depending on the social setting the women find themselves in. Based on the short story cycle, I would like to foreground the reversal of the reader's expectations, situational irony, mocking and resisting care, and the acceptance of age and appreciation age markers in the texts.

Mocking and Resisting Care

Segal's short story "Ladies' Lunch," the short story cycle's namesake, was originally and slightly differently published in the US magazine *The New Yorker* in 2017 than its adaptation in the 2023 published collection. The story is about five women, immigrants from different places in the world, but fully fledged New Yorkers, who have "grown old coming together, every other month or so for the last thirty or more years, around one another's table" (Segal 2017). It is narrated through the perspective of Lotte, one of the women, who is trying to get rid of a caregiver her children arranged for her but also taps into the individual stories of the other women from the ladies' lunch. What connects the women to one another is their social status, which becomes evident through the places they live in (an Upper West Side New York apartment that is described to be "commodious" in Lotte's case), their level of education represented through the professions mentioned (doctor and activist), the language they use, the books they read and pastime activities they share, as well as their advance age ("They were of an age when they worried if one of them did not answer her telephone" [Segal 2023: 62]). What differentiates them from their surroundings and people outside their group of friends are their different places of origin. The characters' former residential places, "California, County Mayo, Tehran, Vienna, and the Bronx" (Segal 2023: 2), are a commonality among them. Being an outsider inside New York especially becomes visible in Lotte's comment about herself being "the refugee that keeps telling the old story" (Segal 2023: 56). Further, their slightly deteriorating physical ("Ilka had turned out to need a hip replacement" [p. 60]) and cognitive abilities ("Mom messed up her medicines" [p. 67]) become markers of difference but do not take away from their wish to remain independent regardless. Especially when it comes to having to leave the physical space of their friendship, their ladies' lunch, and move into a nursing home, negotiations are necessary in order to remain independent. Despite initially having – and being able to afford – an in-home caregiver who "sits and watches television" on the "velvet sofa in Lotte's living room" (p. 58), Lotte's children eventually decide to move their mother into a nursing home. They are worried that Lotte, against their strong recommendations, will "put sugar on her bread and butter" (p. 66) as a deliberate act of resistance rather than an unhealthy preference and a hyperbolic depiction of resistance to control on the focalizer's end. What is seen as a bad habit and acting out of not knowing better by her children is Lotte's challenging her family's patience as well as their well-meaning intent to exert control over her eating habits, which also becomes visible in the snarky comment Lotte makes to her friend Farrah, a doctor, who she wittily challenges to "do a study of the correlation between salt-free food and depression" (p. 61). Despite the character's financial possibilities to afford an in-home caregiver, a service that could be considered a result of financial privilege, she describes it as a burden rather than a help. Before being moved into the nursing home, there is a resistance to in-home caregiving through a mocking of the caregiver on Lotte's end.

> "Your Sarah [the caregiver] seems pleasant enough," Ruth said. "What's wrong with her?"
>
> "That she's in my living room," Lotte said, "watching television; that she's in my kitchen eating her lunch, which she does standing up; that she's in my spare room asleep, and in my bathroom whenever I want to go in."
>
> Ruth asked Lotte what Sarah did for her. "Do you need a caregiver to help you dress?"
>
> "No," Lotte said.
>
> "Do you need a caregiver to help you shower?"
>
> "No," Lotte said.
>
> "Get your meals?" "God, NO!"
>
> "So what do you need help with?"
>
> "The caregiver," Lotte said. (Segal 2023: 61–62)

Eventually, the protagonist tries to rid herself of her aid by torturing her in the same way that she feels tortured by her carer, clearly pointing out the intrusion into her privacy she experiences from the woman who stays in her home all day and who she has to share her "commodious" (p. 58) apartment with.

Reversing Expectations

In Segal's short story cycle, irony is created by breaking with the reader's norms and expectations toward the text, as well as toward old age. This is cleverly done through the use of unexpected situations and encounters. A common misconception that still has popularity despite its demystification by age studies scholars is the decreasing use of technology in old age (Dalmer et al. 2022; cf. Hatzifilalithis & Dalmer 2022). One ironic instance in the short story "Ladies' Zoom" becomes noticeable when the old women transition from having a lunch date among friends to having a Zoom meeting during the lockdown of the COVID pandemic. When decontextualized from the short story cycle and read on its own, the story highlights the technologically savvy women who, despite their advanced age, try to make a Zoom call work in order to see each other during the COVID-19 pandemic. When read in the context of the short story cycle, however, the spatial connection to food, as well as the importance of friendship and the continuity of the meeting, becomes evident. The story is an extension of another short story in the cycle, entitled "Ladies Lunch," which offers the women a place to discuss their everyday queries and be in touch with each other, despite their families' occasional hesitations. Moving the meeting online, the story becomes an extension of controlling family mechanisms that emerge in the form of concerns and care from younger family members. Meeting the families' concerns of becoming ill with the virus, the women react with a strategic intervention to move their meetings and take back control over their meetings, taking going online and connecting with each other into their own hands.

> The next time – it was in response to their several children's anxieties – Ruth offered to try to host ladies' lunch on Zoom. "It might be a good idea to hold up a hand to signal when you have something to say," she told them. "We have forty minutes, and another forty if I can figure out how to work it." They could be guaranteed to quarrel with the technology. "We're talking to little movies of ourselves instead of with each other." Only Farah held up a hand to say, "It's this blessed technology that lets me carry Kafka and all of Jane Austen and King Lear, and What Maisie Knew in my handbag and make the letters large enough to read." (Segal 2023: 150–151)

The story reflects on the possibility of regaining agency that a regular lunch meeting would not allow. At the same time, the potentially unexpected knowledge of online technologies of women who need walking aids, need their children to arrange lunch meetings for them and take them to said meetings, or struggle with their memory. On top of the casual use of Zoom in order to schedule meetings, the story also highlights their use of digital libraries and brings aspects of technology use to the fore that are not necessarily age related. These emerge in observations and utterances such as "[i]t might be a good idea to hold up a hand to signal when you have something to say" or that "the little moving pictures on the computer screen nodded their heads up and down" (p. 151). By explicitly not foregrounding a struggle with the technology, the story normalizes the use of Zoom calls among the group of friends as an extension to their lunch meeting, placing the food in the background, but foregrounding their occasional memory loss and how they tackle it instead. Old age, thus, becomes normalized by addressing aspects of online conversations that are unrelated to aging. Within their circle of friends, it is a common ground for the women and not a marker of difference that distinguishes them from a cohort more technologically literate or quick.

Acceptance

Apart from ironic resistance, the reversal of expectations, and the mocking and challenging of stereotypes, acceptance plays a crucial role in Segal's short story cycle. The story harbors an impactful irony in the never-explicitly addressed confusion of a character attending a funeral, calling it a party for the old (Segal 2023). While the story never makes it explicit whether the reader's expectations are being challenged by the character's careless attitude toward the place, she finds herself in, or whether the challenge in understanding the text is based on the reader's inferences that someone acting that way can only suffer from forgetfulness or dementia never becomes clear and leaves an open end. When entering and complementing a woman's scarf, Lotte, the protagonist, "could not have said if she had forgotten the woman's name or had never laid eyes on her" (p. 19), which is a sensation reciprocated by the other woman. Since Lotte only ever converses with her friend who she is joining the "party" with, the reader does not get an outside perspective of other guests' thoughts and comments and is left with the ambivalent understanding that Lotte could be joking, suffer from dementia, or just have a bad memory when it comes to names and faces.

> “I like parties.” “If you want to call it a party. I hope they do martinis.”
>
> “Why isn’t this a party?” asked Lotte, following her friends, who seemed to know the geography of the handsome modern apartment. (Segal 2023: 20–21)

The short story uses stereotypical notions of decline in old age on the reader’s end, however, does not take away from the characters having fun at a “party” that turns out to be a wake for a mutual acquaintance in the end.

By granting the characters the flexibility of calling their social event whatever they want, and not having consequences in the way they are being treated by other guests, the question of age is only negotiated between the text and the reader, not the characters in the story. Just like the challenging and mocking of events in the previous stories, the negotiation of old age, physical and mental ability, gender specific stereotypes, and their respective class identities remain silent when in the group. What is presented to the reader as markers of intersectionality only become visible outside the women’s ladies’ lunch – as long as they remain together and do not have to negotiate their social identities outside their group of friends, markers of otherness do not come into play.

Conclusion

This narrative analysis addresses the ways challenging, resisting, and embracing aging manifest in Lore Segal’s short story cycle *Ladies’ Lunch.* As this analysis shows, using the lens of intersectionality, class, gender, race, ability, and age are shifting markers that depend on the (social) context the characters find themselves in and are not fixed categories that add to a person’s identity. Rather than highlighting age deficits juxtaposed to ability, gender, or class, Segal’s stories provide creative visions of aging successfully that go beyond the characters’ physical capabilities and highlight the relevance of friendship and belonging for a feeling of comfort. Despite the existence of physical and mental decline, and without euphemizing old age, Segal’s stories outline the potential of community and care through friendship and a common ground. Such counter-narratives of old age that possess the quality of addressing prevalent stereotypes and reconstructing their meaning can thus have an affective quality on the reader and help challenge the status quo of the intrinsic ageism of active aging or successful aging that strips the individual of the multiplicity of capabilities they possess beyond the physical. Utilizing a lens of intersectionality allows the reader to understand the shifting potentials of old age, which are situationally embedded, and highlights creative ways of negotiating, challenging, resisting, and embracing the changes that come with growing older.

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"Moving sands of power?" – power dynamics in co-design practices with older adults

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Abstract

Participatory approaches, such as co-design, aim to include diverse groups of older people in decision-making. Yet, such approaches can be limited by established power dynamics. To explore how those power dynamics can unfold and be enacted in co-design with older adults, we draw on 11 thematically analysed, semi-structured expert interviews with Australian co-design facilitators. Australia's specific policies on co-design and disability, along with its settler-colonial history, make it a valuable case study for investigating power relations and intersectionality. Findings show how power in co-design moves within three identified main themes: (1) (lack of) control over recruitment; (2) Constraining power dynamics; and (3) structural obstruction of inclusion. Implications for design and policy are discussed herein.

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Keywords: inclusion, intersectionality, marginalisation, participation, policy

Introduction

> I guess my initial sense is that co-design, done right, is about trying to address power imbalances or even explicitly trying to -include the voices of people who don't usually get included. And so, as compared to traditional research, there aren't as many power issues, but of course they still exist. (Thomas, co-design facilitator)

Similar to many European funding schemes (e.g. Horizon 2020), co-design is becoming a prerequisite for many Australian research funding programmes in the health sector (e.g. National Health and Medical Research Council–NHMRC). Simultaneously, "ageing is generally considered to be the most dramatic" (Australian Bureau of Statistics 2022a, Population by Age section) trend in Australia's population, and it is projected that the percentage of people aged 65 and over will increase from 17% to 27% between 2022 and 2071 (Australian Bureau of Statistics 2023). Australia's government thus introduced specific policies to mitigate these effects; inter alia, accepting the Royal Commission into Aged Care Quality and Safety's recommendation that "priority [should be] given to research and innovation that involves co-design with older people, their families and the aged care workforce" (Australian Government 2021; Royal Commission into Aged Care Quality and Safety 2021: 147).

Thus, scholars from various fields are situating older adults as "lived-experience experts" within co-design processes (often used interchangeably with co-creation[1]) (Vargas et al. 2022). As with most participatory design frameworks, the underlying notion of empowerment in co-design appears to take place by actively involving and including diverse stakeholders, such as older adults in public policy planning or gerontechnology development (Vargas et al. 2022). Therefore, the process of co-design transcends traditional notions of user research or product testing and is instead often promised to possess a democratic and empowering ethos (Willatt et al. 2024).

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[1] See Javanparast et al. (2022) and McGill et al. (2022) on the multiplicity of terms or (non-) differentiation between terms among Australian co-design facilitators.

In the Australian context, co-design is repeatedly discussed as an approach that fundamentally reconfigures long-standing power dynamics by reversing inherent Western designs that favour “top-down” research and governance (Gerrard et al. 2025; Trischler et al. 2019). Emerging from a recognition that social innovations cannot be abstracted from the complex lived experiences of individuals, we situate co-design as a social practice of power. In doing so, we focus on the perspectives of co-design facilitators, such as Thomas (pseudonym), to explore how exactly such reconfiguration of power dynamics is enacted in co-design practice in Australia and which implications for design and policy can subsequently be derived. Due to its specific policies on co-design and disability, as well as its settler-colonial history, centring our study on the Australian context provided a valuable case study for applying an intersectional lens to investigating power relations. Based on co-design facilitators’ insights, we therefore aim to explore how these power dynamics affect co-design with older adults and where the ideal of empowerment through participation may be prone to interference.

Co-Design with Older Adults

Through the lens of critical gerontology, we recognise that ageing is not a linear process of decline but a dynamic and complex experience of continuous becoming, in the context of structural pressures and constraints associated with, for example, gender, class, and ethnicity (Gilleard & Higgs 2005). Nonetheless, images of old age in society often fluctuate between deficit-oriented views and idealised notions of “best agers,” “silver surfers,” or “healthy ageing,” with the latter often promoted as the preferred narrative. An accurate representation of lived experiences in the highly heterogeneous group of older adults thus becomes increasingly challenging (e.g. Pena et al. 2021).

Contemporary approaches to participant involvement and design practices, for example, in terms of policies or technologies, therefore need to move beyond traditional, linear methodologies towards more collaborative and participatory frameworks that fundamentally reimagine the relationship between various stakeholders, including citizens, politicians, scientists, and technology creators, among others (Borthwick et al. 2022).

With co-design being considered as a form of participant involvement in design practices, facilitators of co-design, for example, researchers in policy or gerontechnology development, hence seek to promote a deeper level of participation and inclusion of older adults (Pena et al. 2021) by engaging them as (equal) partners in design processes (Sanders & Stappers 2008). To achieve this, Australian researchers Dietrich et al. (2017) and Hurley et al. (2018), for example, applied a six-stage model, dividing co-design practice into the following stages: resourcing, planning, recruiting, sensitising, facilitation, and evaluation; in all of which, participants of co-design are supposed to be involved. Rather than positioning older adults as passive recipients of technologies or policies, co-design methodologies recognise them as expert contributors with unique insights into their own needs and experiences (Trischler et al. 2019). The ethical implications of this approach are profound. Co-design becomes a practice that simultaneously develops social and/or technological "solutions" but also affirms human value. It recognises that policies and technologies are not just about solving functional challenges, but also about supporting dignity, autonomy, and quality of life for older adults (van Hees et al. 2023). We therefore understand co-design practice as a space of (re-) negotiation where not only pre-defined outcomes (e.g. technological artefacts or new policies) can emerge as a result, but also social actions (Knoblauch 2020) such as power (re-) negotiation, can take place and either reaffirm or challenge them.

Nonetheless, researchers and institutions have been criticised for instrumentalising co-design to advance their own objectives instead of genuinely wanting to include, for example, older adults (Akama et al. 2020; Cozza et al. 2020; Jaz et al. 2019). This undermines the, in certain contexts often framed as, innate democratic notion of co-design – at the expense of those participating in such processes and to the detriment of the most vulnerable (Willatt et al. 2024). Furthermore, most observational and interventional studies on ageing rarely investigate diverse characteristics within the older population (Ferrucci & Kuchel 2021), leading to skewed results, at best, and systemic exclusion and discrimination, at worst.

Older adults in general, and minoritised older adults especially, are confronted with far-reaching structural inequalities (Willatt et al. 2024). Considering that many of the vulnerabilities faced by older adults are bestowed upon them as a result of their structural contexts (Gu & Dupre 2021; Haider 2022; Langmann & Weßel 2023), vulnerability is not a binary concept of either being vulnerable or not (Haider 2022). Old age in and of itself can therefore not be considered as inherently marginalising or leading someone into vulnerability. Instead, an older person may acquire additional layers of (potential) vulnerability through factors such as low literacy, a lack of social network and support, low socioeconomic status, gender, race/ethnicity, and disability, among other social characteristics (Rießenberger et al. 2025).Culturally and socially constructed categories of difference, such as gender, race/ethnicity, or disability, are known to impact a person's daily life through the association with different resources, levels of power, and influence (Holman & Walker 2021). The complex interplay and reinforcement between these was first introduced in 1991 and referred to as intersectionality (Crenshaw 1991; Tobin et al. 2023; Westwood 2023). For example, with an increase in heterogeneity throughout the lifespan (Ferrucci & Kuchel 2021), phenomena like "ageing into disability" (Monahan & Wolf 2014) emerge. Applying an intersectional lens enables us to look beyond the singularities of old age or disability, revealing the complexity of the individual's lived experience by exploring the structural underpinnings of marginalisation and vulnerability (Ferraro et al. 2017). This can, in turn, be extrapolated by adding the traits of additional categories of difference, such as race or ethnicity, leading to, for example, older black Americans experiencing an elevated prevalence of chronic physical health conditions or early-onset physical disabilities due to greater life course exposure to health risks, marginalisation, socioeconomic disadvantages, and increased exposure to social stressors throughout the course of their lives (Sternthal et al. 2011). The partnership-based approaches of co-design may lead to a better understanding and consideration of intersectionality (Rießenberger & Fischer 2023) and, thereby, potentially reduce age-related stereotypes (Mannheim et al. 2023).

While co-design approaches in Australia are increasingly adopting intersectional frameworks that consider the combined impacts of race, gender, age, socioeconomic status, and geography on individual and community needs, a critical scholarship has drawn attention to the use and misuse of "intersectionality" (Carbado 2013; Davis & Lutz 2023). For example, questioning the applicability of a seemingly American concept in other contexts, arguing that it may impose a hegemonic, Global North perspective (Bastia et al. 2023). Critics also contend that this framework can inadvertently "reproduce the notion that people of color are 'intersectional' and possess culture, whereas Whiteness is positioned as normative, implying that White people do not have culture" (Chandra 2021: 770).

Nonetheless, Australia is uniquely shaped by its multicultural population, significant First Nations presence, and an array of geographically dispersed urban and rural communities. This diversity brings rich perspectives, but also presents complex challenges, particularly in how community needs and voices are recognised and integrated. Australia is home to Aboriginal and Torres Strait Islander peoples, the First Nations peoples of the country, with distinct histories, cultures, and identities that have existed for tens of thousands of years (Langton 2023). Cultural heritage and connection to the land are central for Australian First Nations (Heiss 2018). While they represent the longest-living culture in the world (David et al. 2024), their knowledge, values, and practices have been undermined through power imbalances and historical injustices that persist to this day (Heiss 2018; Watson 2014). In addition, Australia is one of the most culturally diverse countries globally, with nearly half the Australian population born overseas or having at least one parent born abroad (Australian Bureau of Statistics 2022b). This diversity involves varied languages, traditions, and experiences, making inclusion essential in any co-designed work. Engaging First Nations' peoples and CALD (culturally and linguistically diverse) communities requires culturally sensitive approaches and accessible communication methods. Finally, Australia's vast geography encompasses densely populated urban areas and remote and rural regions (Australian Bureau of Statistics 2022–23). Rural and remote communities often face challenges, such as limited access to healthcare, education, and technology, which impacts their ability to participate in co-design initiatives (Burmeister & Marks 2016; Gardiner et al. 2019; Fuqua & Roberts 2021). Addressing these geographic divides demands flexible approaches that account for logistical and infrastructural constraints, in order to ensure that rural voices are not sidelined. In sum, Australia's diverse landscape – both culturally and geographically – makes it a distinctive environment for co-design, requiring sensitivity to the intersecting identities and experiences that shape each community. Neglecting to integrate an intersectional framework in this context may, therefore, obscure social processes that underlie disparities and power imbalances throughout the lifespan (Tobin et al. 2023). Thus, an intersectional lens when co-designing with older adults appears to be necessary if we are to uphold the inclusive nature of such methods.

Although co-design can be considered as a form of (community) empowerment through a redistribution of power (Javanparast et al. 2022), co-design is still able to constitute an exercise of power (Rießenberger et al. 2025) or face considerable barriers because of hierarchical power imbalances (Javanparast et al. 2022). To understand how co-design can sometimes undermine its core principle of genuine inclusion through participation, it is essential to critically investigate the power dynamics at play – specifically, who is allowed to participate, under what conditions, and how intersectionality shapes these factors (Rießenberger et al. 2025).

Conceptual Approaches of Power

In practice, co-design processes often appear to be shaped by overt, observable conflicts – such as those arising from immediate clashes of interest – and less by power dynamics, whose influence tends to be more subtle and concealed. Nevertheless, these dynamics can become all the more effective indirectly, by setting or reproducing the institutional, political, cultural, or discursive contexts within which co-design processes often take place.

As a social practice, co-design is not a neutral, benevolent practice, but rather a complex site of power negotiation. However, by actively involving older individuals in the design process, one needs to reflect on whether, for example, co-designed technologies offer "solutions" (see discourse about "technological fix"; Oelschlaeger 1979), or whether these co-design processes simultaneously challenge traditional power dynamics and create more equitable relationships in technological development (Bratteteig & Wagner 2014). These considerations are usually not linked to conceptual approaches on how to enable power-centred reflections and analyses (Volkmann et al. 2023), and the extent to which power dynamics are redistributed within co-design processes needs further analysis (Farr 2018).

Regarding the distribution, use, and potential effects of power dynamics, there is a practical necessity to moderate these power relations in a way that the processes of co-design and negotiation can proceed productively (Kier et al. 2023). Accordingly, as a social practice, co-design requires extensive communication and collaboration between heterogeneous stakeholders (Farr 2018) – which in practice are represented in the form of individual persons who talk, reason, argue, debate, and collaborate with one another, for example in workshops or other formats (Deisenhofer et al. 2025). In such social interactions, the individuals involved are oriented and guided by both individual and collective stocks of social knowledge. By framing their interpretations of the situation, its context, and the others' actions, these orders of social knowledge and patterns of interpretation may be reproduced by their own social action or communication, respectively (Knoblauch 2020). Appropriate concepts on power, thus, ought to reflect settings of social knowledge (i.e. socio-cultural contexts), structural contexts (such as institutional, legal, or other frameworks), and contexts and interactive dynamics at an individual level (i.e. social actions, interpersonal relationships, and discursive practices of and among involved social actors).

Based on fundamental approaches of power in social sciences (Bachrach & Baratz 1962, 1963; Dahl 1957, 1961; Lukes 1974; Weber 1972), the concept of power proposed by Hay (1997) integrates both overt and covert, as well as direct and indirect dimensions of power. It incorporates, on the one hand, power in the form of immediate influence on the execution of actions (conduct-shaping), and, on the other hand, indirect forms of power in the sense of context-shaping. Even the constitution of interests and social structures involves effects of power that are likely to influence claims, opportunities, content, and processes of participation and involvement, thus potentially restricting others' autonomy (Hay 1997). "Power then is about context-shaping, about the capacity of actors to redefine the parameters of what is socially, politically and economically possible for others" (Hay 1997: 50). In that way, "power refers to the capacity to redefine structured contexts and is indirect, latent, and often an unintended consequence" (Hay 1997: 51).

Hay's (1997) approach combines fundamental perspectives on power, which were already considered most relevant for power analyses in intersectionality research (Howard & Vajda 2017: 15). For its multi-dimensional integrating view, Hay's (1997) approach appears as being highly appropriate for exploring power dynamics in co-design practice with older adults to this day. It is not normative and can be applied independently of time-specific societal categories of difference and conceptions of norms and order. It provides a heuristic framework that allows a reflection of context-driven forms and dynamics of power that are not obvious in social practice. It views co-design as a social practice that can be influenced by both overt and covert, as well as direct and indirect dimensions of power. The resulting power balances are volatile. They can be more or less dynamic, depending on the situation and contextual conditions, for example, in relation to socio-historically conditioned constructions of identity and societal structures, such as existing implications of Australia's settler-colonial history, or embedded inequalities based on gender or other categories of difference. These theoretical considerations and perspectives have guided the following empirical analyses. Based on co-design facilitators' insights, we aim to explore how these power dynamics affect co-design with older adults and the points at which the ideal of empowerment through participation may be prone to interference.

Material and Methods

By means of expert interviews, we explored how Australian facilitators of co-design for/with older adults experience, report, and enact power dynamics. Following a qualitative design, we conducted 11 semi-structured expert interviews with facilitators of co-design. The interview guide was developed through an in-depth examination of existing literature on co-creation/design with older adults and their respective interactions with other categories of difference (such as age, gender, and CALD) to provide theoretical sensitivity (Corbin & Strauss 1990: 41). Based on this, the interview guide included narrative questions on (1) understandings of co-creation/design with older adults, (2) their practices and experiences in terms of age, gender, and CALD in co-creation/design, and (3) practices and experiences of power dynamics in co-creation/design processes. Two pre-tests of the interview guide with facilitators from different fields and geographical locations resulted in an adjustment of certain questions, phrases, and applied terms to the Australian context.

Study Context

For this qualitative study, we collected data from Australian co-design experts who were either currently or had been based in the Melbourne metropolitan area in the past 5 years at the time of the interview. Six interviews were conducted in person, and five online via the video-conference tool Zoom. Given this setting, the diverse and multicultural landscape of Australia plays a crucial role in shaping the dynamics of co-design.

Participants and Procedures

Selection criteria included being able to participate in an interview for at least 1–2 h and speaking either German or English. Furthermore, all participants had to have practical experience in co-design for and with older adults. These took on different shapes, such as involvement in research projects, projects within non-profit organisations, and policy development for governmental institutions. Their facilitation of co-design encompassed all six co-design phases: resourcing, planning, recruiting, sensitising, facilitation, and evaluation (Dietrich et al. 2017; Hurley et al. 2018).

Purposeful sampling (Patton 2014) was used to recruit a heterogeneous sample regarding gender, cultural and linguistic diversity, and academic background. Recruitment was performed via pre-existing connections and networks. Snowball recruitment further enriched the original sample. Potential interview participants were contacted and informed about the study by the first author via email. To those indicating interest in participating, an informed consent document and a short survey on their socio-demographic data were sent. With those participants not available in person, online interviews were conducted. Six interviews took place in Melbourne, Australia, at locations selected by the respective participants; five took place online.

The participants were aged between 38 and 59 years old. Six identified as women, four as men, and one as non-binary. Most interviewees identified as white (n = 4) or white with roots in the United Kingdom (UK) (n = 4). Three interviewees shared diverse heritage: one with parents from the UK/Netherlands, and India; another with German and Australian roots; and the third with Colombian and Australian ancestry. Their academic backgrounds included anthropology, social work, social sciences, human-computer interaction, psychology, occupational therapy, neuroscience and bioethics, as well as computer science, and gerontology. The interviews (n = 11) all took place from March to May 2023 and were digitally recorded, fully transcribed, and anonymised. Pseudonyms were chosen by the interviewees themselves, following an inclusive research practice (Allen & Wiles 2016).

While we acknowledge that co-design facilitators may appear to hold more powerful positions within co-design endeavours, they are still part of larger societal and regulatory structures. As representatives of more powerful organisations, such as universities or the government, they often find themselves faced with a predicament between navigating those larger societal and regulatory structures and appeasing the participatory ethos often guiding their co-design work. This makes their experiences a valuable starting point for analysing power dynamics in co-design.

Analysis

To uncover themes, patterns, and contexts of power dynamics in co-design with/for older adults, the interview data were thematically analysed (Braun & Clarke 2006). Firstly, all interviews were coded inductively. Memos were created throughout the initial coding process to analyse data and codes early in the research process, which was aided by MAXQDA 2022 software. Based on this, preliminary themes were identified that not only encompassed those mentioned further above, but also themes relating to, for example, the "intersection of old age and disability" or the "tokenism of co-design in grant funding." All emergent themes were discussed with the other team members through several iterations and compared to Hay's (1997) concept of power. These discussions were enriched by the developed codes, memos, and direct interview quotes to remain as close to the empirical material in our analysis as possible. Subsequently, a second round of coding was performed deductively, based on Hay's (1997) concept of power, out of which the final themes, as presented in this paper, were developed. We further acknowledge our own biases and blind spots as researchers, which may have shaped our analysis in certain ways, inadvertently.

Results

Applying Hay's (1997) framework on overt, covert, direct, and indirect dimensions of power allowed us to delve deeper into the way different layers of power enacted during co-design processes attempt to move and shift. Focusing on power dynamics pertinent to all stages of co-design, we were able to capture three overarching themes within the interviews: (1) (lack of) control over Recruitment; (2) constraining power dynamics; and (3) structural obstruction of inclusion. These are further elaborated in the following paragraphs.

(Lack of) Control over Recruitment

Co-design aims to enhance inclusion by engaging end-users, such as older adults, from the earliest stages of a project. However, given the considerable diversity within the older population, ensuring meaningful representation is both envisioned and challenging. On an overt level, it was generally noted that co-design facilitators perceive themselves as the ones carrying the main responsibility in terms of recruitment strategy and, therefore, for enabling diversity in the recruitment of participants. With regard to old age, recruitment was described as a particularly challenging task due to potential complex needs, low response, high drop-out rates, and access issues, directly and indirectly influencing participation. Despite applying extensive recruitment strategies to reach older adults through various channels, the process and turnout were described as, "then it's always way less people and way harder. And we're usually just more or less left with just with whatever our clients can scrape together" (Johann). This indicates that despite their best efforts to reach older adults, co-design continues to be reciprocal in nature. While it remains the responsibility of co-design facilitators to apply diverse recruitment strategies and create easily accessible spaces, the intended participants still need to agree to take part, thus displaying an indirect exercise of power. Furthermore, when adding additional categories of difference, the majority of interviewees admitted to having none or insufficient recruitment strategies regarding old age and, for example, CALD or disability (excluding man/woman ratio in their sample), unless they were supposed to target said groups specifically. Some participants appeared surprised by this line of questioning and then admitted to both a lack of awareness and understanding of the need to change their recruitment strategies. Others appeared to have been aware of this shortcoming and admitted to their challenges in their attempts to recruit more inclusively, implying for categories of difference to both overtly and covertly influence power dynamics in recruitment. Thomas' reasoning, for example, was: "that it's so difficult to recruit older adults for research. […] To have a diverse population, […] is an aspiration. But the realities of recruitment have meant that, at least to date in projects I've been involved in, gender balance is easier." This seemed to be a common denominator among those participants who appeared to have been aware of this lack of inclusive recruitment strategies. They also emphasised having limited control over the level of inclusion and related practices. For instance, Kristy exemplified their perceived level of powerlessness by stating: "[…] when you're conducting funded research, all of us […], we're at the mercy of what we've signed up. And sometimes you end up doing things you aren't necessarily that happy about." It was repeatedly noted that grant providers and universities had direct decision-making power on what is getting implemented, with whom, and even how inclusion and participation are to be practiced. This led, at times, to greater segregation among participants, thus eroding the participatory framework intended in co-design. Examples of such restrictions being imposed by universities or funders encompassed funding guidelines or feedback from potential funders stating that the co-design facilitators should focus on one or two specific categories of difference (instead of multiple ones within the same project). But even on a much smaller scale, simply acquiring funding for translations to further the involvement of culturally and linguistically diverse populations in co-design appeared to have been challenging.

Nonetheless, when speaking about attempts to recruit First Nations people for co-design, the historically rooted mistrust of potential participants towards representatives of universities or government bodies (further discussed below) often appears to get in the way of well-intended recruitment attempts in co-design. In this context, we feel it is noteworthy that not a single participant reported on a project that focused on old age and First Nations people, despite some of them having worked with First Nations people in the past. The reasons for this are unknown to us and we can only remain on a speculative level.

Those examples of successful recruitment of diverse populations that were shared within the interviews had taken place in the context of PhD projects, where co-design facilitators spent time outside of paid labour, and hence, typical research funding, to enhance inclusivity for their projects. One such example is aiming for greater involvement of older adults living in remote and rural regions. This resulted in one such co-design facilitator journeying from one small town to another to put up recruitment posters for co-design activities on each town's information board. That it takes this additional effort to recruit older adults living in remote locations suggests to us that even their place of residence can exude an indirect dimension of power in co-design.

Being held back by existing government, funding structures, university structures in co-design research and technology development, and societal dimensions of categories of difference appeared to be a common denominator across facilitators of co-design. Yet, facilitators seemed to acquiesce to these more covert structures, claiming they would rather have some funding for certain subgroups or smaller projects than not have any at all. This led to a negotiation process between securing funding for projects while also upholding the democratic values of inclusivity in co-design. For example, Jayden mentioned:

> I've got a much smaller pot of money than I hoped for and it's killing me […] that I can't be as inclusive as I would love to be. Sometimes it's just a compromise that you have to make, but it's not sitting great with me.

While they acknowledge that conducting co-design and fostering inclusion involves balancing their goals with the expectations of funders and their universities, there is a sense that this balance may require adjustments to their ideals on co-design and inclusivity.

Constraining Power Dynamics

Most facilitators described the gold standard of co-designing with older adults – oftentimes also referring to "true collaboration" or "genuine co-design" – as involving participants in decision-making processes throughout all stages of co-design work. This ranged from prior to any project proposal, development or project work, through to disseminating the project's results. Johann mentioned that according to their understanding, "co-design represents, in my opinion, a new level of democracy, an extension or expansion of it, and so it naturally finds opposition, constantly." This reflects the belief of an inherent democratic notion in co-design, which, according to co-design facilitators, goes against established top-down hierarchies, found in both research and technology or policy development. As co-design is increasingly viewed as a pathway to democratising policy and technology development processes in certain contexts, the shift from established top-down hierarchies to a bottom-up approach to decision-making is seen by many facilitators as essential when engaging in co-design with older adults. However, their attempts at redistributing these established power dynamics in co-design, by recognising participants' experiences as expertise and allocating decision-making power to them, were met with challenges, some going so far as to share that they "feel like, unfortunately, we might have hit the peak of that democratic swing" (Johann).

As noted by Hay (1997), the capacity of actors (here, the facilitators of co-design) to redefine what is feasible in terms of redistributing power appears to be restricted due to social, political, and economic parameters. These restrictions were noted on multiple occasions by the interviewees, with Kristy, for example, stating that she believes there are "a lot of systemic organizational barriers to co-design […]. So the university funding system, the way research is funded, how we pay people, that it's still got to be mostly research-led." More specifically, this included constraints such as the less openly known requirement of third-party funding in research, leading to predetermined technologies being created despite participants' opposing feedback. In addition, facilitators also reported on not being allowed to provide sufficient remuneration to co-design participants due to university and funding regulations. This was often interpreted as an exploitative practice towards co-design participants, and, in turn, adequate remuneration was seen as a potential solution to this issue, if achievable.

Another facilitator stated that a journal refused to accept an older co-design participant as co-author, despite being a retiree with a professional background in academia, because they had no current university affiliation and mail address. This decision displayed a direct exercise of power with regard to the exclusion of older co-design participants, silencing their contributions, and denying (non-)monetary recognition for their labour, which at times encompassed the entire duration of a project. With these hierarchical power dynamics at play, co-design facilitators reported considerable constraints when co-designing with older adults.

Structural Obstruction of Inclusion

Further reflecting upon impeding factors for inclusion revealed again how multi-layered power is enacted in co-design, not just with older adults. Co-design facilitators reported on how certain systems, and their rigidity, impeded the inclusion of older adults, especially when intersecting with other categories, such as CALD, disability, or gender diversity. Some interviewees explained that, for instance, informed consent forms, necessary to conduct ethically responsible research in Australia, tend to be standardised in ways that can covertly discriminate. For example, older adults with cognitive impairment and/or physical disabilities may be challenged in accessing and comprehending these fully, due to readability, formatting, or complex language usage issues. Navigating this requires constant micro-ethics – or adjustments from researchers – to further refine procedural ethics. Miranda recounted how "the plain language statement and consent form […] had to be done in multiple different forms." When facilitators of co-design then attempted to adjust these to the needs of their participants, they often faced difficulties in gaining approval from the ethics committees. In Miranda's case, she then:

> went back to ethics again and again and again because of this. The ethics committee did not understand the form. The best example was when we took these consent and plain language statements to the group of co-designers, and they said, "What do you mean they'll be anonymous?," "What do you mean people can't name them themselves and own their stories? That's really treating people like children and we don't accept this." – It was very unexpected. And so we went back to human ethics and we got agreement that people, if they chose, could use their full name.

Despite agreeing to this change, according to Miranda, the ethics committee still argued that they (the participants) would not be protected since people will be able to figure out who they are. This exemplifies that, once participants understood the full scope of the consent forms, they refused to accept them. This suggests that, even with the best intentions, conventional procedures in co-design with older adults may be paternalistic, potentially resulting in undesirable research and ethics practices by stripping individuals of their autonomy under the guise of well-intentions for their protection.

Another facilitator remarked on a project proposal that aimed to conduct co-design with a group encompassing two distinct categories of difference, namely people living with disability and migrants (new arrivals and international students). This proposal was initially rejected by grant funders unless they were to change their research design, segregating the diverse group into two, based on the respective categories of difference. At the time of writing this paper, we found that the funders had not understood the project. They only agreed after the facilitator advocated for the potential participants and the applied intersectionality approach.

It was further indicated by co-design facilitators that particularly marginalised and underserved communities appear to be hesitant and jaded regarding a potential participation in co-design. An interviewee even quoted a previous co-design participant who stated: “Why would we think you’re going to listen to us?” (Johann). Interviewees suggested that these hesitations stem from deep-seated mistrust and scepticism due to present-day experiences of discrimination, negative encounters in prior projects, Australia’s settler-colonial history, and transgressions by healthcare and research institutions against marginalised communities. Opaque motivations of large institutions and universities, as well as concerns about how their perspectives might or might not be used, were also reported:

> With Indigenous people, we’ve worked there. I think that the mistrust, given the horrible colonial heritage and racism in Australia and the discrimination and stealing of children […] understandably people are mistrusting of big institutions. It’s universities that took Indigenous bodies for study and put them in museums. There’s a whole reason why Indigenous people would be mistrustful of what I represent or how I present.” (Aiden)

Nonetheless, interviewees such as Aiden appeared aware of how marginalised populations have historically been exploited by Australian research institutions. Moreover, this reflection appeared to extend beyond large institutions to researchers themselves: "I have to be aware of the fact that I'm pale, male, and stale […] and be mindful that my presentation, to those who don't know me, may raise suspicions or concerns." (Aiden). The same interviewee also reported on their institute's efforts to hire and train diverse staff for the purpose of mitigating discriminatory practices and to help build trust between facilitators of co-design and participants. This encompassed, for example, training First Nations students to become researchers themselves, or hiring researchers who identify with the LQBTQ+ community to lead projects within said community. This highlighted the need for additional relationship-building to establish trust, which demands more time and, consequently, funding – resources often lacking or not provided by grant funders. Since co-design is frequently conducted within academic settings, the inclusion of society's most vulnerable members is further hindered by these challenges deeply rooted in existing power dynamics.

While in all three instances, organisations either adhered to the changes and practices advocated for by the respective co-design facilitators, or attempted to work against exclusionary structural conditions, it can be assumed that without constant reflection and advocacy, these exclusionary practices would have resumed and potentially reproduced in future co-design processes. This supports the sentiment that individual representatives of these organisations may not have been actively working against genuine inclusion, but rather that the prevailing hierarchical and paternalistic structures perpetuate such exclusivity and therefore undermine the essence of co-design, namely genuinely including those with less power in society in decision-making processes and implementing their feedback. This leads to an increase in effort, resources (time and funding), and need for constant reflection and awareness in order to work against these obstructing structures even in co-design processes.

Discussion

Focusing on the perspectives of co-design facilitators, the three main themes highlight the forces at play when looking at power in co-design with older adults. While co-design facilitators recognise the potential of co-design to change the way power is distributed in such processes

(Zamenopoulos & Alexiou 2018), the implementation into real-life practice appears more challenging.

Instead, the attempts at redistributing power through co-design are a complex set of actions and non-actions, both affecting the way co-design is enacted presently and the way power and control are negotiated for future co-design practices as well. This is reflected in the way co-design facilitators frame their (1) (lack of) control over recruitment, (2) constraining power dynamics, and (3) structural obstructions of inclusion in their co-design practice.

While at first glance, the decision-making power in choosing who gets to participate seems to lie with the facilitators (Slattery et al. 2020), a closer look reveals the complex nature of recruitment and how both potential participants, as well as government, funding, and university structures, influence recruitment perhaps less directly than facilitators, but to no lesser degree. This leads to negotiation processes between, for example, securing funding for a project and upholding their ideals of co-design and inclusivity, or wanting to involve a large set of older adults in co-design and not generating enough interest among this population to participate.

Furthermore, despite funding schemes and policies having been implemented to support co-design (with older adults) in Australia, their social, political, and economic structures still exercise power, thus constraining the democratic notion of co-design processes. Based on the facilitators' reports, it can be derived that a different funding logic in research needs to be applied. This could, in turn, lead to a greater impact and decision-making power of co-design participants, provided that co-design facilitators utilise this opportunity to uphold the empowering notion often ascribed to co-design.

Similar changes would need to be envisioned to counteract existing power distributions with regard to remuneration and non-monetary recognition of participants' labour. The way these are currently embedded in co-design practice reflects a traditional top-down hierarchy in academia (Lafferty & Fleming 2000) regarding who is "deserving" of, for example, recognition and who less so. Thus, this potentially facilitates an exploitation of older adults participating in co-design practices. This poses constraining power dynamics for co-design facilitators who attempt to promote the democratisation of design processes and hence, according to them, for achieving genuine inclusion and recognition of participants' contributions.

It also became clear that larger institutions continue to practice procedures that support a structural obstruction of inclusion. While some may appear as protective agents on the surface, such as standardised consent forms that require anonymisation of participants, co-design facilitators are not able to easily individualise them to match new contexts and participant feedback. This serves as an example of paternalistic notions, where such institutions are in the position to determine who needs protection and thus has to receive it, and not who actually wishes for it. A similar obstructive structure was reported in terms of who decides where additional relationship-building is necessary to mitigate justified mistrust of academic institutions, and thus receives additional funding, and who does not. Since co-design is oftentimes enacted in academic settings (McGill et al. 2022), these are impactful power structures regarding the inclusion of society's most vulnerable, and navigating these as co-design facilitators is challenging. While it became evident that facilitators of co-design are aware of matters of intersectionality in co-design with older adults, solutions to mitigate intersectionality effects were scarce. It takes constant reflection and advocacy to first raise awareness on these very practical issues, and then, in the best case, also change existing structures. This displays how much energy needs to be put into moving those pre-existing distributions of power.

It can be noted, furthermore, that power in co-design is enacted on many different levels and is a constant push-and-pull between actors. Yet, power is distributed in a way that may at times feel to facilitators of co-design as if they have reached the glass ceiling of public involvement, genuine inclusion, and democratisation of decision-making processes. While facilitators need to show a large level of flexibility and persistence to successfully navigate through traditional power structures in funding, publishing, and research in order to further their goal of genuine inclusion, this appears to be a majorly one-sided effort. The results are asymmetric, dysfunctional power (im-)balances at the level of large-scale decision-making; these in turn, potentially reproduce established exclusionary practices (overt and covert, direct and indirect). Decisions that are answers to, for example: Who publishes what? What projects receive funding and how much? How are inclusion and diversity managed? Whose feedback is getting implemented, and to what degree? Who receives appropriate remuneration and who decides what is appropriate? This showcases the additional effort it takes for co-design facilitators to attempt to counteract these. No matter if they are "pale, male, and stale," or embodying one or more categories of difference, co-design facilitators face and are affected by systemic barriers, with limited ability to influence them. In a way, this reveals the feeling of powerlessness of those who are actively trying to empower others, and points towards not just their work-related labour but also the emotional labour they invest when attempting to change previously established power dynamics.

To summarise, given its multi-layered, both rigid and moving power dynamics and intersectionality issues, co-design maintains its dynamic nature. This is to be solved continuously, not just by facilitators of co-design, but especially those creating and (re-) shaping the structures in which they take place.

Limitations

Although this study puts forth valuable insights into the way power dynamics are enacted in co-design with older adults, certain limitations need to be reflected upon when interpreting the presented results. Due to geographical limitations, not all interviews could be performed in person, but rather had to be switched to an online format. Despite video-conferencing, non-verbal cues might have been imperceptible, thus potentially resulting in a different interview flow than in the in-person interviews.

In addition, despite the wide array of academic backgrounds, this study – entailing only 11 expert interviews within the Melbourne metropolitan area – limits the transferability of the findings to other countries or regions in which co-design with older adults is practiced. Further research in other regional settings and cultural contexts would add useful comparative data. Furthermore, this study only reports on the narrative and experiences of facilitators and does not represent the voices of lived-experience experts as participants in co-design processes, thus limiting the insights this study provides. Future studies are needed that focus on the perspectives and experiences of lived-experience experts in co-design research to further our understanding and delve deeper into the nuances and intricacies of power dynamics in co-design with older adults.

Conclusion

As our society continues to age, the importance of co-design practices will only become more pronounced. The future of policies and technologies lies not in creating universal, one-size-fits-all solutions, but in developing flexible and adaptable approaches that can be personalised and co-designed with those they aim to support. Our study showed that, despite efforts to create spaces that allow for this to happen, established hierarchies, power dynamics, regulations, and other kinds of formative structures appear to diminish the democratising capacity of these endeavours.

If policymakers, universities, and other stakeholders, such as journals and ethics committees, are genuinely committed to democratising research and design, we need approaches that ensure reflection on potential blind spots that obstruct genuine inclusion. The responsibility of facilitators of co-design therein lies not only to remain mindful of the conflict and power dynamics at play in co-design but also to raise awareness and advocate on behalf of (potential) participants in co-design.

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Data Availability

Data will be made available upon request.

Ethical Approval

Ethical approval was not required. All data were recorded, stored, and analysed on storage devices at the University of Applied

Sciences Kempten. As a University of Applied Sciences in Bavaria, Germany, we adhere to local rules and regulations of GehBA. These state that no ethical approval is needed for studies on and with human participants when there are no risks or harm for the participants to be expected and no violation of ethical principles occurs. Expert interviews are specifically exempt from needing ethical approval since these are perceived as posing no risk or burden on the participants compared to their everyday lives. Written informed consent was obtained from each participant ahead of time, and all data were stored on password-protected devices and anonymised/pseudonymised. For each quotation, written consent was given by the respective participant for use within the context of this paper.

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A question of dignity? Intersectional perspectives on the establishment of old people's homes in Sweden at the turn of the 20th century

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Abstract

Care for older persons is a universal issue, but around 1900, new groups of wage-earners created a need for an age of retirement, forming a new era of institutional care. These old people's homes were often charitable trusts, which required them to be seen as respectable to attract funding. Residents therefore faced a two-way contract: being offered dignified housing if they met societal standards of worthiness. Through a qualitative analysis, this article shows how such institutions needed to distinguish themselves from poorhouses, how their economies could be a mix of private and public funding and how they contributed to disciplining old age. Gothenburg Old People's Home is used as an illustrative example to show how the image of old people's homes was negotiated in terms of dignity, intersecting with class, gender and age whilst the upholding of social order-shaped notions of equality.

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Keywords: dignity, disciplining, history of eldercare, old people's home, retirement

Introduction

Taking responsibility for older people has always been essential in a society, although it has been shaped by a complex interplay of the prevailing social order and influenced by factors such as class, gender and economic status. In Sweden, the group of people over 65 had by 1900 increased to two and a half times the level observed half a century earlier. The number of people aged 65 and over had risen from 168,000 to 430,000, increasing their share of the total population from 4.8% to 8.4% (Historisk statistik för Sverige 1969). Hence, a rapid and significant growth of senior citizens to care for had manifested itself. The Swedish healthcare system was at that time still in its infancy, and the idea of universal accessibility was probably not even thinkable. Those most affected by this lack of comprehensive care were the most vulnerable, such as older people and children (Lagerlöf Nilsson & Castenbrandt 2022; Odén 1983).

Historically, the responsibility to provide for those who could not take care of themselves was regulated by the poor laws. Here, the old, the poor and the sick were bundled together into one group. No clear categories existed. However, at the end of the 19th century, ideas were put forward that different groups of people should be treated separately, depending on age and potential work capacity (e.g. Högman 1999; Lundquist 1997; Sjögren 1997; von Koch 1908). This was an effect of the extensive proletarianisation, industrialisation and urbanisation that marked the second half of the 19th century. New solutions were therefore required regarding the increased proportion of older people who needed help, especially in the cities. As poorhouses mixed all types of people in need, they were no longer considered a worthy option for the group of older people not able to support themselves (Hård af Segerstad 1923; Höjer 1952; Karlsson 2022; von Koch 1908). As a result, a new form of care emerged: old people's homes.

The aim of this article is to analyse the establishment of these new homes for older people, which were marketed as something clearly different from poorhouses and which started to emerge in Sweden at the turn of the 19th century. On the surface, these homes were charitable organisations, but as will be shown, public funding was often a crucial part of the institutions' economy. In that sense, these new old people's homes can be understood as one of the organisational steppingstones that later evolved into the universal and publicly funded welfare state of Sweden. More explicitly, a study of this new type of eldercare will show how it was formed, organised and established at the intersection between an old agrarian society and a new industrialised one, as well as between different financing systems and their forms of organisation. The study's empirical focus lies on Gothenburg Old People's Home (Göteborgs ålderdomshem), established in 1896. The questions that will guide the study are: How was the establishment of Gothenburg Old People's Home motivated and organised? For whom was the home intended, and what role did the residents play in maintaining it? How can these practices be interpreted, especially from an intersectional and biopolitical perspective?

This study is based on preserved archive material from Gothenburg Old People's Home. It consists of individual applications and records, annual budgets, minutes of meetings, regulations and letters. Some additional information has been retrieved from newspapers and government reports. A close reading has been conducted to analyse the collected material, searching for the ideas and conditions that underpinned the new institution. We will first set the framework for the article, and the text is thereafter divided into three analytical sections: the institution, the residents and the economy.

Dignity in a Class Society

The modern concept of "dignity" is closely intertwined with that of human rights. With the mid-20th century declarations of human rights, the term "dignity" began to be used as a justification for fundamental rights for all humans (Misztal 2013; Sensen 2011). In that sense, "intersectionality" becomes a way to identify inherited inequalities, and the lack of dignity provided for all citizens. However, before the coming of the welfare state in the early decades of the 20th century, a class-based society was a given, and there was no real ambition to change this order. An intersectional view on what dignity meant in a historical setting must therefore take into consideration the upholding of a standard characteristic of a certain group. In this article, we use intersectionality as a framework highlighting how class was embedded in the early establishment of old people's homes. In that sense, the new efforts targeting older people's needs were not aimed at creating equal opportunities but rather at preserving the dignity of certain groups, believed to be more worthy, beyond their productive years (Misztal 2013; Moellendorf 2009; Sensen 2011).

Perceptions and responses to older people and their care must therefore always be considered in the societal context of the specific time and the circumstances in which they were expressed. For instance, at the time of the establishment of the Gothenburg Old People's Home, gerontology was not yet recognised as a discipline within the medical field (Gaylord & Williams 1994; Morley 2004). With time, a way of addressing natural biological ageing was established, defining the concept of ageing and the appropriate course of action. According to Stephen Katz, the successful introduction and acceptance of novel features into society, such as a new type of eldercare, requires "disciplining" (Katz 1996). This, in turn, involves a double activity: on the one hand, it implies the continuous categorisation of a group of people with specific characteristics, and on the other hand, this specific group must conform to a particular order within this area.

In terms of the development of Gothenburg Old People's Home, this involved the gradual emergence of a conceptualisation of who should be considered a worthy older person and how they should be treated, in part dictated by the class society characterising Gothenburg around the turn of the 20th century. In other words, the authorities had the legitimacy to decide how a particular group of individuals, and what phenomena or conditions, should be treated. In Foucauldian terms, this can also be phrased as "biopolitics" (Foucault 1978). In this way, to ensure the common good, these functions become the instruments by means of which the apparatus of public power disciplines those who are to be grouped together and cared for in accordance with a specific order (Katz 1996).

The care of older people should thus be viewed as a culturally embedded and dynamic activity that reflects the prevailing social perceptions of ageing and older adults (Pelling & Smith 1991). This highlights the fact that as societal changes occur continually throughout history, they also affect the perception of older people and ageing (Achenbaum 1979; Remmers 2020). Additionally, researchers argue that the demographic transition, industrialisation, urbanisation and the growth and expansion of various social institutions during the 19th century had a significant impact on the perception of eldercare. Notably, improvements in hygiene and diet contributed to a considerable enhancement in population health and well-being (Achenbaum 1979; Cole & Edwards 2005).

Historically, the last resort for impoverished older people needing care was often the poorhouse, a facility that remained dominant until the late 19th and early 20th centuries (e.g. Achenbaum 1979; Fischer 1977; Haber 1985; Haber & Gratton 1994; McClure 1968). Older adults often feared being forced to live in such institutions during their later years. Poverty, dependence on charity and, not least, lack of dignity was heavily associated with the conditions of the poorhouses. They also became the negative contrast used to argue for the necessity of a reorganisation of these types of institutions (Katz 1984, 1986; Wagner 2005).

Previous research has stated that the poorhouses during the late 19th century “slid into a new identity: the public old age home” (Quoted from Katz 1984: 110; see also Haber 1993: 48). The inclusion of the term “home” in institutions’ names was part of this shift. This kind of renaming seldom had an immediate impact on actual care, though (Haber & Gratton 1994). Even so, the rebranding of institutions populated by older people contributed to articulate a vision of improved care for older people.

In addition to the establishment of specific housing for older people, other factors contributed to increased opportunities to retire from work. In Sweden, the number of older men still in employment gradually decreased during the first half of the 20th century (Elmér 1960, 1972, 1986). Studies on retirement have tried to calculate and map the timing of when increased numbers of (male) workers started to retire from the labour force. The data are tricky and complicated, and several reasons for the increased number of retirees are put forward: marginalisation of older workers, improved economic circumstances, as well as political reforms (Costa 1998; Gratton 1987; Högman 1999; Lee 2005; Woollard 2002). In Sweden, e.g. a national pension scheme was set up in 1913 covering the whole population (Elmér 1960). So, especially for urban workers, newly established pension schemes started to give older people some financial agency that, at least in theory, could help them avoid ending up in poorhouses.

Poor Relief and Eldercare

It is widely acknowledged that the quality of life experienced by older adults depended not only on health but also on a multitude of social and economic factors. These factors include, for example, gender, the social group to which one belonged, the financial status of one's household, the availability of familial and relational support and numerous other considerations (Odén 1983; Thane 2003). Historically, existing legal frameworks regulating poor relief, including the care of older people, also influenced the quality of life. In Sweden, the feared poorhouses were guided by the Poor Law of 1871. This legislation did not make any distinction between different groups of the poor. It bundled all those in unfortunate circumstances, such as orphans, the chronically ill and older persons, into one group. The law was criticised as being ineffective and giving rise to a multitude of misconducts. Discussions were therefore intensified between decision-makers and philanthropic actors regarding potential modifications to the poor relief system, including humanising the care for those in need (von Koch 1908).

The result became a new social legislation: the Poor Law of 1918. Amongst other things, this law forbade child and poverty auctions and the practice of rotating the poor amongst the parish households (Edebalk & Lindgren 1994). At the same time, many poorhouses changed names in favour of old people's homes, meaning that older people were starting to be seen as a category of its own. The new legislation also stipulated that each municipality should offer a more diversified base for the institutional care offered to older persons. It was, for example, stipulated that the residents should be organised according to the reason for their admission, and men and women should reside in separate rooms unless married (Svensk författningssamling [SFS] 1918: 422). However, in many municipalities, there was only one institution and, although often called an old people's home, the residence could include people of all ages. In other words, despite the name, homes continued to have a poor relief character. Also, to earn a place, you still had to be in need of poor relief

(SFS 1918: 422). The law of 1918 also emphasised the important obligation for those still capable of working to contribute with their labour whilst receiving poor relief.

Not until 1947 did public old people's homes lose their legal ties to poor relief. This change in the law was preceded by the deliberations of the Social Welfare Committee (Statens offentliga utredningar [SOU] 1946: 52), proposing that old people's homes should be excluded from the Social Assistance Act, thus completely cease to be poor relief institutions. Old people's homes should be open to everyone according to need and resemble boarding homes for older people and "invalids" who would be admitted for a fee (SOU 1946: 52). The rationale for the latter was the 1946 improvements to the national pension system. Due to this, it was considered that retirees would be able to pay a reasonable fee for care, and the Swedish Riksdag approved the proposal (SOU 1950: 11).

Gothenburg Old People's Home: A Distinguishable and Dignified Home

With this brief background, we are ready to analyse the foundation of Gothenburg's first old people's home, founded in 1896 when the Poor Law of 1871 regulated all eldercare. As mentioned, it has been argued that a kind of old people's home ideology was being established already prior to the Poor Law of 1918. Around the turn of the 19th century, a set of opinions surfaced, defining the characteristics of possible new institutions that were different from the existing ones (Edebalk 1991). The main objective was to establish old people's homes as places of residence offering support, accommodation and care to impoverished older people.

In October 1896, Gothenburg Old People's Home was inaugurated. It was a magnificent new red brick building. The event, surrounded by pomp and circumstance and attended by celebrities, was reported in detail in the newspapers (e.g. *Bohusläningen* 1896; *Göteborgs Handels- och sjöfartstidning* 1896; see also Ahlforss 1926). To provide more dignified living conditions compared to the city's general poorhouses, the Gothenburg Old People's Home also needed to be perceived as something better than a poorhouse. This was especially important for attracting donations. After all, the Gothenburg Old People's Home was, to a large degree, a private initiative. The need to represent something new and better is also clearly noticeable in the discussions surrounding what name the new institution should have, as well as what status it had in relation to the municipality.

Regarding donations, the initiators of the home were very successful. In 1889, Göteborgs Sparbank made a major donation, making it possible to erect the new building. It was symbolically relevant that the house was not located near the institution's old building, previously referred to as Gothenburg Poorhouse. The latter was a more than 100-year-old wood building, described as having narrow hallways with cramped corridors and with as many as eight people living in the same room. Accordingly, there was no room for the care of the sick, and it was difficult to ventilate the rooms. The old house was also considered a fire hazard. Since the purpose of the new building was to serve its clientele with more respectable living conditions, it had to be made clear to possible benefactors that the Gothenburg Old People's Home was worthy of donations. The new building did not disappoint. It was built in stone and had rooms for two people and separate sick wards for up to ten patients. It also included facilities for church service. It housed a minimum of 125 residents, and accommodations for the staff were also available (Stiftelsen ålderdomshemmet i Göteborg [SÅG] F23: 3). When completed in 1896, 85 people were moved from the old Gothenburg Poorhouse, and in the following year, it was possible to welcome eleven additional residents (Ahlforss 1926).

The name, Gothenburg Old People's Home, had also been an innovation instrumental in making it possible to realise the building plans. A fresh name would single out the new home from the city's general poorhouse institutions, making it easier to see it as a more dignified type of institution. One of the conditions for the bank's donation was, in fact, that the new institution was given a new name, ridding it from its past (SÅG F23: 3).

The name issue got new momentum after the Poor Law of 1918 came into effect. As mentioned previously, this law led to many poorhouses changing their name, again making room for Gothenburg Old People's Home to be mixed up with less dignified poor law establishments camouflaged by a new more honourable name. When that happened, voices were again raised for a name change. In 1936, attention was brought to the board of Gothenburg Old People's Home that, since the general poorhouses now often were referred to as old people's homes, the Gothenburg

Old People's Home was sometimes mistaken for being just another poor law institution. To avoid confusion, it was argued that the name should be changed to attract attention and new donors. A naming contest was even suggested. In the end, the name was not changed, but nonetheless, the preoccupation with the name highlights the importance for the home to be considered as something other than a general poorhouse establishment (SÅG F23: 3).

The Resident's Dignity and the Regulations of the Home

Two factors guided to the foundation of Gothenburg Old People's Home as a new institution: the biopolitical way of categorising people in need of assistance, and the financial capacity to create facilities for those older persons deemed worthy of improved care. This type of institution was, on the one hand, designed to accommodate diverse groups, emphasising the necessity of clearly defining the criteria for each category within the institution or home. This distinction was, in fact, a paradoxical one, yet it contributed to a more egalitarian existence. On the other hand, the concept of equality was based on the categorisation of individuals with similar economic conditions, social backgrounds and needs into specific groups. Distinctive demarcations were thus seen as a prerequisite for enabling a differentiated, but also a more humane or dignified, way to manage the poor (von Koch 1908).

It is therefore of interest to ascertain who had access to Gothenburg Old People's Home in its early phase. Who was qualified in terms of dignity? The archival documents and records of Gothenburg Old People's Home contain information about the older persons who were expected to live there and the rules and regulations that applied to them. The regulations also specified the contractual obligations that residents needed to fulfil and clarified the way the activities should be conducted and what types of assistance were to be provided to the residents (Reglemente för Ålderdomshemmet i Göteborg 1897, 1901). In addition to being born in Gothenburg, the desired group had to have not previously resided in institutions operated under the direction of the poor law. The applicant had to provide evidence that they had lived a sober and orderly life, had a history of hard work and diligence, and that they were honest and free from contagious diseases. The Gothenburg Old People's Home's target group has been described as *pauvres honteux*, meaning that at the time of admission, applicants would be chosen based on "who have seen better days but have become insolvent" (Ahlforss 1926: 27). Some wiggle room existed, though. Applicants who had experienced "unfortunate times" but still retained some degree of social standing could still be accepted for admission. One group mentioned as desirable residents was those who had been gainfully employed in the capacity of servants or caregivers within more wealthy households (Ahlforss 1926). One should be careful regarding the concept *pauvres honteux.* The historian Anna Rosengren has, for instance, claimed that the definition of this concept is not clear, with no contemporary consensus on its definition or interpretation. Consequently, Rosengren asserts that it must be studied on a case-by-case basis for each individual living in an old people's home (Rosengren 2011).

Gothenburg Old People's Home's archive contains many preserved applications that show the opportunities and limitations for obtaining a place. The application included the names and social status of the parents, and information regarding the applicant's marital status and financial circumstances was mandatory. The applicant was also required to indicate whether they had received financial support from any charitable organisation or through inheritance. In view of the Gothenburg Old People's Home's ambitions to be eligible for the resident's pensions, it is worth mentioning that the applicant's questionnaire also inquired about pension status.

Moreover, information had to be provided regarding their physical abilities. Some indicated that they were able to perform basic bed-making tasks or to assist with laundry and cleaning. Others asserted proficiency in bookbinding or other activities that could be considered similar and so on. When it comes to everyday tasks, there was a clear gender division amongst what the applicants stated they could do.

Finally, questions were asked about the applicant's state of health. Some documents were attached that could confirm who the applicant was, which included a certificate for medical status and age. To verify the identity and civil status of the applicant, a number of supplementary documents had to be provided, including a medical certificate and an age certificate.

Upon being granted a place in the Gothenburg Old People's home, a contract was signed obliging the new resident to adhere to the established rules and regulations governing the home. The content of the contract was extracted from the Regulations, which clearly defined the laws and rules that applied (Reglemente för Ålderdomshemmet i Göteborg 1897, 1901). The regulations stipulated that with this more dignified form of accommodation, residents were expected to show gratitude by, amongst other things, maintaining good moral conduct, showing kindness and obedience. Alluding to the aforementioned work of Katz (1996), the dignity guaranteeing regulations demonstrates the formal boundaries of what is considered a two-way biopolitical contract. Consequently, the contract is a forked one: older people and the needy were granted a place in the home, whilst they were expected to abide by the established order of things.

The Consequences of Breaking a Contract

An intersectional and biopolitical perspective also demands an examination of the Gothenburg Old People's Home's exercise of power and discipline. What if the residents did not follow the "script" of dignity? It was the responsibility of the home's board of directors, as well as its manager, to ensure that residents adhered to the aforementioned regulations and that no violations occurred. These roles were explicitly authorised and operationalised through the implementation of disciplinary measures. These sanctions were also based on the rules and regulations set out in the Gothenburg Old People's Home's governing documents. These emphasised that disciplinary actions were necessary to ensure a pleasant and comfortable environment for the residents. Maintenance of order and tidiness would further facilitate this, whilst violation and resistance would contribute to the opposite outcome. The regulations stipulated that an individual who violated the regulations and rules could receive up to three warnings from the director. Should the breaches persist, the person in question would be obliged to leave the home.

Violations committed by the residents were documented, as were the consequences that followed (SÅG D14: 1). In total, 22 individuals were reported with violations, of which 19 were committed by men and three by women. The most frequently documented violations were alcohol consumption, reckless behaviour and defiance. In some cases, fraud, refusal to work and threats against staff and other residents were also mentioned.

According to the documents though, only two residents were excluded from the home (SÅG D14: 1). That said, the existence of a power structure is evident, which mirrored the values and preferred societal order regarding social class. Through a clear set of consequences, the Gothenburg Old People's Home disciplined its residents. Offences were taken seriously. If the residents objected or if the violations were deemed too serious, the written records could be used as evidence in a formal legal case. Hence, the home's dignity was deeply intertwined with the behaviour of its residents.

A Mixed Economy

The Gothenburg Old People's Home was a municipal institution that had been established and maintained with the assistance of donations. It can thus be classified as a case of mixed financing, which refers to the combination of income sources derived from collective funds, revenues and pensions (Ahlforss 1926).

When examining the records of the Gothenburg Old People's Home, it becomes clear that its finances were managed effectively, resulting in favourable investment returns. The home also continued to receive substantial donations, further enhancing its financial stability. This enabled the home to offer 146 places in 1915. Vacant rooms were publicised in the city's newspapers, with priority given to individuals born in Gothenburg.

Overall, the economic basis of the home was a mix of multiple sources of income, and funds came both from tax collection and individual donations. Due to this, the status of the Gothenburg Old People's Home was blurred. Was it a private or a public institution? This type of mixed economy in early welfare-state institutions was very common, and the responsibilities for providing and funding care were thus rather vaguely defined (Harris & Bridgen 2007). Moreover, the home's reliance on donations reinforced the need for residents to reproduce the image of an institution worthy of such support.

Most of the home's income, over 70%, came from donations. These were invested, and the interest from these became a part of its economic structure. To uphold the continuum of donations was therefore an important task for the board of the institution. Lists of donations were published and summarised and reveal more than 100 individual donations up until

1926. Donations were mostly made in the donor's name and varied in size, where the major donation from Göteborgs Sparbank mentioned earlier stands out. The bank's generous gift in 1889 and the magnificent new building it made possible seem to have persuaded others to contribute, as the 1890s was the beginning of a period of increased donations (SÅG A2: 34). Another source of income was the Sunday church collections, where the old poorhouses traditionally were the recipients of. Less than 1% of the income of Gothenburg Old People's Home came from such collections though. However, the real value was probably that the Gothenburg Old People's Home was spoken of in the churches, making it more known and respected by possible donors.

The ambiguous nature of Gothenburg Old People's Home status as a private institution is worthy a study of its own. Clear though, is that from the start it was seen as part of the city's shared economic sphere and responsibility, making the boundaries between private and public blurred. For instance, whilst the new building was inaugurated in 1896, it was, as mentioned, financed via donations, but it was the city that provided the land. It did so by releasing part of the city's parkland in exchange for the plot holding the old buildings of the Gothenburg Poorhouse (SÅG A1: 7). Moreover, since the establishment of the Gothenburg Poorhouse in the 18th century, part of its income came from customs charges (in Swedish "tolag") provided by the city. This part of the income was at a fixed sum of 7871 kronor, and at the turn of the century 1900, this constituted about 25% of the institution's income. The importance of the custom charges lessened when other sources of income increased, and by 1940, they only constituted 5% of the yearly income. Even though the city's contribution to the running of the Gothenburg Old People's Home can be seen as in a slow decline, the city could resume greater responsibility during hard times. For instance, with the rising costs related to heating and food associated with the post Great War recession, the city of Gothenburg stepped in with financial aid. The city's extra support during 1919–1921 constituted up to half of the institution's income (SÅG A2: 13–44). However, after those difficult years, the institution managed more and more on its own.

Two other examples even more highlight the institution's unclear historical status as a private or public institution, but also how its board could use this blurred boundary to its advantage. The first example is derived from a letter sent in 1940, to Gothenburg Old People's Home regarding a donation from an estate. The newly deceased had written his will already in 1918, and the Old People's Home in Gothenburg was named as the beneficiary. The executor of the will initially wondered which institution the testator was referring to since he took for granted that the current Gothenburg Old People's Home was a public facility. The answer from the board to the executor clarified the question mark, clearly stating that the institution was an independent charity institution, completely separated from public poor relief (SÅG F23: 3). However, some years earlier, the board's position was exactly the opposite when arguing for the right to take up the residents' pensions in its overall budget. This manoeuvre had become thinkable when, in 1921, public institutions were given the right to integrate the residents' public pensions into the home's finances. Regarding this issue, Gothenburg Old People's Home declared with an emphasis that it should be counted as a public institution, and hence be given the right to collect its residents' pensions (Ahlforss 1926). In conclusion, when it came down to money, the home was willing to present itself as public or private, whatever gained the home the most.

The effort to get access to the pensions was of great importance, as the residence's pensions soon became a valuable source of income. From early 1920s, state pensions first appeared as a source of income in the home's annual reports. A national pension scheme had been introduced in 1913, and for recipients in a public institution, this pension could, as mentioned, be collected by the institution. In the early 1920s, these pensions made up 5% of the home's income, whilst it, by 1940, constituted a full 35% of the annual income. The fact that older people were able to contribute to old people's homes economically opened a new pathway to retirement for larger groups, and the road to more equal access to dignified old people's homes based on need had begun.

Discussion

A period of transition is always characterised by a state of uncertainty, and as our study has shown, there are parallel and overlapping phenomena. The examined case study pertains to a transitional period in which the care of older adults became a specialised field, characterised by a distinct form of care. Older adults began to be regarded as deserving of categorisation according to age and their needs, with the objective of providing care that upheld their dignity, contingent upon their social status. However, for this to be feasible, there had to be fundamental financial resources.

The funding was not given in advance, and the study shows how the Gothenburg Old People's Home was viewed in an elastic way, whether seen as a private or public institution. The establishment of novel forms of care has been accompanied by a transition phase, during which a liminal state is characterised by an amalgamation of the old and the new, as if in a state of in-between. This phase has been described as "both and" and "neither," reflecting the simultaneous presence of both established practices and the emergence of new ones. The case of the Gothenburg Old People's Home exemplifies how this ambiguity could be advantageous, facilitating the acquisition of sufficient funding.

In addition, there was an effort to control older adults, and the establishment of institutions for them at the turn of the 19th century can be seen as part of a broader biopolitical development in which the concept of old age was framed and controlled from both a scientific and a societal perspective. Thus, the establishment of the Gothenburg Old People's Home constituted a disciplining of old age in the sense that older people were being categorised as a group of their own, separated from other people in need of help. During the same period, several parallel processes were taking place. Gerontology as a medical scientific field was being developed, ideas of a pension system for all were being constructed and there was an ambition to establish dignified forms of housing for older persons. This categorisation and delimitation of older adults was part of a broader differentiation of the poor, in which different ages and categories of people in need were divided into distinct groups to meet the specific needs of each.

Nevertheless, it is important to recognise that older people in the past, as well as today, were not a homogeneous group, but had different access to resources and needs. The establishment of the Gothenburg Old People's Home, for instance, provides a concrete illustration of how the concept of equality at the turn of the century in 1900 cannot be directly compared with its contemporary meaning. It gives a notable example of how one of these groups, the so-called *pauvre honteux*, was given the opportunity to have a different form of housing, thus a more dignified life. Using a contemporary definition of equality, it is impossible to avoid an anachronistic interpretation of historical events. However, an intersectional approach reveals that concepts can have different meanings in different periods, though these meanings are not inherently contradictory. Consequently, the subject of study must be regarded as context-bound, that is, as being linked to a particular time and context. Yet, an argument can be made that these systems are fundamentally similar, merely implemented in different historical periods and social context. The notion that all individuals should possess the right to, and be regarded as, equals is inherently challenging to realise within a societal framework characterised by the presence of distinct social groups. This challenge was exemplified in Sweden during the early 20th century, as it was in many other countries at the time. The social order itself was founded on the preservation of this order; otherwise, chaos could ensue, which, in turn, could lead to social upheaval. Nevertheless, the concept, which originated from Enlightenment principles espousing the inherent dignity and equality of all individuals, is manifestly evident throughout the establishment and operational stages of the Gothenburg Old People's Home. This observation indicates the possibility that, despite prevailing societal structures deemed unequal from a contemporary standpoint, there persisted notions and ideals that are underpinned by a fundamental principle of equality.

This historical case demonstrates the evolution of fundamental democratic principles and ideologies during the 20th century. It also seeks to highlight the development of various forms of -isms and perspectives, which have contributed to the articulation of the rights of diverse categories within democratic societies. All phenomena have developed from previous ones, and a historical perspective can facilitate the identification of their underlying roots and causative factors. Utilising a retrospective perspective enables the discernment of the factors that have contributed to a particular development. This approach often reveals a multitude of underlying causes and influential factors that may not be immediately apparent. An intersectional perspective, therefore, necessitates a meticulous and discerning approach to the interpretation of events and historical phenomena. These phenomena must be contextualised within the broader historical context, particularly with regard to social order and ideological foundations.

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“I’m not a quiet woman”: an intersectional analysis of gender, class, and ageism in the Canadian workplace

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Abstract

This paper examines how ageism intersects with other forms of social inequality – particularly gender and class – in shaping the lived experiences of older workers (55+) in Canada. Based on semi-structured interviews with 10 older adults, the findings reveal that ageism rarely occurs in isolation. Participants described how their age was entangled with gendered expectations, workplace hierarchies, and economic vulnerabilities. Several women detailed the dual burden of being both older and female in a youth- and male-dominated workforce, while others noted the emotional toll of staying in physically demanding jobs due to financial necessity. Although a small number of participants identified as racialised, the data did not support an in-depth analysis of racialised ageism. However, some white participants explicitly acknowledged how their racial privilege insulated them from additional layers of discrimination. This insight reinforces the importance of intersectionality in policy design, even when

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a study's racial data are limited. By situating these narratives within the broader literature on workplace inequality, the study offers an intersectionality informed analysis and calls for targeted policy interventions that address ageism in tandem with gender and class-based exclusion.

Keywords: ageism, discrimination, intersectionality, labour, work

Introduction

Ageism in the workplace remains a pervasive yet often overlooked form of discrimination. Defined as prejudice or discrimination based on age, it primarily affects older adults who are seen as less capable or valuable within professional settings (Butler 1969). Despite legal protections against age-based discrimination in many countries, including Canada, older workers continue to face significant barriers to advancement, recognition, and employment, often being overlooked in favour of younger colleagues (Lagacé et al. 2019). In the Canadian context, the labour market has seen increased participation from adults aged 55 years and above, driven by economic pressures and longer life expectancies (Government of Canada 2022). Yet, this same demographic continues to face exclusion rooted in both implicit and explicit ageism.

This article explores how ageism intersects with gender and class to compound older workers' experiences of discrimination in Canada. Drawing on semi-structured interviews with 10 older adults, it applies an intersectional lens to examine how gendered expectations, class-based vulnerability, and workplace norms shape perceptions of ageing. The analysis is motivated by participants' own insights – particularly the statement by one woman, "I'm not a quiet woman, but I'm not a racialized woman either" – which encapsulates how privilege and marginalisation can simultaneously coexist and interact.

While ageism often interacts with other social locations, such intersections are rarely explored in-depth in workplace policy or research. This article contributes to that gap by providing an intersectional analysis of how older adults navigate ageism in relation to gendered expectations and economic precarity. The analysis highlights the complex emotional and material dimensions of workplace exclusion and draws attention to the urgent need for workplace policies that are attuned to these overlapping forms of marginalisation. This work is especially important given the changing face of older Canadian workers, who are increasingly diverse in terms of gender, race, immigration status, and employment background, making it imperative for policy responses to reflect this complexity.

Literature Review

Ageism and Intergenerational Segregation

Ageism, a term introduced by Robert Butler in 1969, refers to prejudice, discrimination, and stereotyping based on age. Butler likened it to other forms of systemic discrimination, such as racism and sexism, recognising its pervasive and harmful impact (Malta & Doyle 2016). Ageism is commonly categorised into four types: personal (individual attitudes), institutional (policies and practices), intentional (deliberate stereotyping), and unintentional (unconscious biases) (Brownell & Powell 2013). While some scholars have pointed to the social segregation of age groups as a source of ageism – where different generations occupy distinct institutional and cultural spaces (Hagestad & Uhlenberg 2005) – others have noted that collaboration between generations is often mandated in professional settings. In workplaces, older and younger employees are frequently expected to work together, but such collaboration does not inherently challenge ageist stereotypes. On the contrary, it may reproduce them if younger workers are viewed as 'innovative' and older workers as 'outdated' or resistant to change.

Impact of Ageism on Older Adults

Ageism has wide-ranging effects on older adults, negatively influencing their physical health, mental well-being, and overall quality of life. Studies have linked age-based discrimination to depression, anxiety, stress, and poor self-rated health (Bodner et al. 2021; Lyons et al. 2018; Shippee et al. 2019). Internalised ageism – older adults' acceptance of negative stereotypes about ageing – has even been associated with shortened life expectancy (Levy et al. 2002). Stereotypes that portray older people as frail, cognitively impaired, or socially irrelevant contribute to their exclusion from meaningful activities, including work and civic engagement

(Horton et al. 2007). The media plays a significant role in reinforcing these stereotypes by underrepresenting older adults or casting them as burdens rather than contributors (Powell 2013).

At the same time, more recent cultural narratives depict ageing in a more positive, but still problematic, light. In the European and North American contexts, the distinction between the 'third age' and the 'fourth age' has gained traction (Gilleard & Higgs 2005; Laslett 1991). In this framing, 'third agers' – also termed 'best agers' or 'golden agers' – are those who remain productive, independent, and active, embodying ideals of successful ageing. Conversely, the 'fourth age' is associated with decline, dependency, and disengagement. While seemingly celebratory, these discourses function as a new mode of exclusion: they valorise only those older adults who are healthy, employed, and high-functioning, while further marginalising the 'old-old' as burdensome or failed agers (Katz & Calasanti 2015). This binary not only intensifies ageism but also intersects with class, gender, and race – since the ability to age successfully is often dependent on access to health care, financial security, and social capital.

Older Adults in the Canadian Labour Market

Labour force participation among older Canadians has continued to increase over the past two decades. According to Statistics Canada, the participation rate of individuals aged 55–64 years reached 67.5% in 2021, up from 47.1% in 1996 (Statistics Canada 2022). For those aged 65 years and older, participation increased from 6.0% to 14.9% over the same period. Several factors drive this shift: improved health and longevity, changing pension structures, the elimination of mandatory retirement, and financial necessity due to rising costs of living and insufficient retirement savings.

Participation also varies significantly by gender and occupation. Older women are less likely to remain in or re-enter the workforce, partly due to historical patterns of interrupted or precarious employment. In 2021, older women accounted for approximately 45.0% of the labour force aged 55+, with notable representation in care-related and administrative occupations (Statistics Canada 2022). Men were more concentrated in finance, management, and technical roles. These occupational distributions reflect broader gendered labour trends and have implications for how older adults experience ageism at work.

Not all older adults work by choice. For many, continued employment is driven by economic necessity or a lack of viable alternatives. The average retirement age rose to 64.4 years in 2021, although this number varies across sectors and income brackets. In Canada, the average retirement age has slowly risen over the past two decades in response to longer life expectancies and fiscal pressures on public pension systems. Workers in lower-wage, physically demanding jobs often retire later due to financial pressure, while those in professional or managerial roles may have greater flexibility. These trends underscore the relevance of class when analysing ageism, as the capacity to age out of the workforce is unevenly distributed across socioeconomic lines.

Ageism in the Workplace

Ageism is pervasive in many aspects of life, including the workplace, where older adults face age-based discrimination as they continue working longer. Dennis and Thomas (2007) emphasised that the workplace mirrors societal stereotypes, including ageism. Common forms of workplace ageism include covert, verbal, and physical hostility, as well as manipulative behaviours (Blackstone 2013). Many older workers experience being ignored, excluded from decisions, or talked down to by colleagues and supervisors.

Despite evidence showing no performance differences between older and younger workers, negative attitudes toward older employees persist. Malinen and Johnston (2013) found that implicit negative biases about older workers remain resistant to change, illustrating the unconscious nature of workplace ageism. Research also shows that age discrimination negatively affects job satisfaction, commitment, and work longevity, while social support can help mitigate these impacts (Choi et al. 2018; Macdonald & Levy 2016).

Berger (2021) has also highlighted that employers often hold stereotypes about older workers, viewing them as less productive, inflexible, and costly, despite recognising the benefits of an age-diverse workforce. These biases contribute to older workers being considered for positions only if they are "exceptional." In addition, older workers face challenges in the job search process due to both subtle and overt age discrimination, particularly during job advertisements, interviews, and résumé reviews (Berger 2021).

Methodology

Method

This study adopted a social constructionist perspective, which emphasises the "social, historical, and collective nature of human consciousness" (Durrheim 1997: 175). Social constructionism challenges the idea that knowledge is solely derived from objective, impartial observation (Burr 2015). Instead, it asserts that no single 'true' account of any phenomenon exists; rather, multiple perspectives emerge from social life and human interactions (Burr 2015). This perspective directly aligns with the study's objectives, which aim to explore the intersectional intricacies of ageism in the workplace.

While much of the current research tends to focus on the biological aspects of ageing or on quantifying instances of ageism (Krekula et al. 2018), the social constructionist approach offers a distinct way of examining this issue. By investigating how social constructions shape older workers' experiences of ageism, this research contributes to expanding and deepening the academic discourse on this topic.

Data Collection

Data for this study were collected through semi-structured interviews with 10 older adults (aged 55+) residing in Ontario, Canada. Participants were recruited via convenience sampling through professional networks, social media platforms, and partnerships with local organisations such as the Hamilton Council on Aging. The interviews, conducted over Zoom because of COVID-19 restrictions, lasted approximately 1 hour each and were audio recorded with participants' consent. Interview questions focused on participants' experiences of ageism, intersections with other forms of discrimination, and coping mechanisms within the workplace. Conducting interviews via Zoom shaped participants' comfort levels differently; some appreciated the privacy of home, while others noted limits in building rapport through screens.

Ethics approval for this study was obtained from McMaster University Research Ethics Board, ensuring that all participants were fully informed about the study's objectives and provided their consent prior to participation. Participants were assured of confidentiality and the voluntary nature of their involvement, with the option to withdraw at any time. The extracts provided in the results sections are identified by the participants' selected pseudonym and age.

Data Analysis

Thematic analysis was employed to interpret the semi-structured interview data due to its capacity for providing detailed descriptions of data through identifying, analysing, and reporting patterns, or themes (Sparkes & Smith 2014; Vaismoradi et al. 2013). While various scholars have outlined processes for conducting thematic analysis, this study followed the steps established by Braun and Clarke (2006), alongside guidance from Aronson (1995) and Sparkes and Smith (2014). These steps include: (1) becoming deeply familiar with the data, (2) generating initial codes, (3) identifying potential themes, (4) reviewing the themes, (5) defining and naming themes, and (6) producing the final report (Braun & Clarke 2006).

Following data collection, the lead researcher (ACB) immersed themselves in the transcripts to gain a thorough understanding of the content (Aronson 1995; Braun & Clarke 2006; Sparkes & Smith 2014). Initial patterns, or codes, were generated for the entire data set (Aronson 1995; Braun & Clarke 2006; Sparkes & Smith 2014). After this coding phase, the codes were grouped into broader themes and sub-themes, helping to construct a comprehensive view of the participants' collective experiences (Aronson 1995; Sparkes & Smith 2014). The themes were then examined to ensure consistency with the corresponding coded data extracts. It was crucial to ensure that these extracts formed a coherent pattern and that the researcher (ACB) could identify how the themes interconnected to tell a cohesive story about the data (Sparkes & Smith 2014). Once the themes were finalised and reviewed, the analysis was organised into a structured narrative (Aronson 1995).

Results

Participants

The sample for this study included 10 individuals with varied backgrounds in terms of age, gender, marital status, race, education, and employment status. Just over half were aged 60 years and above; the rest were between 55 and 59 years. Majority (70%) identified as women and 30% as men. Most participants were white (n = 7), with the remaining identifying as Black (n = 2) and Latino (n = 1). Educational attainment was high overall, with one person holding a high school diploma, three holding graduate degrees, and the remaining six having completed some college or undergraduate university degrees. Participants worked in sectors ranging from healthcare and education to manufacturing and finance. Employment status was split between those working (n = 4), retired (n = 2), or unemployed but seeking work (n = 4).

Participants were recruited using convenience and snowball sampling methods via professional networks, social media, and local organisations. While this approach helped reach participants with relevant lived experience, it also introduced limits to representativeness – particularly regarding race and occupational specificity. The small number of racialised participants prevented a robust intersectional analysis of racism and ageism, though relevant insights emerged and are addressed cautiously.

While the sample reflects demographic diversity, it is important to acknowledge its limitations. The small number of racialised participants limits the depth of racial analysis possible in this paper. This reflects both the constraints of the snowball sampling approach and the specific social networks from which participants were drawn. Future studies should purposively sample racialised older workers to examine how racialised ageism manifests across different sectors and regions. Despite these limitations, the findings offer valuable insights into the intersecting dimensions of age, gender, and class, while also highlighting where further inquiries are needed.

The composition of the sample was similarly shaped by both ethical and logistical considerations during recruitment. In addition to recruiting those individuals who were comfortable meeting over Zoom (given pandemic restrictions), concentrating on a single occupation or background – while potentially beneficial for analytic clarity – would have excluded the very diversity that this study aimed to capture. Instead, this approach prioritised capturing a range of experiences and identities, which, while broad, allows for an exploratory analysis of how intersecting forms of discrimination shape older adults' workplace experiences.

The thematic analysis of participants' narratives revealed three key, overlapping themes: the intersection of gender and ageism, the role of class and economic vulnerability in shaping age-based exclusion, and the ways in which racial privilege or marginalisation influence experiences of ageing in the workplace. These themes do not exist in isolation; rather, they intersect in ways that intensify marginalisation or, conversely, provide protective buffers. Emotional responses and individual coping strategies were also woven throughout these narratives and offer further insight into how older workers manage daily experiences of exclusion. What follows is a discussion of each theme in turn, with particular attention to how structural inequalities and identity-based expectations shape the lived realities of older adults in the Canadian workforce.

Gendered Ageism: The Double Burden of Being an Older Woman

Older women in this study frequently described how ageism was compounded by gendered expectations around appearance, behaviour, and emotional deference. Several participants noted that their skills and professional experience were overshadowed by assumptions about their diminished relevance.

Marion (67), who worked in a male-dominated industry, reflected: "It's that dismissal … I felt like it was more the older female." This comment came as Marion described repeated moments of being interrupted or dismissed in meetings, suggesting her gender and age combined to undermine her authority. Her insight illustrates the intersecting forces of gender and age in shaping how credibility and expertise are socially assigned. Several women noted a growing invisibility as they aged – what Sontag (1972) termed the "double standard of aging" – but emphasised that this invisibility was enforced, not passive.

The pressure to maintain a youthful appearance emerged as a persistent theme. Winter (67), a consultant in a predominantly younger workplace, described how appearance became a survival strategy: "I still do what I can to make sure my hair looks good and that my skin looks okay when I have meetings on Zoom." Küpper's (2016) notion of "age mimicry" is relevant here: older women attempt to align their appearance and demeanour with youth-centric norms not simply out of vanity, but to signal ongoing employability and stave off exclusion. While these efforts reflect agency, they also reveal the emotional labour required to navigate ageist and sexist expectations. As Hochschild (1983) theorised, emotional labour involves managing feelings to fulfil the emotional requirements of a role, a burden often intensified for women.

Importantly, not all ageism coping strategies were appearance-based. Participants also discussed seeking validation through professional mentorships, external friendships, and creative work. For instance, one participant mentored younger colleagues as a way to affirm her relevance, while another turned to painting and writing as outlets for self-expression beyond work. Lacy (56) noted, "Even when I know I'm the most experienced person in the room, I start doubting myself because I don't see people like me in positions of power anymore." This statement underscores how symbolic erasure – the subtle but persistent absence or underrepresentation of marginalised groups in positions of visibility and power – particularly the absence of older women in leadership, affects self-perception and workplace engagement.

These findings indicate that gendered ageism operates not only through overt exclusion but also through subtle expectations around how women should look, behave, and communicate as they age. While some coped through self-care or mimicry, others disengaged or turned to external support. The broader implication is that emotional survival strategies, while effective in the short term, often reinforce the very norms they are designed to resist.

Class and Economic Vulnerabilities: Comparing Ageism across Occupational Contexts

The experiences of ageism also varied depending on participants' class and the nature of their work. For those in physically demanding jobs, ageism was often intertwined with economic vulnerability. These workers described being pushed out of their roles as they aged, despite still needing to work due to financial necessity. This was particularly pronounced in sectors such as manual labour, where physical stamina can be prioritised over experience.

One participant (age 56) working in construction noted, “I can’t retire early because I need the money, but they’re making it clear that they don’t want me here. They see me as slowing down, even though I know my job better than anyone.” This statement reflects the precarious position of older workers in lower-income jobs, where ageism manifests in both overt and covert ways, often through pressure to leave before they are ready. Unlike their counterparts in white-collar jobs, these workers do not have the option to transition into roles that require less physical exertion, leaving them with few alternatives.

In contrast, participants in white-collar occupations described more subtle forms of ageism, where they were passed over for promotions or excluded from leadership opportunities due to perceptions that they were not up to speed with modern technologies or new ways of working. A female participant (age 56) in a corporate role explained, “They don’t say it outright, but you can tell when they think you’re too old to understand how things work now. I’m good at my job, but they want younger people who they think have more energy.” This narrative underscores the different manifestations of ageism across class lines, where older workers are devalued for different reasons based on the type of work they do.

Racial Privilege and the Limits of Inclusion

Although this study did not explicitly aim to centre racialised experiences, participants’ reflections on race emerged in revealing ways – particularly among white women who identified racial privilege as a buffer against compounded discrimination. Denise (64) reflected, “I’m not a racialized woman; there I think there’d still be big issues,” acknowledging that her whiteness shielded her from experiences that racialised women might endure in the workplace. Other white participants echoed this sentiment, recognising that although they faced ageism and sexism, their racial identity protected them from more severe marginalisation.

However, the perspectives of racialised older workers were notably limited in this study, with only three participants identifying as Black or Latino. These three participants did not consistently articulate experiences where racism and ageism intersected – either due to interview dynamics or individual interpretations of workplace encounters. As a result, the discussion of race in this paper primarily reflects how whiteness operates as a protective factor rather than how racism compounds ageism.

Although the examples are limited, they nonetheless point to a broader issue: the absence of robust data on racialised ageism should not obscure the fact that race matters. Whiteness in this study often functioned as an invisible safety net – shielding participants from compounded exclusion and affording them a default legitimacy not extended to others. Future research must be explicitly designed to centre the experiences of racialised older adults, across sectors and regions. The protective function of whiteness, as recognised by multiple participants, only reinforces the need to understand how race and age intersect in shaping labour market outcomes.

Gendered Coping Strategies: Seeking Validation and Community

Participants – particularly women – described a range of coping strategies in response to workplace ageism, often centred on seeking support and reclaiming self-worth. Many older women articulated emotional responses shaped by both internalised ageist beliefs and gendered expectations around appearance and behaviour. They reported turning to friends, social networks, and personal wellness routines to counteract the devaluation they felt at work. While these accounts were most common among women, some men also described strategies to cope with age-based stigma – though often in less emotionally expressive terms. Further research is warranted to examine potential gender differences in emotional expression and coping mechanisms, particularly in how men and women are socialised to navigate vulnerability in professional environments. As such, this section avoids suggesting an essentialist divide and instead points to coping as both gendered and context-dependent.

Marion (67) described how her community of friends became a crucial source of emotional resilience: “I had a whole community of friends … from whom I got validation.” For her, the validation and emotional support from this network were essential in maintaining self-esteem when the workplace consistently devalued her contributions due to her age. This form of external validation helped counteract the internalised feelings of worthlessness or invisibility that are commonly experienced by older women in professional settings. Marion’s story suggests that older women, perhaps more than men, may be inclined to seek emotional support from trusted personal relationships when navigating workplace challenges. However, further research with a larger sample is needed to fully explore this potential trend. This social coping mechanism offered a sense of belonging and self-worth that was denied to them at work, allowing them to sustain a positive self-image even in hostile environments.

For many women, these external support systems were more than just emotional buffers; they represented spaces of solidarity where experiences of ageism and sexism could be shared and validated. The conversations with friends often included discussions of workplace frustrations, the lack of professional advancement, or the constant scrutiny placed on their appearance. These communities, whether formed through long-standing friendships, family networks, or social groups, provided psychological safety and a necessary counterbalance to the rejection they faced in professional settings. By finding strength in these networks, older women could combat the isolation that came from being overlooked and undervalued at work.

In addition to seeking validation from external communities, many female participants described engaging in self-care practices as a way of coping with the pressures of ageism. Winter (67) emphasised the importance of maintaining her physical appearance, particularly in response to gendered societal expectations. "Women do whatever they can to make sure… they look younger," she explained. This highlights how older women, in response to deeply ingrained cultural ideals, may feel compelled to engage in efforts to preserve a youthful appearance, even in professional settings. The expectation for women to "look the part" is not only age-based but is also highly gendered, placing older women in a double bind: they must navigate both the stigma of ageing and the societal demand to maintain youthfulness.

For women like Winter, self-care became both a form of resistance and a survival mechanism, offering a way to reclaim agency in the face of ageism. However, there is also a subtle tension here – while self-care empowers them to push back against societal pressures, it simultaneously reflects a form of acquiescence to those very expectations, as women may feel compelled to invest in maintaining appearances to remain valued in a youth-centric workplace culture. By adhering to appearance-based norms, older women attempted to mitigate some of the discrimination they faced, believing that looking younger might help them be taken more seriously or perceived as competent in their roles. However, this also reflects the internalisation of ageist and sexist standards, where women feel the need to alter their physical appearance to fit into a workplace that values youth over experience. As Dolan (2017) observes, discourses of "successful ageing" are deeply gendered: women are expected not only to age well but to look as though they are doing so, embodying ideals of grace, beauty, and self-discipline that align closely with neoliberal expectations of self-care and self-management. The emotional labour involved in constantly managing their appearance added to the broader emotional toll of ageism, as these efforts were not just about self-care but about meeting the unrealistic expectations placed upon older women in the workforce.

For other participants, self-care extended beyond physical appearance to include practices that nurtured their mental and emotional well-being. Engaging in activities such as exercise, meditation, or hobbies outside of work were common strategies used to maintain emotional balance. These practices allowed women to distance themselves emotionally from the negativity experienced at work and focus on cultivating a sense of personal fulfilment and control over their own lives. This was particularly important for those who felt disempowered in their professional roles.

While self-care and external validation provided emotional respite, these coping mechanisms also highlighted the inadequacy of workplace support for older women facing ageism. Many participants expressed a desire for more formal structures within their workplaces to address ageism, such as mentorship programs, anti-discrimination policies, or training for managers on the value of older workers. The absence of such measures left these women feeling that their only recourse was to turn to personal strategies, which, while helpful, did not address the systemic nature of the problem.

In essence, the experiences of women in this study illustrate how deeply intertwined ageism and sexism are in shaping their daily lives. Their coping strategies – whether seeking external validation or engaging in self-care – reveal both their resilience and the heavy emotional labour required to navigate workplaces that marginalise them based on age and gender. By relying on external networks and self-care practices, these women found ways to sustain themselves emotionally, but their stories also reflect a larger societal failure to fully value older women in the workplace, forcing them to bear the burden of managing the emotional consequences of ageism on their own.

Coping with the Intersections of Class and Ageism

Economic vulnerability shaped how working-class participants navigated ageism, particularly in physically demanding jobs. For these individuals, continuing to work was driven less by personal choice than by financial necessity. Lacking the means to retire or shift into less taxing roles, they found themselves caught between physical fatigue and workplace discrimination. This intersection of class and age resulted in a precarious dependence on employment, compounding the emotional toll of enduring daily microaggressions and stereotypes about ageing.

Scott (55), who worked in a physically intensive role, recounted: "I always feel like I need to go home because these guys keep making these jokes about me being the grumpy old man." While framed as humour, the repetition of these ageist remarks created a hostile atmosphere. For Scott, the workplace became not just economically essential but emotionally draining – a space marked by isolation and diminishing self-worth.

Importantly, while men like Scott were vocal about ageism in physically strenuous jobs, the sample also included women in professions that entailed similar physical demands. Their experiences, though not as explicitly articulated in gendered terms, underscore that physically strenuous work is not exclusive to men. Gender must therefore be considered when examining class-based ageism, as the expectation to remain stoic or physically resilient may affect older men and women differently, while exposing both to risks of burnout and injury.

Coping mechanisms in these contexts were shaped by both identity and material necessity, as social position and economic pressure intersected to limit agency. Participants often downplayed or normalised ageist remarks to retain employment. Some took on more responsibilities to demonstrate value – though this sometimes led to overexertion. Others remained silent, fearing job loss. These strategies underscore how economic insecurity can constrain resistance and how class amplifies the vulnerability of ageing in the workplace.

Discussion

The findings from this study reveal the complex and intersectional nature of ageism within Canadian workplaces. Rather than existing in isolation, ageism intersects with other social markers – especially gender and class – to create layered, context-specific disadvantages. Participants described a shared experience of age-related bias, but its intensity and expression varied based on occupational context, social identity, and economic vulnerability.

For women in the study, ageing was not simply a chronological process but a shift into social vulnerability. Their experiences reflected what feminist gerontology has called the "invisible older woman" phenomenon (Arber & Ginn 1995; Sontag 1972) – but participants made clear that this invisibility was enforced. It manifested in being overlooked for leadership, scrutinised for appearance, and increasingly excluded from decision-making. As Lacy (56) noted, "Even when I know I'm the most experienced person in the room, I start doubting myself because I don't see people like me in positions of power anymore." This sense of social erasure was compounded by appearance-based pressures, where women were expected to conform to youthful ideals to be perceived as competent.

Here, Küpper's (2016) concept of age mimicry is particularly salient. Older women's efforts to maintain a youthful appearance – despite personal exhaustion or workplace dismissal – reflect a form of survival within cultures that equate youth with value. However, these practices also reproduce the very standards they resist; highlighting the double bind of resisting ageism through conformity.

Class also shaped how participants experienced and responded to ageism. Working-class participants – both men and women – expressed that financial insecurity severely constrained their options. Older workers in physically demanding roles described being pressured to perform beyond their capacity while simultaneously being stigmatised as 'slowing down'. They could not afford to retire early, nor could they easily transition into less strenuous roles. These dynamics resonate with Bourdieu's (1986) notion of social capital, which he describes as the resources and advantages that stem from belonging to durable networks of relationships and mutual recognition. In this context, those with greater institutional, educational, or social resources were more equipped to manage or resist ageism, while others remained structurally trapped in marginalising roles.

Importantly, the data revealed that older adults’ coping strategies were shaped by gendered social norms. Many women turned to emotional networks, self-care routines, or peer support as a means of resisting internalised ageism. These spaces – though informal – provided critical validation, enabling women to retain a sense of dignity and self-worth. Yet, as participants noted, the necessity of such strategies also pointed to the absence of formal institutional protections or acknowledgements. While some men employed humour or overwork as strategies of inclusion, these too reflect gendered expectations around stoicism and performance.

Although race was not a central analytic category in this study due to sample limitations, the few racialised participants’ stories – as well as the reflections of white participants – highlight the protective role of whiteness in shaping workplace experiences. White women often acknowledged that, while they experienced gendered and ageist marginalisation, their racial privilege insulated them from further scrutiny. Racialised participants, on the other hand, described how assumptions about competence or authority intersected with their race, limiting advancement and exposing them to subtle but persistent forms of exclusion. As Moore (2009) and Gee et al. (2007) have argued, ageism cannot be fully understood without considering how racial hierarchies shape its expression and impact.

Taken together, these findings reinforce the necessity of an intersectional approach to workplace ageism. They suggest that anti-ageism policies must not only protect against overt discrimination but also dismantle the cultural and structural norms that render older workers – especially women, racialised individuals, and the working poor – invisible or expendable. They also caution against the rhetoric of ‘successful ageing’ or ‘best agers’, which may valorise a narrow, privileged experience while marginalising those who cannot or do not conform.

Ultimately, ageing at work is not experienced equally. While all older adults face ageism, some are equipped to navigate or mitigate its effects through social capital, racial privilege, or professional status. Others are left with only coping strategies – emotional, aesthetic, or behavioural – to endure workplaces that devalue them. Understanding these dynamics is essential for moving beyond generic age-inclusion efforts and toward structural change that accounts for the full complexity of ageing, identity, and inequality.

Implications for Anti-Ageism Policies

The findings from this study suggest that anti-ageism policies must be designed with a nuanced understanding of how ageism is experienced differently depending on gender, class, and, to some extent, race. Participants' use of coping strategies – such as maintaining youthful appearances, seeking validation from peers, or emotionally withdrawing – reveals not only the individual burdens of navigating workplace ageism, but also the broader absence of institutional supports. While these strategies allowed some older workers, particularly women, to manage the emotional toll of age-based exclusion, they simultaneously pointed to the failure of workplaces to provide formal mechanisms of protection, inclusion, and redress.

A meaningful policy response must address the gendered dynamics that contribute to older women's workplace marginalisation. This includes recognising how the pressure to appear youthful is not merely about personal preference, but is tied to deeper structural biases that equate competence with youthfulness, particularly for women. Addressing these dynamics requires workplace cultures to move beyond surface-level diversity commitments and engage in substantive changes to hiring, promotion, and leadership development processes. Policies must actively dismantle ageist beauty norms and challenge stereotypes that frame older women as inflexible or outdated. Training programmes that address implicit bias must explicitly include ageism alongside sexism and racism, as these forms of exclusion often operate together rather than in isolation.

In addition to gendered experiences, economic vulnerability emerged as a critical factor shaping how ageism was experienced and resisted. Participants in physically demanding jobs expressed that they could not afford to retire or take less strenuous work, even as their bodies struggled to keep pace. Policies must therefore attend to the material conditions of ageing at work, offering flexible scheduling, accommodations for physical strain, and phased retirement options that allow older workers to transition gradually without financial penalty. These supports are especially important for workers in low-income or non-unionised roles, where social capital is limited, and formal protections are often lacking.

Moreover, anti-ageism policies must be sensitive to how racial privilege or marginalisation mediates experiences of ageing in the workplace. Although the small number of racialised participants in this study limited the depth of racial analysis, the findings nonetheless suggest that white older workers may benefit from a form of racial buffering that protects them from compounded forms of discrimination. Racialised older workers, by contrast, may face intersecting ageist and racialised assumptions that limit their access to advancement, authority, and recognition. Policies that promote diversity in leadership must consider age as a dimension of equity, ensuring that older workers – particularly those who are also racialised – are not excluded from opportunities under the guise of needing 'fresh' or 'modern' perspectives.

Finally, the narratives in this study caution against one-size-fits-all approaches to workplace ageism. Older workers are not a homogeneous group, and policies that fail to consider how age intersects with gender, class, and race will ultimately reproduce the very inequalities they aim to redress. The goal of anti-ageism policies in the workplace should not merely be to retain older workers, but to positively transform the conditions under which they are able to thrive. This requires a shift away from framing ageing as an individual deficit or a productivity challenge, and toward understanding it as a socially patterned process shaped by power, privilege, and structural exclusion.

Conclusion

This study contributes to a more nuanced understanding of workplace ageism by showing how it intersects with gender, class, and race to shape the lived experiences of older workers. Women described the dual pressures of invisibility and appearance-based scrutiny; working-class participants revealed how financial necessity limited their agency in resisting ageist environments; and white participants acknowledged the privileges that buffered them from compounded discrimination. While the small sample limits generalisation, the narratives offer valuable entry points into the everyday realities of intersectional ageism.

To meaningfully address ageism, workplace interventions must be designed with these intersections in mind. One-size-fits-all strategies will fail to reach those who experience ageism most acutely: older women, low-income workers, and racialised employees. Rather than relying on individual coping strategies, institutions must take responsibility for fostering inclusive cultures, removing systemic barriers, and redistributing resources to ensure that all older workers – not just the most privileged – are seen, supported, and valued.

Ethical Statement

This study was reviewed and approved by the research ethics board at McMaster University (MREB #5881).

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

By KARIN SCHÖNPFLUG*

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 biopower[1] as discussed in Hardt and

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[1] Barker, 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

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[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 LGBTQI 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

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[3] One 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 Schönpflug & 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 Schönpflug 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)

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[4] The 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

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[5] Life 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 167m^2 unit includes small individual rooms (12 m^2 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 deducted 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:

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[6] Often, 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 translation[7])

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

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[7] The 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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Toward equitable dementia care for older migrants: a new conceptual framework

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Abstract

Belgium, like the rest of Europe, has a growing population of older migrants living with dementia. Culturally sensitive care is widely endorsed as the dominant approach to creating accessible care; however, our qualitative research with older labor migrants and their caregivers of Italian, Moroccan, and Turkish descent challenges this premise. This approach reduces complex, intersecting care needs, shaped by socio-economic position, migration histories, religion, and family dynamics, to an essentialist notion of cultural otherness. In doing so, it obscures the role of systemic exclusionary mechanisms, such as assumed neutrality, intersectional otherness, and racialization that obstruct access to quality care. Drawing on intersectionality and decolonial frameworks, this paper develops a new conceptual framework for equitable dementia care. It positions care inequities as structurally produced across interconnected levels and calls for equally layered responses. In doing so, it opens pathways toward more equitable futures of care for minoritized and racialized aging populations.

Keywords: care inequities, dementia care, older migrants, intersectionality, decolonial care

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Introduction

In times of growing visible and invisible diversity, it is crucial to move beyond one-dimensional perspectives and examine the nuanced layers and complexities that diversity brings to care. Therefore, this paper proposes a novel conceptual framework for equitable dementia care that transcends the dominance of culturally sensitive approaches by drawing on intersectional and decolonial perspectives to advance responsive dementia care for older migrants while engaging with the complex and layered realities shaping their care provision in Belgium. This paper is structured into five sections. The methodological approach and limitations of the empirical study that informed the creation of a conceptual framework for equitable dementia care for older migrants are outlined in the first section of this paper. The reasoning behind this paradigm is discussed in the following three subsections. The second section describes the increased diversity among older adults with dementia in Belgium, highlighting the need for more inclusive care responses. The third section critically examines culturally sensitive care as a primary approach to meet the needs of older migrants with dementia, arguing that we must move beyond one-dimensional approaches that reproduce essentialist and culturalist views on care for older migrants and their families. Part four presents a complex and nuanced reality of dementia care provision among older labor migrants in Belgium, which is influenced by their intersectional societal position, intersectional otherness, and racialization as covert and structural exclusionary mechanisms. Based on these insights and informed by intersectional and decolonial perspectives, the fifth section introduces a conceptual framework for equitable dementia care, emphasizing the need to understand the interwoven nature of the intersections of various social identities and the systemic exclusionary mechanisms that affect care quality for older migrants, suggesting actions on the micro-, meso-, and macro-levels for equitable care. This paper concludes by exploring potential applications of the framework, calling for further research to assess its potential in advancing equitable dementia care.

Methods and Limitations

The conceptual framework for equitable dementia care proposed in this paper is the result of a multilayered process of critical analysis and theoretical reflection, guided by the central question: How can an equitable dementia care framework be conceptualized when grounded in the lived experiences of older migrants and informed by intersectional and decolonial perspectives that transcend the limitations of culturalist approaches?

This study draws on findings from a 5-year empirical research project (2016–2020) conducted in Belgium, integrating critical reflection of established care models with insights from intersectional and decolonial perspectives. The research focused on older labor migrants with dementia, their family caregivers of Moroccan, Turkish, and Italian descent, and professional caregivers. At the heart of this study was the question of how dementia care is provided and experienced from the perspectives of these three key actors. To address this question, we employed a combination of cross-sectional and longitudinal qualitative methods. First, 34 family carers and 15 professional carers participated in in-depth interviews. Additionally, five focus groups (n = 34) were conducted with professional caregivers. Second, a longitudinal component involved close engagement with five families over 3 years. Through participant observation and repeated interviews with older migrants (65–82 years old) with dementia, their family members, and involved care professionals, this study captured the evolving care experiences over time. Furthermore, three focus groups were held with 52 older labor migrants (above 65 years old) with and without dementia. Each group was organized around a shared migration background representing their Moroccan, Turkish, and Italian origins. To stimulate dialogue, these sessions utilized accessible, culturally, and language-sensitive visual information about dementia and dementia care pathways in Belgium. Participants were invited to share their care preferences and reflect on their experiences with the professional care they received.

Limitations

Despite the depth and scope of this study, several limitations must be acknowledged when considering the proposed conceptual model. First, the participating labor migrants from Moroccan, Turkish, and Italian backgrounds do not fully represent the broad ethnocultural diversification of the Belgian population (Geldof et al. 2023; Statbel 2025).

Second, although the model engages with oppressive systems that have a global dimension, the findings are also shaped by Belgium's distinct history (Salem et al. 2023) and its specific health and care systems (Gerkens & Merkur 2020). These contextual specificities should be considered when interpreting the model's scope and applicability. They also point to the need for further research that extends, deepens, and tests this framework across diverse settings and populations.

Increased Diversity of Older Persons with Dementia

The aging population in Belgium reflects the increasing ethnic diversity seen across Europe due to 20th-century migration patterns (Ciobanu & Hunter 2017). Initially driven by labor migration from countries such as Italy, Morocco, and Turkey, Belgium now hosts a more diverse group of migrants. These include individuals from former colonies such as Congo, transition migrants, and refugees from Afghanistan, and Ukraine, among others (Lafleur et al. 2018). In 2024, 36% of Belgians had a foreign non-Belgian background (Statbel 2025). Of those aged 65 years and above, 15% were of non-Belgian origin. Cities such as Antwerp, Charleroi, and Brussels exhibit higher rates, reaching 20%, 32.5%, and 47%, respectively (Statbel 2025). These figures have continued to increase over the past 5 years, with Brussels alone accounting for 39% of older migrants in 2020 to 47% today (Statbel 2025). Older migrants in Belgium, like their native counterparts, face age-related conditions such as dementia, with an estimated 7% of those aged 65 and above affected (Monsees et al. 2021). Research shows that non-European migrants have higher dementia prevalence than native populations (Alzheimer Europe 2018). For example, Moroccan and Turkish individuals in the Netherlands face rates three to four times higher than the native Dutch (Parlevliet et al. 2016). However, bilingualism may have protective effects against dementia, highlighting the need to avoid simplistic generalizations (Li & Coretta 2026).

Culturally Sensitive Care: The Answer to Unmet Care Needs?

Although awareness of Belgium's ethnically diverse aging population is increasing, mainstream dementia and elder care remain largely inaccessible and inadequate for migrant seniors. Limited health literacy, combined with a lack of information about and limited referral by professional carers to formal care services, contributes to the inaccessibility of dementia care (Duran-Kiraç et al. 2022, 2023). Challenges in delivering adequate dementia care stem from professionals' limited experience and skills in supporting older migrants with dementia and their informal caregivers, leading to insufficient consideration of their needs (Duran-Kiraç et al. 2022). Discrimination and racism in healthcare deepen the encountered inadequacy in care for older migrants (Zemouri et al. 2024). Formal dementia care remains largely untailored to the needs of older migrants (Berdai Chaouni et al. 2020a; Duran-Kiraç et al. 2022). Belgian care policies are presumed to be "neutral" and fail to address cultural and religious needs, especially of non-European and non-Christian older migrants (Ahaddour et al. 2020; Berdai Chaouni et al. 2024). The latter are left to fall through the cracks of inaccessible and inadequate dementia care on the one hand, and fragmented traditional family care on the other (Berdai Chaouni et al. 2020a; Duran-Kiraç et al. 2022).

As in the rest of Europe, culturally sensitive care is proposed as a solution to address the needs of older migrants with dementia in Belgium (Dely et al. 2018; Gove et al. 2019). Cultural sensitivity refers to the sensitivity manifested toward people's cultural backgrounds (Vandecasteele et al. 2024). Transforming an attitude of awareness and respect for the diversity of cultural backgrounds into the ability to collaborate effectively with individuals from different cultures is often referred to as culturally competent care (Nair & Adetayo 2019). Culturally competent care has been argued to increase positive health outcomes and positive care relationships between cultural minority patients/clients and majority professional caregivers (Nair & Adetayo 2019). Both terms are often used interchangeably and emphasize at their core the consideration of the ethnic and cultural background of persons in care, which is believed to be the approach to ameliorating care provision (Claeys et al. 2021; Vandecasteele et al. 2024). Culturally sensitive care, defined as "looking at ways to respect and respond to the cultural diversity of people with dementia, their relatives and friends and of those caring for people with dementia" (Gove et al. 2019: 6), is viewed by Alzheimer Europe as key to inclusive care for older migrants (Gove et al. 2019).

While culturally sensitive care aspires to guarantee better care for ethnic minorities, there are pitfalls to consider. First, it is a Western-centered concept that emerged to be employed in a White, Western context concerning the *cultural*, mainly non-Western *other*. Culture is often framed as a fixed trait of *the other*, vaguely defined and reduced to ethnic background, making it confusing or even meaningless (Ahmad & The 2025; Torres 2019; Torres & Hunter 2023). This static view contrasts with more nuanced understandings of culture as dynamic and shaped through multiple social affiliations and lived experiences (Curtis et al. 2019). This narrow conceptualization of culture is evident in care practices, wherein professional caregivers perceive and implement culturally sensitive care in ways that lead to culturalization and "othering" of migrant care recipients (Claeys et al. 2021; Vandecasteele et al. 2024). Culturally sensitive care assumes that only the migrant/ethnic minority *other* has a culture, relieving professional carers from the culturally dominant group of the responsibility to reflect on how their beliefs and actions are shaped by their own culture (Torres 2019). Culturally sensitive care often relies on simplistic, homogenizing assumptions that erase intragroup diversity and complex identities, reducing quality care to a one-size-fits-all cookbook approach (Ahmad & The 2025; Curtis et al. 2019; Torres 2019; Vandecasteele et al. 2024).

These pitfalls create an implicit divide between older migrants and culturally dominant groups in dementia care. It assumes older migrants' needs can be addressed solely through care focused on their *different* ethnocultural backgrounds. This is also visible in several European dementia policy plans (Schmachtenberg et al. 2020), such as the Flemish reference framework, an inspirational guideline for dementia care in the Northern region of Belgium (Dely et al. 2018). This framework promotes person-centered care (PCC) for ethnically dominant groups, but treats cultural diversity as relevant only for non-EU migrants, framing culturally sensitive care as the solution to *their* specific needs (Dely et al. 2018). Such subtle othering shapes dementia care around dominant norms, marginalizing and essentializing those who differ. Moreover, this culture-based focus in dementia care obscures underlying social inequalities such as racism, hindering the development of effective strategies to address these inequalities (Ahmad & The 2025). Dementia care institutions function as "construction sites" where older migrants are defined through simplified notions of ethnicity, race, and migrancy, deeply influencing how they are perceived and cared for (Torres & Donnelly 2023). Amid rising critique, our findings portray a complex image of dementia care for older migrants, questioning culturally sensitive care as the dominant gaze for improving access and quality.

Various Influences on Dementia Care for Older Migrants

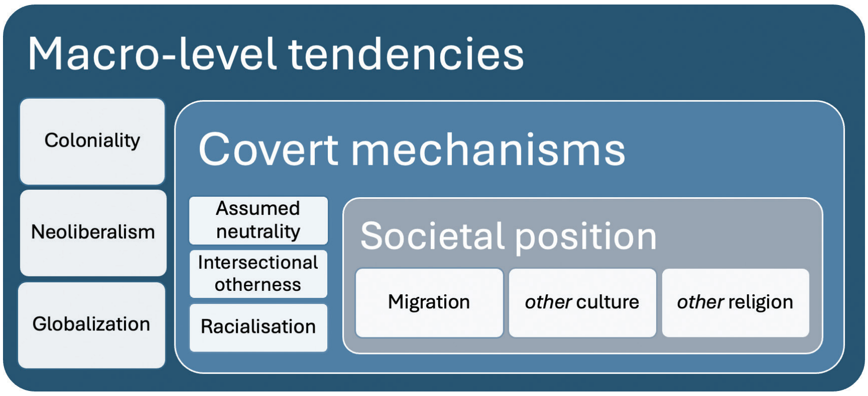
This section discusses findings from our 2016–2020 study on dementia care for older Moroccan, Turkish, and Italian labor migrants in Belgium, drawing on cross-sectional and longitudinal data from migrants, their families, and caregivers, as described in the Methods and Limitations sections (Berdai Chaouni 2021; Berdai Chaouni & Claeys 2022).

These findings were analyzed through the lenses of intersectionality and decoloniality. Coined by Crenshaw (1991) and rooted in the resistance knowledge of Black feminists (Collins et al. 2021), intersectionality focuses on the importance of examining the multiple and interlocking systems of domination (such as racism, ageism, ableism, sexism, and classism) that shape and structure people's lives and experiences through the interplay between intersecting categories of difference (such as race, age, physical and mental ability, gender, and class) with wider systems of domination and underlying variations in privilege and marginalization (Collins et al. 2021). Intersectionality enhances the capacity to understand the complexity and structural roots of the experiences of marginalization in care provision. However, to understand the impact of historically invisible forces shaping the current oppressive systems and the knowledge systems informing care provision, decolonial perspectives are also used (Berdai Chaouni et al. 2021). Our study points to various influencing factors for dementia care provision situated on the micro-, meso-, and macro-levels, which are dynamic and interconnected and shape the dementia care trajectory of our respondents (Figure 1).

The Unique Socio-Economic Position Defines Dementia Care

On a micro-level, our studies show that the care needs of older migrants with dementia are defined by a unique, dynamic, and complex intersection of personal (e.g. own life history, stage of dementia, severity, and

Figure 1. Multiple influencers of current dementia care provision.



fluctuation of dementia symptoms, impact of dementia on personality traits), socio-economic (e.g. having children, economic situation, proximity and level of education of family caregivers), cultural (e.g. food and music preferences, language, own mix of cultural values), migration-experience-related (e.g. own migration trajectory, reminiscence of childhood spent in country of birth, level of attachment to persons and places in the motherland), and religious aspects (e.g. level of personal religiosity and importance of religious practices, level of dominance of religious coping). These aspects influence the care needs of older migrants with dementia and the support needs of their family caregivers. Dementia's fluctuating course, coupled with the pioneering role of older migrants and their families in navigating it, makes the condition particularly challenging and elusive. Another example is how dementia brings migration to the forefront as a significant part of a person's life history. Dementia can surface long-silenced memories, including migration trauma, which families often face and process for the first time through caregiving (Berdai Chaouni & De Donder 2019).

The interplay of having a migrant background and a *different* culture and religious background, together with other factors such as class, gender, ability, and education, determines the starting point from which older migrants and family carers must navigate the dementia care trajectory and co-shapes how that care is provided. For example, cultural and religious values (e.g. respect for one's elders, spiritual needs) and practices (e.g. specific meals, listening to the Quran) are wished for in dementia care but are almost exclusively provided by family care (Berdai Chaouni et al. 2024). Depending on one's possibilities (e.g. competencies, network, economic situation) and migration, cultural, and religious resources (e.g. network and property in the country of origin, cultural heritage, religious coping), family caregivers fill in the professional care gaps to provide suitable, sustainable, affordable, and responsive dementia care. This includes transnational strategies like hiring live-in migrant caregivers or arranging care marriages for widowed fathers with dementia (Berdai Chaouni et al. 2020a, 2024). All the above indicate how the socially constructed, non-inclusive dementia care system (Collins et al. 2021) places the responsibility for addressing migration, cultural, and religious needs in dementia care onto families.

Covert Exclusionary Mechanisms in Dementia Care: Neutrality, Intersectional Otherness, and Racialization

Dementia care is also influenced by hidden exclusionary mechanisms, such as presumed neutrality, intersectional otherness, and racialization that limit access to quality care for older migrants.

Assumed neutrality sets the norms of what is considered professional dementia care, and therefore something to live up to while alluding to being universal. Examples abound of the obliviousness of professional dementia carers to how dominant cultural norms, biomedical dominance, and a White Eurocentric gaze shape diagnostic tools, care standards, and definitions of *good* care. For example, the use of the Mini-Mental State Examination (MMSE) as the gold standard for dementia medication reimbursement in Belgium disadvantages older migrants, both clinically and financially (Berdai Chaouni & Claeys 2022). Its lack of cultural, educational, and linguistic sensitivity leads to biased scores (Nielsen 2022; Nielsen et al. 2012), resulting in medical treatment being withheld or prescribed without reimbursement due to MMSE-based eligibility criteria (Berdai Chaouni & Claeys 2022). Another example is the way Belgian (dementia) care organizations, implicitly or explicitly shaped by Christian values (Ahaddour et al. 2016), problematize, resist, or ignore the religious needs of older migrants (particularly Muslims) under the claim of neutrality (Ahaddour et al. 2016; Berdai Chaouni et al. 2024).

Finally, the belief in the universality of "White templates" in care, such as PCC, while the experiences and needs of older migrants and their families are less recognized and subordinated, often unconsciously, compared to those of the normative group.

Older migrants with dementia and their family members also face intersectional othering and racialization as processes of differentiation, reflecting systems of domination such as racism, ageism, ableism, sexism, and classism. Othering is observed in the experiences of discrimination and interiorization of our respondents based on the intersections of the following characteristics: old age, having dementia, being a migrant, having a migration background, being female in the case of family caregivers, providing care, having a non-dominant ethnicity, having a dark skin tone, speaking another language, and having another culture and religion (Muslims) (Berdai Chaouni 2021; Claeys et al. 2025). Our studies showed that care professionals categorized migrant care recipients and their families based on their perceived *sameness* or *otherness* compared to themselves. For example, although family involvement in dementia care for older migrants is complex and not strictly defined by gender, professionals often perceive female carers as over-involved and male carers as under-involved, particularly among Muslim, non-European families, reinforcing gendered and racialized stereotypes (Berdai Chaouni & De Donder 2019). This resulted in gradations of intersectional otherness, positioning non-European Muslim care recipients (e.g. Moroccan and Turkish) as the ultimate *others,* unlike Italians, who are seen as the *same* based on an assumed shared Whiteness, culture, and religion. The Moroccan and Turkish groups were also more often essentialized to their *other* culture, contributing to poor care provision through uncaring encounters (Söderman et al. 2018) where needs were reduced to deviant requests from another culture. For example, Belgian carers reported systematically avoiding offering the option of professional dementia care, assuming that these families prefer family care due to their culture. This reinforces the stereotype that non-EU migrants favor family care, limiting informed decision-making.

Older migrants with dementia and their family carers are not only othered, but also racialized. Racialization can be defined as an ongoing and dynamic process through which racial meanings are constructed and assigned to individuals or groups based on certain perceived characteristics (e.g. cultural background, physical traits, religion) that were previously not classified as racial, based on the original Black/White binary conception of racism (Gonzalez-Sobrino & Goss 2021). Older migrants with dementia and their family members were racialized based on the following characteristics and their intersections: skin tone, non-European cultural background, being Muslim, and not mastering Dutch. Racialization is manifested through experiences of various forms of racism (e.g. cultural and anti-Muslim racism) recounted by both older migrants and their family carers, mainly with Moroccan and Turkish backgrounds, during their interactions with healthcare professionals in dementia care (Berdai Chaouni & Claeys 2022). These experiences encompass both overt (e.g. verbal aggression, racist remarks) and covert (e.g. avoiding eye contact, adopting a condescending tone, or not addressing clients' questions seriously) manifestations of racism. Encountering racism often triggers reactions such as lowering expectations of care, avoiding certain situations, and efforts to educate caregivers or advocate for better care (Berdai Chaouni 2021). These responses are driven by stress, sadness, and powerlessness. When family caregivers explicitly call out racism, dementia care organizations often respond defensively or dismissively, intensifying the emotional impact.

Coloniality, Neoliberalism, and Globalization as Macro-Forces Shaping Dementia Care

Drawing on a decolonial understanding (Berdai Chaouni et al. 2021), the participants' testimonies revealed that dementia care trajectories are shaped by macro-level forces, such as neoliberalism, globalization, and coloniality, even if these forces are not explicitly mentioned. The concept of decoloniality emerged from the experiences and resistance of dominated peoples who fought against the oppressive structures imposed by Western European colonialism (e.g. Indigenous peoples, enslaved Africans). These insights have evolved into diverse ways of thinking, knowing, being, and doing, which serve as building blocks for current decolonial frameworks.

At its core, decoloniality "… implies recognition and undoing of the hierarchical structures of race, gender, heteropatriarchy, and class that continue to control life, knowledge, spirituality and thought, structures that are intertwined with and constitutive of global capitalism and Western modernity" (Walsh 2018: 17). Decoloniality acknowledges and resists oppressive colonial power mechanisms that persist beyond the formal end of colonial rule, a phenomenon often referred to as coloniality (Mignolo & Walsh 2018), which also shapes healthcare care systems. This legacy affects not only formerly colonized countries, but also Western nations. For instance, Hunter (2021) points to the dominance of "White care" in welfare states, highlighting how historically rooted colonial dynamics of racialization and dehumanization of the *other* persist through systemic racism and racialist structures, contributing to inequitable care practices that center on the White imaginary. Such dynamics lead to the inferiorization and deprioritization of the needs of racialized minorities, as our respondents noted. This underlying dehumanization helps explain why older migrants are often expected to assimilate into dementia and elder care systems (Berdai Chaouni & Claeys 2022), even when culturally and linguistically sensitive care is provided (Carlsson & Pijpers 2021). In other words, without addressing the deeper, often unconscious processes of dehumanization, even well-intentioned culturally and linguistically sensitive care remains superficial and reinforces assimilationist expectations by requiring older migrants with dementia, whose differences are neither fully acknowledged nor respected, to adapt to the care system. The decolonial perspective also points to the coloniality of the mind as a historically invisible structuring force ingrained in our mind frames that shapes power structures, knowledge, and individual experiences (Berdai Chaouni et al. 2021; Mignolo & Walsh 2018). This force also shapes, for example, the above-discussed assumed neutrality, normativity, and universality of Western care practices and the racialization of non-European older migrants and their family carers.

Coloniality, intertwined with neoliberalism and globalization, shapes global power imbalances that influence dementia care provision and individual choices. The influence of neoliberalism was traced in our studies with both professional and family caregivers. They referred to the performance pressures of professional dementia carers with limited room for human aspects of care, such as relationship-building and flexibility, alongside a lack of supportive measures and budget cuts (Berdai Chaouni & Claeys 2022). Neoliberalism reinforces the inferiorization of care by framing it as a product that is not entitled to society's resources and investments to maintain its quality and existence (Miller 2021; Morris 2025). This leads to inequalities in accessible and affordable care. For example, financial pressure and staff shortages were the most frequently cited reasons for postponing investment in culturally sensitive organizational policies by the management of residential care homes in Flanders (Berdai Chaouni et al. 2020b). The intertwining of neoliberalism and globalization is seen in phenomena such as global care chains and outsourcing of care to the Global South (Horn & Schweppe 2019; Schwiter et al. 2020). The alternative care choices of family caregivers of older migrants with dementia, such as care marriages, engaging live-in undocumented helpers, and respite care in Morocco (Berdai Chaouni et al. 2020a), can be seen as a variant of these phenomena.

In summary, the complex and nuanced factors influencing dementia care for older migrants highlight the need to rethink culturally sensitive care as the primary approach for this group. Culturally sensitive care risks being essentialist, as it overlooks the intricate interplay of intersecting categories of difference (e.g. race and gender), processes of differentiation and exclusion (e.g. racialization and intersectional otherness), and structural systems of domination and oppression (e.g. coloniality and racism). These dynamics underpin inequities in dementia care for older migrants and demand a more comprehensive, intersectional, and structural approach.

Introducing an Alternative Conceptual Framework for Equitable Dementia Care

This section introduces a conceptual framework for equitable dementia care, considering the complex factors influencing dementia care needs and provision while accounting for mechanisms driving equity and inequity.

Foundational Insights Inspiring the Conceptual Framework

This conceptual framework draws on key insights, highlighting the nuanced nature of dementia care for older migrants. It builds on established models, Kitwood's PCC (1997), Engel's biopsychosocial model (1978), and Bronfenbrenner's ecological model (1979), expanded by intersectionality (Crenshaw 1991), and decolonial perspectives (Berdai Chaouni et al. 2021). These models provided essential insights but showed limitations when applied to older adult migrants with dementia, which this framework addresses.

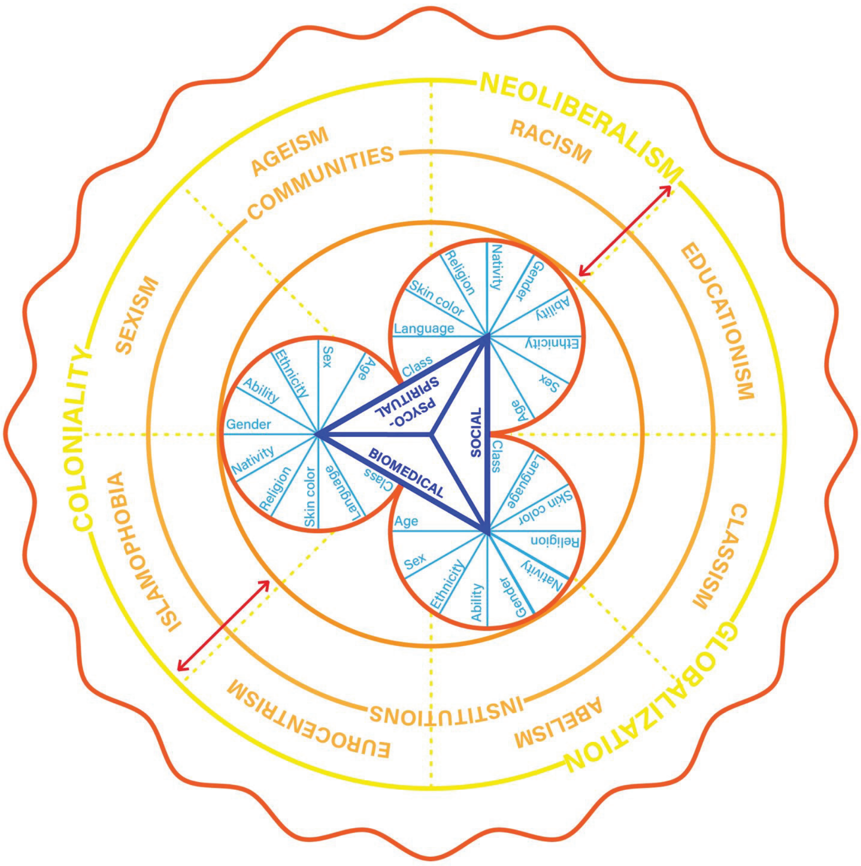
Kitwood's PCC model identifies essential psychological needs – comfort, attachment, inclusion, occupation, and identity – rooted in the central need for love, as critical to maintaining personhood in dementia (Kitwood 1997). He emphasized professional caregivers and supportive environments in addressing these needs, improving quality of life, and reducing stress. It emphasizes relationships, social context, and emotional support in preserving personhood and well-being. Kitwood's work redefined dementia care by viewing individuals as whole persons with unique needs, rather than merely patients defined by their condition, shifting focus from biological to psychosocial factors (Brooker 2019). While this psychosocial and relational perspective remains central, the new framework challenges the individualization of care that overlooks its collective dimensions and the impact of structural inequalities on PCC delivery.

The biopsychosocial model (1978) emerged from dissatisfaction with the biomedical model of illness. It is now generally accepted as a model indicating that illness and health are the result of an interaction between biological, psychological, and social factors. The model is widely used as a structure for healthcare interventions, guidelines, management, and research (Bolton 2023). However, it often overlooks how structural power dynamics such as racism and coloniality shape both health experiences and care trajectories. The proposed framework builds on this model while explicitly integrating these dimensions.

Bronfenbrenner's ecological model (1979) is a theory-based framework to understand the multifaceted and interactive effects of personal and environmental factors. It puts the individual at the center, which is influenced by various systems: microsystem (relationships with immediate surroundings), mesosystem (community), exosystem (institutions), macrosystem (societal influences), and chronosystem (time & historical context). Originally developed to understand human development, Bronfenbrenner's model has since been widely applied and adapted to other fields, including health care (Ornstein & Caruso 2024). The new framework deliberately excludes the exosystem, integrating institutions into the mesosystem alongside communities to highlight their interconnected role in this relational space between the micro- and macro-levels.

The conceptual framework assesses care models through an intersectional-decolonial perspective. This perspective shows that care provision exists within intersecting power systems that marginalize older migrants with dementia and their families, shaping their care needs and experiences with care inequity. Put differently, historically rooted marginalization through oppressive systems and structures defines how the above-mentioned models of care (e.g. PCC, biopsychosocial, and ecological models) are provided and experienced by non-White older migrants with dementia. Torres et al. (2016) demonstrated that individuals categorized as *us* are more likely to receive PCC than those perceived as the *other*. The expectation of *sameness* with the dominant group often hinders the provision of PCC for those who are perceived as *different*. Decolonial perspectives also emphasize the interconnectedness of the coloniality of power, knowledge, and being, highlighting how these dimensions collectively sustain systems of domination and exclusion (Mignolo & Walsh 2018). While coloniality of power underlines the endurance of racialized and inequitable systems of domination globally (Grosfoguel 2011; Quijano 2000), coloniality of knowledge stresses the dominance of Western and Eurocentric epistemologies, marginalizing other ways of knowing and reproducing inequities through knowledge production (Mignolo 2011; Mignolo & Walsh 2018). Coloniality of being highlights the persistence of the color line shaping hierarchies between people through racialization and dehumanization, shaping the lived experiences of these people (Fanon 1952/2008; Maldonado-Torres 2011). In other words, the intersectional-decolonial perspective acknowledges these "behind the scenes" mechanisms also in care systems, providing insights (e.g. the importance of relationality, interdependence, and resistance) and perspectives (e.g. epistemic disobedience, centralization of lived experiences of racialized voices) to address inequity in dementia care as part of broader social justice efforts.

Figure 2. Conceptual framework for equitable dementia care.



The Conceptual Framework

The conceptual framework offers a multilevel perspective comprising four intertwined levels: micro, meso, macro, and chrono, as visualized in Figure 2.

First, at the micro-level, the conceptual framework centralizes the care relationships between the person with dementia, the informal carer, and the professional carer, envisioned as part of a dynamic and (transnational) care network. These care relationships are influenced by needs that can be extended biopsychosocially (i.e. the inclusion of spirituality) for all individuals involved and by an axis or an intersection of multiple axes of their multidimensional social identity (age, gender, ethnicity, ability, nativity, religion, class, language, sexual orientation, and skin color). It is important to acknowledge the structural societal advantage or disadvantage linked to different positions on the axes at any given time and in a specific context or situation (Carbado et al. 2013; Collins et al. 2021). The framework emphasizes the importance of relationality and interdependence of all individuals involved in the care relationship. It acknowledges how their social positions within intersecting power dynamics shape their experiences and their perspectives (Collins et al. 2021) influencing the care relationship itself. Accordingly, the care relationship is understood as dynamic and collectively shaped, embedded within a complex social context while maintaining its core focus on meeting the older person's needs, consistent with PCC principles.

Second, the meso-level refers to the influence on dementia care provision by communities and care institutions. The framework acknowledges that individuals involved in the care relationship are part of communities, shaping their views on care and the context of how care is and should be provided. For example, some migrant communities may lack dementia sensitivity due to limited exposure, contributing to a vulnerability among older migrants shaped by intersections of dementia, culture, and migration (Berdai Chaouni 2021; Wong et al. 2024). The framework also recognizes that community membership is dynamic, with individuals belonging to multiple, overlapping communities. For example, our studies (Berdai Chaouni & Claeys 2022; Berdai Chaouni et al. 2020a) show how transnational ethnic, cultural, and religious ties, even when maintained remotely, influence dementia care. From an intersectional and decolonial perspective, the framework acknowledges that racialized older migrants (e.g. non-White, Muslim) are part of marginalized communities with shared care needs, such as healing from racial trauma that may resurface through dementia (Bryant-Davis 2023; European Union Agency for Fundamental Rights 2023, 2024; The Lancet 2022). It also recognizes these communities as potential sites of collective care and resilience (Alvarez & Farinde-Wu 2022; Page & Woodland 2023; Raap et al. 2022).

Dementia care organizations also play a critical role in shaping care relationships and trajectories, where professional caregivers act within the constraints and logics of institutional structures. Moreover, these institutions are also shaped by historically rooted power systems (e.g. coloniality, racism). For example, healthcare institutions often overlook or even resist acknowledging the systemic racism embedded within their structures, perpetuating health and care inequities (Hamed et al. 2020; Helberg-Proctor & Busari 2023; Nazroo 2024). In other words, this conceptual framework highlights how intersecting systems of domination and oppression operate through interconnected structural, institutional, and interpersonal dimensions, emphasizing that achieving dementia care equity requires addressing all these components.

At the macro-level, the framework highlights how structural forces such as neoliberalism, globalization, and coloniality, shape dementia care for older migrants as evidenced in our studies**.** The underlying power structures (ageism, ableism, racism, sexism, etc.) in society define the axes of advantage/disadvantage at the individual level. Consequently, they determine each person's societal position, whether marginalized or central within the power structure, from which they interact with others. The conceptual model acknowledges the role of actors at the micro- and meso-levels in contributing to these structural mechanisms. It explains, for instance, how covert mechanisms like racialization and othering influence dementia care provision. From this perspective, tackling these structural mechanisms is crucial in tackling inequity in dementia care provision. Finally, the chrono-level in the conceptual framework captures the importance of time in dementia care provision for older migrants. Drawing from our results, time plays a multifaceted role in the care process. It appears through evolving care needs across dementia stages, changing care relationships, and personal histories, where past experiences resurface, are shaped by life course, identity, and social position. Time also emerges in the historical underpinnings of power structures with time frequencies, longevities of, and intergenerational exposure to systems of domination underlying variations in experiences and impact (Gee et al. 2019). It also highlights the temporality of the care provision influences, with varying levels of importance at different moments. For example, certain elements of social identity can take precedence in shaping care priorities: religious practices might be highly valued during the early and middle stages of dementia but may become less central in later stages, where biomedical needs and physical comfort often take precedence.

Taken together, the conceptual framework for equitable dementia care emphasizes that providing tailored and quality care for older migrants with dementia involves three key dimensions. First, care must center on the needs of older migrants with dementia while considering the interconnected needs of informal carers (e.g. the need to feel understood) and professional carers (e.g. the need for reassurance), as these needs shape and influence care provision. Second, there must be an awareness of the complex, dynamic, and situational nature of these needs, which can be bio-psychospiritual, social, visible, or invisible, shaped by the intersectional identity and position of everyone involved and manifesting at the individual level but are reflections of systemic gaps at institutional (e.g. lack of diversity-responsive dementia care organizations) and societal levels. This includes structural health disparities such as the increased prevalence of dementia among racialized populations (Fani et al. 2022), which result from systemic disadvantages rooted in intersecting axes of marginalization like poverty and racism (Adkins-Jackson et al. 2024). Finally, detecting, understanding, and addressing these multifaceted needs require concerted actions across micro-, meso-, and macro-levels to ensure that dementia care becomes equitable for marginalized populations, such as older migrants.

Exploration of Possible Applications

Acknowledging the limitations, this part explores possible applications of the conceptual framework as a critical reflective approach to address various care-related topics at the micro-, meso-, and macro-levels.

Meeting Individual Cultural Needs in Care Provision (Micro)

The conceptual framework critiques the reductive, culturalist understanding of older migrants' dementia care needs, exposing it as inadequate and potentially harmful. Culturally shaped needs become one of a range of important needs of a person, which can be seen as part of biopsychospiritual and social needs, which can vary in time and context (e.g. home vs. hospital), without being oblivious to a person's multilayered identity. It also recognizes that cultural needs and expressions shape everyone in the care relationship, including those from the dominant culture. It highlights how professional care often aligns with dominant cultural norms, treating Whiteness as the invisible standard and Western practices as neutral and normal, reinforcing inequities for marginalized and racialized groups. This view aligns better with the requested critical consciousness and reflective practice in cultural safety (Curtis et al. 2019). Cultural safety aims to advance care equity by addressing the impact of the dominant culture of (health)care providers, manifested by interpersonal and institutional power imbalances, on the quality of care. By shifting focus from the *other* to addressing systemic power imbalances, this approach improves care quality through decolonized practices, critical reflection on bias and stereotypes, and centering marginalized voices in assessing the safety of care interactions (Chakanyuka et al. 2022; Curtis et al. 2019).

Intersectional-Friendly Environment and Inclusive Integrated Care Landscape (Meso)

The conceptual framework helps to envision an intersectional-friendly environment for older migrants with dementia, shaped by caring communities and inclusive care organizations. Various policy guidelines have promoted age-friendly cities (WHO 2023) and dementia-friendly communities (WHO 2021), often through single-focus actions aimed at accessibility and inclusion based on either age or dementia. An intersectional approach strives for the social inclusion of disadvantaged persons based on the different identity axes and their intersections. This approach would better detect and understand why certain communities, like older migrants, are not reached by dementia-friendly initiatives and set up remediating actions to include everyone with dementia. For racialized migrant communities unfamiliar with dementia, promoting dementia-friendly actions can help foster supportive environments for those affected and their families (Berdai Chaouni et al. 2024). This also means recognizing the potential of these communities as sites of collective care, grounded in non-normative knowledge and practices (Alvarez & Farinde-Wu 2022; Page & Woodland 2023; Raap et al. 2022). The framework shifts the focus from individualized to collective care as an approach that deserves greater attention, particularly in the European context (Turton 2024).

These communities should also be considered equal partners in an inclusive, integrated care landscape. A chapter (Berdai Chaouni 2022) applied this conceptual framework to reflect on the shift toward integrated care in Belgium, emphasizing four interlocked key focal points for fostering inclusivity. First, awareness of how intersectional exclusionary mechanisms shape the needs and experiences of marginalized *others*. Second, marginalized voices and knowledge must be actively included in shaping this change process, ensuring that these perspectives inform decision-making processes. Third, an inclusive care landscape is composed of inclusive care organization. Creating inclusive care organizations requires tackling structural exclusionary mechanisms that shape how marginalized and racialized care recipients are treated, factors influenced by organizational culture, policies, and hierarchies (Bourabain & Verhaeghe 2021).

This requires a deep-structure approach (Resnicow 1999): long-term, organization-wide efforts that go beyond superficial happy diversity initiatives (Ahmed 2012; Trenerry et al. 2024) to transform vision, staffing, services, and client policies and ensure equitable care.

Finally, critically reflecting on the care landscape is vital to identify service gaps and foster community-driven innovations. This includes addressing transnational care dynamics, intersecting systems of exclusion, and global trends, such as the bias embedded in algorithmic care tools (Alba 2024).

Intersectional Approach to Guarantee Elder Rights for All

Within this framework, inclusive equitable care can only thrive in a society committed to equity, requiring macro-level actions against ageism, disablism, racism, sexism, and other systemic exclusions. To counter this, the conceptual framework was applied to critically examine a recent initiative by AGE Platform Europe (n.d.) promoting elder rights, aimed at preventing future instances of ageism in care. This became especially urgent during the COVID-19 pandemic, when older adults' perspectives were largely excluded from key decisions, such as nursing home lockdowns (Peisah et al. 2020). From this analysis, the chapter (Berdai Chaouni 2023) identified three essential elements for advancing inclusive elder rights. First, it calls attention to the pitfalls of assumed universality of concepts like elder rights, highlighting that, much as their inspiration in human rights, elder rights can be exclusionary for marginalized and racialized groups. Second, it underscored the importance of an intersectional approach to address overlapping forms of discrimination stemming from intersecting systems of exclusion, such as ageism and racism, arguing that this approach is more beneficial to tackle this intertwined reality than a singular focus on ageism (Gemignani & Hernández-Albújar 2019). This aligns with Atrey's (2020) concept of "intersectional universality," which emphasizes that the intersecting structures of power shaping individual identities and experiences are universal. An intersectional perspective offers a more nuanced manner to identify how human rights are upheld or violated.

Finally, it stressed the need to include marginalized and racialized older adults in shaping elder rights, challenging current participatory processes dominated by White, male, and highly educated voices.

In summary, the examples explored illustrate the potential of the conceptual framework as a critical reflective gaze to examine care realities and trends. It highlights the blind spots of normative approaches, underscores the importance of centering the voices of marginalized and racialized older adults, and incorporates intersectionality to address institutional and systemic exclusionary mechanisms, paving the way for more equitable care. The potential of this conceptual framework remains to be fully explored through further research. For instance, how can an intersectional approach be integrated into individual dementia care plans within care settings? How might this framework serve as a reflective tool to shape inclusive organizational policies that promote equitable care? Additionally, how can it be utilized to foster awareness and reflection within care teams? These are just some of the questions that future research could address.

Conclusion

Dementia care for older migrants in Belgium is a complex and dynamic process, shaped by their intersectional societal position and gaps in professional care that stem from overlooked structural exclusionary mechanisms. This paper argues that this complex and dynamic reality of care provision for racialized and marginalized older adults requires a shift toward approaches that better capture this complexity and address dementia care inequity. Consequently, this paper introduces a new conceptual framework for equitable dementia care. Rooted in intersectional and decolonial perspectives, the model broadens the search for responsive, inclusive dementia care for a diverse population by identifying key building blocks across micro-, meso-, and macro-levels. It provides a comprehensive framework for a nuanced understanding of the impact of institutional and systemic exclusionary mechanisms on care dynamics that hinder equitable dementia care. It also holds the potential to identify future actionable pathways for addressing these barriers while acknowledging and valuing the diverse realities of racialized and marginalized older adults. By advancing this framework, the paper seeks to inspire a reimagination of dementia care paradigms, one that centers equity, responsiveness, and inclusivity in care for all aging populations.

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Ethical Statement

The empirical studies referred to in the paper followed the guidelines of Human Sciences Ethical Committee of the VUB, respecting the European Framework for Research Ethics (European Commission, 2013), and was additionally approved by the ethical committee of Hospital C.H.U. Brugmann in Brussels.

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