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Japanese older people are not willing to live long: Culturally distinctive meaning attached to longevity

By Saori Yasumoto[1], Takeshi Nakagawa[1], Yuki Kawasaki[1], Yukie Masui[2] & Yasuyuki Gondo[1]

Abstract

Using the stereotype embodiment theory as a framework, we investigated older Japanese people's willingness/unwillingness to live to 100 and the reasons they gave for their responses. We performed a multiple logistic regression and a thematic content analysis using data from 451 community-dwelling older people (ages 77 to 81). 28.2% of respondents wished to live to 100, whereas 71.8% expressed unwillingness to do so. Being male predicts a greater willingness to live to 100. Respondents who perceive longevity negatively tend to believe that their longevity will place a burden on family members. Nursing care is needed to some extent as we age. Research outside Japan often reports that the maximal extension of health and independence encourages people to see aging positively. In contrast, creating a system and culture in which nursing care does not burden family members helps Japanese people to consider aging positively.

Keywords: attitude toward aging, Japan, longevity, perceived burdensomeness, stereotype embodiment theory

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Introduction

The global population continues to age due to advances in medicine, technology, nutrition, and social policies. The population of centenarians, often identified as a symbol of longevity, has also increased. In 1990, when the United Nations began counting centenarians, there were 96,000 people worldwide aged 100 or older. Ten years later, in 2000, 1.7 times more people, 160,000, were centenarians. Since then, the population of people aged 100 or older has continued to increase, and 573,000 people worldwide were aged 100 or older in 2021 (Heshimati 2021). The expansion of centenarians has made it the fastest-growing segment of the population in many countries (Borras et al. 2020; Evans et al. 2014; He et al. 2018; Jopp et al. 2016).

Although a 100-year lifespan is no longer a wild dream, researchers who assessed people's desire to live long in various countries discovered that more than half of respondents (about 60% to 70%) across different age groups (from 20s to 100s) in their studies were unwilling to live to 100 (Donner et al. 2016; Karppinen et al. 2016; Lang et al. 2007). Such a finding disappoints researchers and practitioners endeavoring to broaden their knowledge of human biology, healthy diets, and lifestyles to extend longevity. Additionally, people's unwillingness to live long reflects negative attitudes toward aging, which harms their physical and psychological health, especially as they age (Levy 2022; Levy 2009; Wurm et al. 2007). As a result, people with a negative attitude toward aging and older people have shorter lifespans (Callahan 1996; Levy & Langer 1994; Nakagawa & Yasumoto 2019). Why do people not desire to live long? What factors discourage people from looking forward to living long? What kind of social environment encourages people to see aging positively? This study aims to uncover answers to such questions by using the case of Japan, which, as of 2024, has the world's highest number of centenarians per 10,000 population (Schaeffer 2024).

Literature Review

Research on the Desire to Live Long

In many countries, longevity is celebrated as an outstanding life achievement. At the same time, people share a culture of negative ageism and an

image of aging that makes people dislike getting older. Although aging is associated with conflicting images and meanings, life expectancy has steadily increased over time. More people are living longer than ever before. Responding to such a situation, research on people's desire to live long, targeting a wide age range (20s to 100s) of people, has been conducted over the last decade to understand how such conflicting images of aging affect people's perception of life (Ambrosi-Randić et al. 2018; Araujo et al. 2021; Bowen, & Skirbekk 2017; Brandão et al. 2017; Cicirelli 2011; Donner et al. 2016; Ekerdt et al. 2017; Huohvanainen et al. 2012; Karppinen et al. 2016; Lang et al. 2007; Ribeiro et al. 2017).

Contrary to many people's intuition, researchers have unfortunately found that many people worldwide do not necessarily wish to live long (Ambrosi-Randić et al. 2018; Donner et al. 2016; Huohvanainen et al. 2012; Karppinen et al. 2016; Lang et al. 2007). For example, research conducted in Finland with 1,405 participants aged 75–92 found that about 68% were unwilling to live to 100 (Karppinen et al. 2016). In Germany, about 80% of 364 participants aged 20–90 did not wish to live beyond 90 years (Lang et al. 2007). In the United States, researchers asked "How long would you like to live?" to 1,000 people aged 20–70; 65% answered that 85 years old was an ideal age to end their lives. However, when researchers added a phrase and asked, "How long would you like to live if you could sustain your physical and mental conditions as you are in your 20s?" more than 80% of respondents hoped to live to 120 (Donner et al. 2016). These studies found that celebrating one's 100th birthday is not necessarily seen as an exciting event, and age-related health decline is repeatedly a primary reason for people to feel this way (Ambrosi-Randić et al. 201; Donner et al. 2016; Huohvanainen et al. 2012; Lang et al. 2007).

How do centenarians perceive longevity? Do they hope to extend their lives? Do they feel living enough already? To find answers to such questions, research on the will to live long was conducted based on 121 centenarians (101 years old on average) in Portugal. They found that 31.4% were willing to live longer, 30.6% were not willing to live longer, and 38.0% had no clear position on the matter (Araujo et al. 2021). Although the interpretation of their answer, "no clear position," should be carefully considered, the proportion of participants who expressed a willingness to live long is not very different from the responses of other age groups described earlier. Given that centenarians tend to experience age-related illness and

functional decline (Serra et al. 2011), physical conditions do not lead centenarians to view a longer life negatively.

Researchers also investigated the longevity wishes of family members who provide nursing care for centenarians. Many care providers were in their late 60s and 70s, when the aging process is just beginning. Providing nursing care for their centenarian family members indeed interrupts their plans of aging; as a result, some would develop feelings of anxiety and depression (Brandão et al. 2017). Additionally, care provision experiences lead care providers to believe that longevity imposes burdens on family members (Jopp et al. 2016). The positive impact of the care experience on longevity desire is also reported. Older people who take care of centenarians tend to focus less on age-related functional decline when thinking about their will to live long (Brandão et al. 2019); instead, they clearly and actively plan their aging, considering the health challenges they will face (Yasumoto 2017).

Research on people's desire to live long attracts attention because attitudes toward aging, as reflected in people's willingness to live long, partly explain why some older people are physically and psychologically healthy and live longer than others. For example, having a pessimistic attitude toward aging harms physical and psychological well-being as we age (Levy 2022) because these people tend to engage in unhealthy behaviors such as disengaging from daily exercise, smoking cigarettes, and drinking alcohol (Levy et al. 2000). Daily habits such as these increase the risk of developing cardiovascular disease and other age-related illnesses, which affect our life expectancy (Levy et al. 2000, 2009). Such findings would explain the research results that people with positive attitudes toward aging would live 4 to 7.5 years longer than those with pessimistic attitudes (Callahan 1996; Levy & Langer 1994; Nakagawa & Yasumoto 2019). Thus, the meanings people attach to aging and older people significantly affect their longevity by mediating their daily habits.

Of course, perceptions of aging are not the only factor affecting longevity. Medical research points out that some people live longer because they possess longevity genes (Murabito et al. 2012). Poor lifestyles, such as a lack of exercise and a fatty diet, from a young age, can also affect illness and longevity in later life (Rajpathak et al. 2024). Furthermore, researchers investigating the impact of climate change report that global warming influences healthy aging and longevity by mediating various

pathways (Prina et al. 2024). There are also reports that older workers who return to work after retirement to overcome financial difficulties may suffer fall-related injuries due to the physical and psychological stress of work, hindering healthy aging (Suga et al. 2020). In 2023, in Japan, men's life expectancy was 81.09 years, compared with 87.14 years for women (Ministry of Health, Labour and Welfare 2024). Such a gender gap can be attributed to all of the aforementioned factors. While the possession of longevity genes and financial difficulties are often difficult to change at the individual level, changing perceptions of aging allows people to have some control over their aging experiences and longevity. Therefore, factors that affect people's perceptions of aging are worth learning about.

Research on people's desire to live long has often been conducted in Western countries. On the social level, aging can be discussed positively in the West. For example, a famous food company in the United States accepts applications from people who want to celebrate their 100th birthday on television. This company sponsors a well-known television show on which a brief message and a picture of the centenarian are shown to advertise their product. However, researchers who studied the desire to live long repeatedly reported that more than half of their participants were pessimistic about living to 100 years or more. Participants in these studies frequently state that age-related illness and health decline affect their views on longevity because illness limits their ability to move freely (Donner et al. 2016; Ekerdt et al. 2017; Karppinen 2016; Lang et al. 2007). Most likely, participants in Western countries think that declines in health represent a loss of control and independence over their lives (Nisbett 2003). Regardless of medical advances, aging eventually leads to some decline in health. We are unable to maintain total health as we age. If unavoidable health decline prevents people from seeing aging positively, we cannot end our lives with the last hurrah.

Similar to the United States, Japanese society celebrates longevity. The Japanese government sends celebratory gifts to its citizens on their 100th birthdays, suggesting they have achieved something important. Also, Japanese people tend to practice a collectivistic culture in which interdependence is the basis of human relationships (Nisbett 2003). People's dependence on others is good, especially in a reciprocal relationship. Using this cultural explanation, relying on others

because of age-related functional decline is acceptable. Older people used to care for younger people economically and socially, so receiving care in old age can be seen as a form of return. Japanese people should, therefore, have a positive attitude toward aging. However, even in Japan, old age is often associated with a negative image, and people often attach words like "frail," "anxious," "slow," and "unproductive" to aging and older people (Cabinet Office 2004; Jönson 2012). Supposing that longevity has both positive, celebrated meanings and negative, unhappy meanings, the effect of this gap on people is worth examining across cultures.

Research Using Stereotype Embodiment Theory as a Framework

Stereotype embodiment theory explains that the image of aging that we hold affects physical and psychological well-being as well as healthy life expectancy and longevity. It suggests that the types and kinds of information about aging and older people we have access to determine our chances of aging well. Stated differently, not overly diminishing the reality of aging is essential for societies aiming for a healthy, long life. We need to understand both the positive and negative aspects of aging equally. Stereotype embodiment theory has four traits. First, we learn images of older people (age stereotypes) from early childhood. Second, we internalize age stereotypes through socialization in the media, family settings, and public places; as a result, we begin to believe them. Third, internalized age stereotypes influence our physical and psychological well-being when we age because we start to think and act as age stereotypes suggest. Fourth, age stereotypes influence various aspects of our lives, including emotions, physical functioning, behavior, and longevity (Levy 2009).

Research applying stereotype embodiment theory investigates the effects of embodied stereotypes on people. This study frames beliefs about old age and older people as influencing psychological well-being (such as the desire to live longer and depression) and behavior (such as eating healthily and engaging in daily exercise). Then, such healthy behavior affects their physiological functions (i.e., memory and hearing). For example, Levy et al. (2000) surveyed people aged between 18 and 85 in the United States. They asked if they want to live under the condition

of serious illness, which could cause a financial or care burden on family members. The authors found an association between participants' will to live longer and the types of age stereotypes they hold. Participants who hold positive age stereotypes strongly desire to live longer. Their beliefs in the positive image of aging also led to higher self-efficacy, especially among older adults (Levy et al. 2000). Thus, it is clear that a positive attitude toward aging encourages people to try new things, promotes a healthy diet, and leads them to take their medicine as prescribed when they get sick (Levy & Myers 2004).

In addition, longitudinal research spanning 38 years and involving 440 people aged 18 to 49 has examined the association between age stereotypes and illness. The researchers found that participants who viewed aging positively at baseline were less likely to develop cardiovascular disease than those who viewed aging negatively. The result was consistent even after controlling for genetic influences. They also found that participants aged 18 to 39 who believed negative age stereotypes were twice as likely to develop cardiovascular disease at the baseline as participants who believed positive stereotypes (Levy 2009).

Researchers have also found that attitudes toward aging influence older adults' physiological functions, such as memory (Levy 1996) and hearing (Levy et al. 2000). Based on a 6-year longitudinal study in Germany, researchers found that older adults with positive age stereotypes tend to be healthier than those with negative ones (Wurm et al. 2007). Additionally, in a 20-year longitudinal study of the U.S. population, researchers found that having a positive image of aging and older adults was associated with a 7.5-year increase in longevity compared with those who did not (Levy et al. 2002). A similar pattern is reported: Japanese people with positive age stereotypes tend to live 4 years longer than those without, based on longitudinal research involving 1,672 people aged 60+ at baseline in 1987 (Nakagawa & Yasumoto 2019). Thus, research using the stereotype embodiment theory has clarified that our image of aging affects our mental and physical health and lifespan.

The next question is whether our attitude toward aging parallels the reality of the aging process. Stated differently, is there any chance we are constructing our attitude toward aging based on information that does not correspond to reality? If our perceptions of aging differ from reality, that is a significant problem.

Population Ageing in Japan

Japan's population aging is well known. In 1970, Japan became an aging society, with 7% of its population aged 65 or older. This proportion had doubled by 1994, when over 14% of the population was aged 65 or older, and Japan became an aged society. The expansion of the aging population continued, with people aged 65 or older representing 21% of the total population in 2007 (Ministry of Health, Labour and Welfare 2016) and 28.4% in 2019 (Ministry of Health, Labour and Welfare 2019). In 2024, 29.3%, almost one in three people, were over 65 (Ministry of Internal Affairs and Communications 2024).

The increasing number of people aged 100 and over is also a feature of Japan's aging population. For example, the Japanese government reported that 95,119 people – 0.07% of Japan's entire population – were over 100 years old as of September 2024 (Ministry of Health, Labour and Welfare 2024). Given the rapid population aging, researchers suggested that people born in 2017 in Japan have a 50% chance of living to 107 (Gratton & Scott 2020).

As a result of the extended life expectancy, healthy life expectancy has also increased in Japan. The Japanese government reported that healthy life expectancy rose by 9.5 months for men and 6.0 months for women from 2013 to 2016 (Cabinet Office 2018). Such a change reflects that the duration of each person's reliance on nursing care has declined; however, Japan's national budget for medical expenses for older people remains in crisis, as many older people still receive care even though each person's reliance is shorter. Therefore, Japan should further extend its healthy longevity. In such a situation, knowledge of how to promote a positive image of aging, which encourages people to live longer with a healthy body, is increasingly important, just as advances in medical knowledge are.

Methods

Participants

Data are derived from the Septuagenarians, Octogenarians, and Nonagenarians Investigation with Centenarians (SONIC). The SONIC study is an ongoing longitudinal study that started in 2010. Three age cohorts are incorporated: septuagenarians aged 69–71, octogenarians aged 79–81,

and nonagenarians aged 89–91. We excluded individuals who have been certified as requiring care level 2 or higher in the public long-term care insurance system and received care. An earlier study found that higher levels of care were associated with physical and cognitive impairments (Arai et al. 2003). Participants were followed up at 3–4-year intervals in four regions of Japan: Asago City, Hyogo (western rural); Itami City, Hyogo (western urban); Nishitama District, Tokyo (eastern rural); and Itabashi Ward, Tokyo (eastern urban). In addition, participants were asked to complete self-administered questionnaires by mail in advance and bring the completed questionnaires to a survey venue (e.g., a local community center or research center) near their homes. The trained interviewers checked the questionnaires and asked participants to clarify any unclear responses. Informed consent was obtained from all participants. The details of the SONIC study are described elsewhere (Gondo et al. 2017).

In the present study, we used cross-sectional data from a 2019 follow-up survey. Initially, 1,229 septuagenarians entered the SONIC study in 2010 or 2013. In 2019, 550 (age range 77–81; 50.5% female) participated in the follow-up survey. The follow-up rate was 44.8%. Respondents in the follow-up survey had higher levels of education than those who dropped out during the follow-up (12.30 vs. 11.80 years; t (1,171.14) = 3.60, $p < 0.001$). Age and gender did not differ between the two groups.

This study has been approved by the ethics committee of the Graduate School of Human Sciences, The University of Osaka [30-121].

Procedure

Participants were asked whether and why they wished to live to 100. Specifically, they first responded to a yes/no question ("Do you wish to live to 100 years old?") and then answered an open-ended question ("Why do you wish so?"). We follow the same approach to asking questions as in the studies by Karppinen et al. (2016) and Araujo et al. (2021).

Potential factors associated with the wish to live to 100, as well as demographic, social, and health-related variables, were considered in the present study. We collected information on demographic variables from the baseline surveys conducted in 2010 or 2013 and on social- and health-related variables from the follow-up survey conducted in 2019. Age at the follow-up survey (years), gender (0 = *female*, 1 = *male*), and education

(years) were included as demographic variables. We calculated age at the 2019 follow-up survey by subtracting the date of birth from the survey date.

Perceived financial status, marital status (0 = *no*, 1 = *yes*), co-residence with children (0 = *no*, 1 = *yes*), and caregiving status (0 = *no*, 1 = *yes*) were measured as social variables. Perceived financial status was assessed using a single item ranging from 1 (very bad) to 5 (very good).

Perceived health status, instrumental activities of daily living (IADL), and depression (0 = *no*, 1 = *yes*) were measured as health-related variables. Perceived health status was assessed using a single item ranging from 1 = *poor* to 4 = *excellent*. IADL was measured using the Tokyo Metropolitan Institute of Gerontology Index of Competence (TMIG-IC) (Koyano et al. 1991). TMIG-IC comprises 13 items, including transportation, shopping, and meal preparation, with higher scores indicating higher levels of IADL. The Cronbach's alpha coefficient was acceptable ($\alpha = 0.63$). Depression was assessed using the Japanese version of the WHO-5 Well-Being Index (WHO-5-J) (Awata, Bech, Koizumi et al. 2007; Awata, Bech, Yoshida, et al. 2007). The WHO-5-J consists of 5 items ranging from 0 (at no time) to 5 (all of the time), with higher scores indicating better mental health. The Cronbach's alpha coefficient was good ($\alpha = 0.83$). The WHO-5-J is used to screen for depression, with a cutoff score of <13.

Quantitative Analysis

We presented descriptive statistics and compared relevant study variables between participants who wished to live to 100 and those who did not. Next, we performed a multivariate logistic regression analysis to examine associations between demographic, social, and health-related variables and the wish to live to 100.

Qualitative Analysis

We conducted a thematic content analysis (Pope & Mays 1995; Silverman 2010) using the data, which are open-ended responses to "Do you wish to live to 100 years old? What are your reasons for this opinion?" Three people were involved in the data analysis. The first

author reviewed the answers and found none were incomplete. The first and second authors then systematically examined the data to create the coding sheet and the analytic guide, which includes categories (concepts that allow the classification of narratives) and themes that group similar categories. The coding sheet was modified several times to improve inter-coder reliability. Finally, three authors individually examined the data using the final version of the coding sheet. The results were compared and discussed when inconsistencies appeared to confirm reliability. We also paid attention to gender and geographic differences, as well as the uniqueness of participants' responses, to ensure we did not miss any critical points.

Results

Participants' Characteristics and Factors Associated with the Wish to Live to 100 Years Old

Table 1 summarizes the quantitative analysis results. Ninety-nine out of 550 respondents in the follow-up survey had missing values on the study variables and were excluded from the quantitative analysis. Of the 451 respondents included in the quantitative analysis, 28.2% (n = 127) wished to live to 100 years old. The multiple logistic regression analysis further demonstrated that men were more likely than women to wish to live to 100 (OR = 0.42, 95% CI 0.26–0.66). To assess the robustness of the results, we performed subgroup analyses stratified by region (rural: n = 201; urban: n = 250). The results were robust across regions, and gender was the only statistically significant factor associated with the wish to live to 100, indicating that men tended to wish to live to 100 regardless of region (results not shown).

Qualitative Analysis of the Wish to Live to 100 Years Old

In total, 542 respondents shared reasons regarding their will to live to 100. We have summarized their answers in Tables 2 and 3. Of the 902 answers, 234 were related to the willingness to live 100 years, whereas 668 were descriptions of unwillingness. "I have things I want to do" was the most frequently used phrase to describe their desire for longevity.

Table 1. Descriptive characteristics of participants who wished to live to 100 and those who did not, and a multivariate logistic model for the wish to live to 100

Variable	Do you wish to live to 100? (ref. no)			Multivariate logistic model	
	Yes (n = 127)	No (n = 324)	p[a]	OR (95% CI)	p
Age (range 77–81 years)	78.87 (0.79)	78.90 (0.84)	0.808	0.99 (0.76–1.29)	0.941
Gender (ref. male)	56.8	56.8	>0.001	0.42 (0.26–0.66)	>0.001
Education (range 9–23 years)	12.68 (2.62)	12.14 (2.21)	0.020	1.05 (0.96–1.15)	0.295
Perceived financial status[b] (range 1–5)	3.10 (0.68)	3.02 (0.76)	0.130	1.12 (0.83–1.51)	0.472
Married (ref. no)	79.5	69.8	0.037	1.24 (0.73–2.09)	0.433
Living with children (ref. no)	32.3	29.0	0.495	1.24 (0.78–1.98)	0.366
Caregiving status (ref. no)	8.7	8.3	0.910	1.02 (0.48–2.17)	0.968
Perceived health status[b] (range 1–4)	3.02 (0.64)	2.99 (0.56)	0.644	1.06 (0.73–1.56)	0.749
IADL[b] (range 4–13)	11.83 (1.38)	11.62 (1.70)	0.166	1.13 (0.98–1.31)	0.094
Depression (ref. no)	18.1	19.4	0.746	1.05 (0.59–1.85)	0.867

Note: n = 451, OR = odds ratio, CI = confidence interval. Mean (*S.D.*) or % are shown.
[a]Categorical variables were compared with χ^2 test and continuous variables with t-test.
[b]Higher scores indicate better financial or health statuses.

In contrast, respondents who are pessimistic about living longer perceive that their longevity would annoy people around them, especially family members. Stated differently, respondents who resist relying on others are less likely to wish to live longer. Respondents who answered so were weighted more than people who did not in our samples. Also, we found some gender-based patterns in their answers, which we will introduce in the following sections.

Reasons for Answering "YES, I Want to Live to be 100."

Four themes and nine categories emerged from the data (Table 2). Out of four themes (*conditionally if*, *positive attitudes*, *let it be*, and *referencing others*), *positive attitudes* were the most often described theme

Table 2. Why participant older people hope to live to 100 and the number of narratives in each category

Theme	Category (*n*)	Examples of narrative
Conditionally, if …	Being healthy (42)	"If I stay healthy."
		"If I can sustain physical and cognitive functions."
	Not being taken care of (18)	"If I do not have to ask others for support."
		"If I can do my own thing."
Positive attitudes	Current health status (2)	"I am healthy."
	Curiosity (38)	"I want to see my grandchildren grow."
		"I want to see more about how society changes."
	Mission (17)	"I want to achieve longevity by utilizing the benefits of medical advancement."
		"I want to live as long as possible because I was given a life."
	Having things I want to do (76)	"I want to stay healthy to do my hobbies."
		"I enjoy living with my daughter."
	For other people (14)	"For my loved ones (children, grandchildren, pets, and friends)."
Let it be	Let it be (7)	"Let it be."
		"Let nature take its course."
Referencing others	Referencing others (20)	"Many people live longer than 100 years old."
		"Longevity family."

(147 out of 234 accounts). This theme comprises five categories (*current health status*, *curiosity*, *mission*, *having things I want to do*, and *for other people*). Among the five categories, *having things I want to do* was the most frequently mentioned, including hobbies and spending time with family members (76 out of 147 accounts). Additionally, participants' longevity wishes are driven by *curiosity* about a specific target, such as their grandchildren's growth or a future society (38 out of 147 accounts). Others explained that longevity is their *mission*, saying, for example, "I want to live as long as possible because I was given a life" (17 out of 147 accounts). Willingness to live long was also expressed to show affection *for others* (children, grandchildren, pets, and friends) (14 out of 147 accounts), as people hope to live long enough to accompany their loved ones. Finally, two out of 147 accounts were purely positive toward their *current health status*, saying, "I have been healthy. I will sustain it even at the age of 100."

Although these respondents regarded longevity positively, their perceptions rely on certain conditions. For example, some desired to reach 100 *conditionally if* they were healthy (42 out of 234 accounts). Others hoped for longevity, *conditionally if* they were not being cared for (87 out of 234 accounts). Men are more likely than women to express their wish to live to 100 only if they were not in the condition of being taken care of by others (women: 20.7%, men: 26.3%; $\chi^2(1) = 5.10$, $p = 0.024$). Respondents also referred to others, such as long-lived family members or famous centenarians introduced via media, as their longevity models (20 out of 234 accounts). Finally, a few respondents wished to follow their fate by releasing control over their own lives, as represented by the phrase "let it be" (7 out of 234 accounts).

Reasons for Answering "NO, I do not Want to Live to be 100"

Five themes and 13 categories emerged from the data (Table 3). Among the five themes (*predicting the future*, *anticipating anxiety over the future*, *negative attitudes*, *let it be*, and *referencing others*), *negative attitudes* were the most commonly mentioned theme (265 out of 668 accounts). This theme comprises four categories (*do not want to be taken care of, do not want to annoy others*, *nothing I want to do*, and *free oneself*). *"Do not want to annoy others"* was the most frequently commented category (132 out of 265 accounts), with respondents giving answers such as "I do not want to be a burden to

Table 3. Why participant older people do not hope to live to 100 and the numbers of narratives in each category

Theme	Category (*n*)	Examples of narrative
Predicting the future	Loss of health (42)	"I do not have confidence in my health."
	Loss of money (9)	"I cannot afford to live to 100."
Anticipating anxiety over the future	Losing health (182)	"I want to die while I can still move around."
		"Living with poor health is painful."
	Becoming unattractive (8)	"Older people do not look good."
	Becoming isolated (23)	"I feel lonely because people around me died already."
	Anxiety for the future (8)	"The world is deteriorating."
	Losing the meaning of life (30)	"There is no point in living without being productive."
		"Living while being taken care of does not mean to be alive."
Negative attitudes	Do not want to be taken care of (87)	"It is not good to be taken care of by others."
		"I do not want to receive nursing care."
	Do not want to annoy others (132)	"I do not want to be a burden to my family."
		"If I cause trouble to others, there is no meaning to being alive."
	Nothing I want to do (34)	"I would not have anything to do at the age of 100."
		"I fully enjoyed my life already."
	Free oneself (12)	"Living is bothersome."
Let it be	Let it be (49)	"I entrust my life and death to nature."
		"The present is more important than future."
Referencing others	Referencing others (52)	"I have seen relatives who struggled to live with illness."
		"I learned about life's difficulties with pain in old age in novels."

my family." The second most common category was *not wanting to be cared for* by others because of health decline (87 out of 265 accounts). These two categories are similar but different. Respondents who "do not want to be a burden to the family" perceive that nursing care is indeed a burden on others, whereas people who do "not want to be cared for by others" value independence and dignity. Additionally, some respondents said there would be "nothing I want to do" at the age of 100 (34 out of 265 accounts). Others expressed a desire to *free themselves* by bringing their lives to an end (12 out of 265 accounts) because they felt that living was burdensome.

Anticipating anxiety over the future was the next most popular analytic theme (251 out of 668 accounts), which includes five categories (*losing health*, *becoming unattractive*, *becoming isolated*, *anxiety about the future*, and *losing the meaning of Life*). *Losing health* was the most discussed category (182 out of 251 accounts). Respondents were also concerned about *losing the meaning of life* due to unproductivity in old age (30 out of 251 accounts). *Losing the meaning of life* was mentioned more often by men than women (women: 4.2%; men: 11.8%; $\chi^2(1) = 8.00$, $p = 0.005$). Additionally, they were worried about *becoming isolated* (23 out of 251 accounts) because of people around them passing away. Gender differences were apparent in this response, with women more likely than men to cite becoming isolated as the reason for not wishing to live to 100 (women: 8.3%; men: 3.0%; $\chi^2(1) = 4.88$, $p = 0.027$). Respondents also expressed *becoming unattractive* by losing hair and gaining wrinkles (8 out of 251 accounts) as their reason for not wanting to live to 100.

Referencing others (52 out of 668 accounts), such as seeing relatives struggling with illness or learning about pain in old age in novels, was also discussed. The theme of *predicting the future* comprises two categories: anticipating a loss of health (42 of 51 accounts) and a loss of financial ability (9 of 51 accounts). Finally, represented by the theme *let it be*, some said that they pay attention to the present rather than the future; as a result, they were indifferent to longevity (49 accounts). Men were more likely to adopt the attitude of 'let it be' than women (women: 7.4%; men: 19.5%; $\chi^2(1) = 12.54$, $p < 0.001$).

Discussion

Our findings have similarities and differences with studies conducted in other countries. For example, 28% of Japanese respondents (age 77–81)

answered "yes" to wanting to live to 100 years old, whereas 37% of participants in the Helsinki Businessmen Study (Finland) (age 72–88) (Huohvanainen et al. 2012) and about 33% of people in another study in Helsinki (age 75–96) (Karppinen et al. 2016) expressed their wish to live longer. Although Japan and Finland are countries of longevity, far less than half of the participants wished for longevity in all three studies. Additionally, the extant research shows that Japan's tendency for older men to wish to live longer than women was similarly reported in the studies conducted in the United States, Israel (Carmel 2001), and Finland (Karppinen et al. 2016). In all studies, men are more likely than women to wish to live longer.

However, we also obtained several results that differed from previous studies. One difference is that people who highly evaluate subjective health wish to live longer in Finland (Karppinen et al. 2016) and the United States (Huohvanainen et al. 2012). In contrast, such a pattern was not found in Japan. Japanese respondents did not determine whether they wished to live longer based on their current health condition. One interpretation of this finding is that Japanese respondents perceive their health as vulnerable to change, so they do not rely on it when considering longevity wishes. The second version is that older Japanese people readily accept the decline in health in old age. For example, previous research has shown that conceptions and experiences of well-being differ across cultural contexts (Diener & Suh 2000; Kitayama & Markus 2000; Taylor et al. 2004). A group of people who tend to practice independent cultures, which are thought to be more prevalent in the West, autonomy (Oishi 2000), personal achievement (Uchida & Kitayama 2009), self-confidence, and self-motivation (Kitayama & Markus 2000), influence people's well-being. Given the difficulty of maintaining these at a high level amid functional decline associated with aging, people in countries where previous studies have been conducted in Western countries may have had difficulty accepting aging.

On the other hand, Japan tends to have a high level of interdependent contexts, and people's well-being is often associated with social harmony (Oishi & Diener 2001) and perceived emotional support from close others (Uchida et al. 2008). Because these factors can be acquired as one ages, we can infer that older Japanese people might adapt well to age-related health decline. However, it is unclear whether this pattern continues even now. For example, studies conducted in countries known as the Global

South discuss that the increasing trend of nuclear families (Bloom et al. 2010; Caldwell et al. 1984) and the decline in the practice of filial piety (Jamuna 2003; Lamb 2013; Shah 1996) are making it more difficult for older people to obtain support from family and close friends. This phenomenon is similarly happening in Japan.

Looking closely at the reasons for wanting to live to 100, *having things I want to do* was the most frequently mentioned among Japanese respondents. This is similar to the Finland study's theme of love of life (Karppinen 2016). *I have things I want to do*, and my love of life is similar in that I see life as precious; however, there is a slight difference in perception. Finnish respondents' focus of attention tends to be on their lives themselves. They perceive that "life" has value and meaning; therefore, longevity is desirable.

In contrast, Japanese respondents tend to discover value and meaning in life when they identify that they are part of society or a relationship (i.e., family and friends). The tendency can be explained by the differences in people's perceptions of low-context and high-context cultures (Hall 1976). For example, Western countries are typically classed as low-context cultures, in which personal identity and the acquisition of social roles are less likely to be influenced by others and the social environment. As a result, older people in low-context cultures tend to focus on the social and physical condition of the aging self. However, people living in high-context cultures, such as Japan, tend to define themselves through their relationships with others and their social surroundings (Nisbett 2003). As a result, older Japanese respondents may perceive their lives as meaningful mainly when their existence can be confirmed through relationships with others (children or partners).

Research on the so-called "Blue Zones" investigated the secret of longevity based on five regions worldwide (Ikari, Greece; Okinawa, Japan; Sardinia, Italy; Loma Linda, California, United States; and the Nicoya Peninsula, Costa Rica) in which high numbers of centenarians live and discovered the secret to living very long (Poulain & Herm 2021). Their study presented the Japanese concept of "ikigai" (reason to wake up in the morning, purpose in Life). One of the centenarians in Okinawa said her "ikigai" is to hold her grand-grand-children. Another centenarian answered that his "ikigai" is to catch fish for his family (Poulain & Herm 2021). Thus, people find meaning or purpose in life when they assume a

social role, even a small one. Our respondents were much younger than centenarians, yet they also emphasized the importance of "ikigai." For many, devotion to their hobbies and having meaningful time with friends and family is "ikigai." Finding one's place in a relationship with others, or even in hobbies, helps one confirm his or her social roles and the reason for living. Ultimately, life becomes precious.

Health decline is inevitable during aging; however, some people wish to let their lives go if they cannot sustain independence. For example, when asking people over 62 in the United States, Germany, and China whether they want more time, many replied "Yes" only if they were healthy (Ekerdt et al. 2017). Researchers who conducted a qualitative study in Finland also found that the most popular reason for wanting to live to 100 years old was being healthy (Karppinen et al. 2016). A group of Japanese respondents also expressed their wish to live to 100 if they remained healthy. Being healthy is a valuable aspect of life; however, we discovered that such an interpretation might be too simplistic. As stated, we need to know why older people emphasize the importance of maintaining health in old age. For example, Japanese respondents replied that health decline is terrible, not because they would lose control over their lives or they must live with pain, but rather that their illness would burden other people with nursing care. Their genuine concern is other people's difficulties resulting from their dependency. Given that Japan is a high-context culture, older Japanese respondents tend to perceive their aging in the context of the family setting. Such an approach makes it difficult to ignore the effects of their age-related health decline on others. If that is the case, Japanese respondents might be able to adapt to and accept age-related health decline more readily if society developed a culture that views nursing care as not a burden. Unfortunately, our study findings show that Japanese nursing care systems remain insufficient for people to feel comfortable relying on.

Japan is often described as an older-people-friendly society (Levy 2022); however, our results suggest that this interpretation may be incorrect. People living in collectivistic, high-context cultures have difficulty separating their aging from its effects on those around them. Older people in Japan may be able to accept health decline as part of life, but they are uneasy about the fact that people around them will have to adjust their lives to provide care for them. This may be more likely if they have had experience

of caregiving themselves (Brandão et al. 2017, 2019; Jopps et al. 2016). If Japan is indeed an older-people-friendly society, older people are welcome to receive support from family members, neighbors, or even strangers in public spaces; however, our respondents did not feel this was the case. It provides important implications. For example, if physical conditions directly influence people's perception of aging positively in the United States, interventions to extend healthy longevity will be key. Learning medical knowledge and information about healthy lifestyles and providing people with access to resources would encourage them to see aging positively. Suppose the influence of health decline on people's wish to live longer is mediated by the burden it places on others. In that case, creating a society in which the social meaning of nursing care is positive or neutral is necessary, on top of medical knowledge and information on healthy lifestyles. Indeed, a longitudinal study of people aged 75 and older in Japan found that those who believe that children should be responsible for caring for older parents tend to maintain psychological well-being even when they need nursing care (Takagi & Saito 2012).

Our study has some limitations. First, the participants were relatively healthy people in their 80s. A new analytical theme may have emerged if we had recruited older people with declining health conditions. Additionally, we gathered data through open-ended questions rather than in-depth interviews; as a result, we were unable to fully capture participants' thoughts.

Conclusion

Focusing on Japan, we examined whether older people aged 77–81 want to live to 100 and the reasons they gave for their responses. We discovered that more than half of the older Japanese participants in our study are unwilling to live to 100. The result is similar to research conducted in Finland and the United States, in which more than half of the respondents were also unwilling to live to 100. People worldwide seem to think that aging is not something to look forward to. Although the reason behind this lies in cultural differences, societal ageism, which views aging negatively, similarly exists across countries.

Nevertheless, our longevity keeps extending. To make our aging experiences more positive, the factors that drive ageism in society must be understood; otherwise, a practical solution to promote positive views of

aging cannot be proposed. The fact that older Japanese people living in a super-aged society hold conflicting views about their wish to live long makes us reconsider our approach to old age, which currently focuses on health. The efforts of scientists and scholars to extend longevity and develop health-assistance devices offer hope about the aging process; however, health decline and the need for nursing care may be unavoidable toward the end of life. If there is a negative perception of age-related health decline, the number of people who wish to live longer will not increase. The positive effect of the desire for longevity on actual longevity cannot be utilized unless people look forward to aging. The aging approach should focus on health and something else that must be reconsidered.

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Playing forever: exploring the world of older women video game streamers

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Abstract

This article examines the streaming practices of older women, a new phenomenon that challenges stereotypes about what it means to be a gamer. It analyzes, from an epistemological justice perspective, how these women defy gender and age stereotypes on platforms like Twitch. Using the channel of the Uruguayan streamer Aqumadre as a case study, the discourses of her audience are reviewed, and the player's narrative is explored. The results show that Aqumadre has fostered a community based on affection and cooperation, questioning the predominant logic in online video game streaming. The study helps redefine the categories of gamers and highlights new intergenerational dynamics in digital culture. It confronts the categories of gamer and older adult woman, highlighting new intergenerational dynamics in video game streaming and making visible emerging figures and practices that move away from the conventional, while at the same time providing tools to understand the transformation of identities in digital culture.

Keywords: digital consumption, digital platforms, epistemic injustice, older adults, Twitch.

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Introduction[1]

Older women video game streamers are an emerging phenomenon that challenges common ideas about aging, women, video games, and live streaming. In a world where video games and streaming are associated with youth and masculinity, these women over 60 are breaking stereotypes and immersing themselves in a cultural space dominated by young men.

Video games were promoted in the 1990s as an activity for young men, with consumption shaped toward this profile, establishing male dominance in gaming spaces and communities (Lavenir 2022). This scenario created significant barriers for the participation of non-traditional demographic groups, such as women. Nowadays, this exclusion is reinforced by the constant stereotypical representation of the "gamer girl" as a male erotic fantasy or as a decorative accessory in video games, rather than an active, competitive, and recognized participant (Ruotsalainen 2022).

Live streaming platforms, such as Twitch,[2] have expanded the gaming culture by facilitating participatory online communities. These take the shape of channels where there is a streamer who broadcasts content, viewers or followers who consume it, and a chat space where these actors interact in real-time. Live video game streaming is usually directed to a teenage audience and streamers are usually young, displaying notable parasocial and digital skills, high capacity for performance, expressiveness, and geek knowledge (Gandolfi 2016; Woodcock & Johnson 2019).

This contrasts with the relationship between older adults and video games as depicted in the predominant scientific literature. According to Iversen (2016) and De Schutter (2017), a functionalist approach has featured prominently in research on older adult gamers, where the emphasis tends to portray them as aging subjects and video games as tools to prevent physical and cognitive decline.

[1]Note: The ChatGPT generative artificial intelligence tool is used to automatically translate the text from Spanish to English, which was then reviewed by a human being, improving writing and suggesting the order of ideas.

[2]Twitch hosts a wide range of content categories. Among the most common are Let's Plays (real-time, commentary-driven gameplay), Just Chatting (direct interaction with the audience without the need to play), and streams dedicated to music, art, or sports, which expand the platform's use beyond traditional gaming content.

On the other hand, it is worth mentioning that older adults, commonly identified within the so-called boomer generation, have been identified as content producers for about a decade, first as creators of blogs or radio programs, and more recently as TikTokers. Through these media, older adults express their voices and highlight their realities, strengthening socio-digital skills and reinforcing the preference for creating content collaboratively (Celdrán et al. 2019; Möller et al. 2017; Reuter et al. 2019). However, these evident practices of agency had not yet reached live video game streaming, a scenario widely dominated by teenagers, characterized by continuous real-time exposure, demanding high digital skills, and assuming the operation of the streaming channel autonomously without the support of a third-party or a peer collective (Figure 1).

On video game streaming platforms like Twitch, the characteristics that define popular streamers include charisma, charm, the ability to diversify content, and a professional competitive level often associated with masculinized roles within gaming culture (Zhao et al. 2019). In contrast, women face additional pressures and challenges, often being harassed and judged for their physical appearance, and expected to occupy secondary or support roles, such as healers within the game world (Ruotsalainen 2022). These expectations reinforce gender stereotypes, limiting women's capacity for autonomy and participation in gaming narratives.

Figure 1. Streamer on the Twitch platform



Additionally, the typical strategies of young streamers, especially white heterosexual men, include collaborations and events that consolidate power groups, reinforcing their dominant position in gaming communities (Ruotsalainen 2022; Ruvalcaba et al. 2018; Welch 2022). These dynamics, supported by certain content policies of platforms like Twitch, reflect and perpetuate gender gaps, creating a space where opportunities for success are deeply influenced by traditional power structures (Zolides 2021). This context poses an additional challenge for older women, whose trajectories on the platform face both generational and gender barriers, as well as established power structures.

In this scenario, older women video game streamers, such as the ones listed on Table 1, challenge social expectations by breaking into this cultural space. Their incipient presence confronts gender and age norms,

Table 1. Older women video game streamers

Streamer name	Age	Nationality	Games streamed	Channel link
Abuela Vengadora	65	Spanish	*League of Legends*	https://www.twitch.tv/abuelavengadora
Aqumadre	64	Uruguayan	*Minecraft, Rust*	https://www.twitch.tv/aqumadre
Grandma	81	American	*World of Warcraft*	https://www.twitch.tv/wowgrandma78
Gamer Grandma	93	Japanese	*Resident Evil*	https://www.youtube.com/@GamerGrandma
Mami Nena	79	Chilean	*FreeFire*	https://www.youtube.com/channel/UCK-35JqsLd7Ehg7q2eVs-CA8g
Shirley	88	American	*Skyrim*	https://www.youtube.com/@ShirleyCurryTheOlderGamer/featured
Tactical-gramma	70	American	*Call of Duty*	https://www.twitch.tv/tacticalgramma

showing that older women seek a legitimate place in live video game streaming culture. This research assumes that it is necessary to understand them from a different and inclusive perspective, where these women, who resist stigmas and exclusions through their practice, are recognized as social agents with their own interests, seeking autonomy and visibility in a medium that has traditionally omitted them.

The theory of hermeneutical injustices (Fricker 2021) points out that certain social groups, defined by traits such as gender, class, ethnicity or age, lack the interpretive resources necessary to make their experiences understandable due to structural prejudices. From this framework, it is necessary to recognize and address the biases and stereotypes surrounding these older women, not only to make them visible but also to understand them. This will allow for solid and updated frameworks to understand the new profiles and practices they are engaging in, which will help decipher social complexity and promote better equity and justice policies.

In this sense, we pose the following research question: What characteristics define the streaming practice of older women that challenge prejudices about who is a gamer? At the core of this question lies a critique of the mechanisms that determine which forms of knowledge (skills or practices) are deemed as valid, and how such mechanisms can exclude certain individuals – such as older women streamers – from gaming as a social practice. This exclusion often operates through identity-based biases – such as ageism – that distort perceptions of their credibility or interpretive capacity.

This study seeks to explore their streaming practice through the analysis of a case study, in order to contribute to the categorization of streamers and demystify the gamer universe as exclusive to young experts. The aim is to advance towards the agency of older women and close hermeneutical justice gaps, understood as the limitations that certain social groups face in order for their experiences to be understood and legitimized within the dominant interpretive frameworks.

Methodology

This is an exploratory qualitative study that addresses the case of Aqumadre, an adult woman over 64 years old, who has been a video game streamer for more than 3 years. Aqumadre was selected as an

information-rich case due to the continuity of her streaming practice. While not statistically representative, her case is analytically relevant as it reflects emerging practices among older women who actively participate in streaming cultures. Unlike other adult female streamers, Aqumadre transmits in real time on Twitch for around 3 h a day, instead of publishing pre-recorded videos on YouTube. In addition, the geographical origin makes her a particularly relevant case study, since Latin America faces a greater digital divide compared to other regions, where internet access reaches 87% of the general population (ITU 2023) but drops by about half among older adults, and in the specific country of this case study, it falls to just 36% (EUTIC 2019). Additionally, research on Twitch streaming coming from this area is still quite limited (Navarrete 2024).

We used content analysis techniques, which allowed observing the streamer's channel, her narrative and the discourses of her followers.

We selected and defined a set of categories for each of the study's observation units, based on a documentary review of video game streaming broadcasts, with an emphasis on Twitch. The selection and description of these categories arose from an exploration of research that investigated different aspects of live streaming, such as the dynamics of interaction, community building, and the technical elements of streaming. Although the categories we present come from contributions by several authors, their organization and adaptation refer to the particularities of this study. In this way, the model of analysis we propose allows observing the practice of video game streaming from the vantage point of three observation units: (a) the streamer's channel, (b) the streamer, and (c) the channel's chat (Table 2). This approach systematizes the key elements of the streaming experience for the case studied here and it also offers a basis for future research in similar contexts.

For data collection and analysis, the procedure began with a detailed review of the streamer's public channel on Twitch, exploring and identifying categories of interest. The discourses of the followers in the chat and the streamer's narrative were taken from a streaming session in May 2024, among six other transmissions available on the streamer's channel. The selection criterion for the streaming session was a typical day's broadcast with a standard average of views.

The discourse of both the followers and the streamer was captured in a word processor in order to clean the corpus by removing elements

Table 2. Analytical categories

Observation unit	A priori category	Description	References	Codes
Streamer's Channel	Streamer's profile	Sociodemographic characteristics of the streamer, number of followers, subscribers, and average viewers; type of game streamed, social media of the channel, description, aesthetics, and branding of the channel, monetization methods.	Sjöblom et al. (2019); Törhönen et al. (2020)	Origin, name, and age of the streamer; audience size; types of games; social media presence; channel branding; monetization strategies.
	Technical aspects	Software and hardware used for streaming, audio and video quality, use of a webcam; frequency and adherence to streaming schedule.	Zhao et al. (2019)	Webcam, microphone, streaming schedule and frequency.
	Rules and norms	Behavioral guidelines for the audience to maintain a positive environment, regulated by moderators or bots according to the stream's norms.	Mihailova (2022)	Behavioral norms, rules, number of moderators.
Streamer	Personality and charisma	Refers to personal style, such as the way of speaking, sense of humor, way of relating to the audience, and the genuine affinity projected.	Zhao et al. (2019)	Warm and affectionate language, welcoming phrases, light humor, laughter, constant interaction, expressions of gratitude, shared activities, transparency about technical issues, personal disclosures, enthusiasm.

(*Continued*)

Table 2 (*Continued*). Analytical categories

Observation unit	A priori category	Description	References	Codes
	Parasocial skills	Skills to interact with the audience in real-time, respond to messages, conduct interactive activities, and balance gameplay and entertainment to offer a dynamic experience.	Törhönen et al. (2020)	Message reading and responses, interactive activities, interaction across multiple channels, entertainment skills, viewer experience personalization, participatory and communal atmosphere.
	Gaming skills	Corresponds to the streamer's skills, including skill level, achievements, and gaming style; knowledge of the game world, related jargon, and gaming strategy.	Sjöblom and Hamari (2017); Woodcock and Johnson (2019)	Gameplay strategy, achievements, play style, interaction with other players, in-game difficulties, specific jargon, problem-solving.
Channel chat	Community style	Refers to the treatment within the community, cohesion, response to projected content (game), responses and reactions to comments and requests from the streamer, moderators, and among followers.	Giertz et al. (2022); Cabeza et al. (2021)	Greetings, gameplay, relaxed discourse, norms, instructions, requests, loyalty, encouragement.

(*Continued*)

Table 2 (*Continued*). Analytical categories

Observation unit	A priori category	Description	References	Codes
	Streamer characterization	Ways in which followers perceive and experience the streamer's presence, based on qualities, attributes, personality, and interaction styles with her community and personal brand building.	Sjoblom and Hamari (2017)	Grandmother, Aquamadre, gamer, appreciation.
	Collective self-esteem	Refers to how viewers and streamers support each other, strengthening their confidence and sense of worth through positive interactions in the stream.	Li et al. (2020); Johnson and Woodcock (2019)	Positive descriptors, requests for affection, expressions of affection, recognition.
	Systemic gender or age discrimination	May manifest in streams as subtle or overt attacks against individuals based on their gender identity or sexual orientation; as well as ageism.	Obreja (2023)	These categories were not identified in the observed narratives.
	Negativity	Negative feedback from viewers during live streams, which may include exclusionary language, sarcasm, trolling, or spam, affecting both the streamer's experience and the community's dynamics.	Mihailova (2022)	

irrelevant to the analysis, such as usernames, message timestamps, channel commands (!discord, !contacto, !speak), and automated messages generated by the channel bot. In the case of emotes, only those involving direct interaction with the streamer were retained.

Coding was carried out using Microsoft Excel spreadsheets, where each message was classified under a predefined system of categories (Table 2). The coding process unfolded in three stages. First, a work meeting was conducted by the authors (as coders) to align coding criteria and ensure consistency in the application of categories. Then, the dataset was evenly distributed to manage the volume of data. Finally, regular meetings were held to compare, discuss, refine, and resolve ambiguous codings, which ensured interpretive consistency and reliability. Filtering and frequency counts were then used to identify the most representative codes and uncover relevant patterns and meanings, allowing for an inductive approach to thematic saturation.

Results

The analysis and discussion of results were guided by the previous categories, asking a set of questions, such as: how does the older woman video game streamer assume her practice? Is she assumed or treated as a competent gamer by her followers? On the other hand, does the player lean toward the stereotype of "gamer grandmas," using this label to connect with the audience, or does she resist this categorization? Additionally, do her followers associate their loyalty with affection for "the grandma" or project their aspiration to remain gamers over time?

Further in the text is the application of the analysis model to the case study of Aqumadre (Figure 2), an older woman who is a video game streamer and has a public streaming channel on Twitch (https://www.twitch.tv/aqumadre). Her channel has been active from August 2021 to date, and it is produced in Spanish from a Latin American country.

Streamer's Channel

A streaming channel on Twitch is considered a space where streamers can build and present their personal brand through various elements such as

Figure 2. Aqumadre's streaming channel



the description, aesthetics, and norms, which reflect the personality and style of the content creator. This information facilitates the creation of a recognizable identity for audiences. Table 3 presents these aspects identified in Aqumadre's channel.

The average number of viewers in Aqumadre's streams remains at a standard level, which is understandable given that Twitch has over 100,000 simultaneous streams, creating a highly competitive environment where very few streams achieve a high number of viewers.[3] Regarding her equipment, it is also average, using a camera like many others on the platform, which implies high real-time exposure. This contrasts with current trends among young streamers, such as the use of avatars, an option that is gaining popularity.[4] Regarding her channel's rules, they are brief and precise, following a standard format on Twitch, although there is the possibility of expanding these rules, something many streamers implement to manage larger communities.[5]

[3]Twitch statistics and graphs: https://twitchtracker.com/statistics
[4]Twitch annual summary: https://streamscharts.com/recap
[5]Twitch etiquette: https://www.twitch.tv/creatorcamp/en/paths/getting-started-on-twitch/twitch-etiquette/

Table 3. Results by categories of the streamer's channel

Category	Result	
Streamer profile	Authentic	Fanny is a 64-year-old Uruguayan woman who plays online games like *Minecraft* and *Rust* individually or with followers. She describes herself as a retired woman who enjoys plants and knitting, with her favorite animal being the cow. She has over 64,000 followers with an average of 30 viewers in her daily 3-hour streams. Her channel has social media accounts on TikTok, YouTube, Instagram, and Discord. Aqumadre projects a vibrant and welcoming aesthetic for her channel, accompanied by a background with plush toys, soft lights, signs, or figures that add color and a relaxed atmosphere. Regarding her personal branding, Aqumadre plays with her pseudonym and links it to her online personality. The monetization methods enabled on the channel are subscriptions, donations, and advertising.
Technical aspects	Reliable	The streamer uses a mid-to-high-range webcam and microphone to project her face and voice during her streams. The channel does not specify the characteristics of these devices, or the hardware and software of the computer used for gaming and maintaining the online stream; however, it is assumed that she has robust internet and equipment due to the image quality, sound, and performance of the video game and the channel during real-time streaming. Aqumadre's streams are consistent in schedule and frequency.
Rules and norms	Precise control	The stream has two basic rules: no spamming or flooding[6] during the live stream and no insults or discrimination against anyone in the community. There are two moderators in the channel's chat to regulate and keep viewers' messages within the stream's norms. Two bots are used for chat moderation, one to greet viewers as they enter the channel and another to provide information about the streamer's social media.

[6]Spam refers to junk messages in the chat where social networks, websites or servers are advertised. Flooding, on the other hand, consists of sending a lot of information in a short time to saturate the chat.

Streamer Persona

Streamer persona refers to the particularities or attributes of the streamer that encompass personality, social skills, and gaming skills. Table 4 presents the dimensions that reflect the streamer's performance during streams and her ability to connect and interact with her followers.

Aqumadre is characterized by interacting warmly, cordially, and particularly affectionately with her followers. Her tone of voice is soft and affectionate, frequently using diminutives and gentle expressions like "my love," "how beautiful," and "how nice," creating a welcoming atmosphere. She often refers to herself in the third person and laughs frequently, giving her streams a playful and relaxed aspect. She continuously reads and acknowledges comments, showing attention and closeness with her followers, and thanks the audience's contributions for the proper functioning of the stream. In her gaming style, she uses humor and exposes her own vulnerability to create authentic interactions.

Channel's Chat

Table 5 presents the categories observed to describe the behavior of the channel's chat. During live streams, the chat is the space where followers post real-time written, sound, and/or emoticon messages in response to the streamer's narrative and practices during the live stream, as well as comments and questions among followers, generating an interaction dynamic that varies between streams.

The community style is characterized by being affective, attentive, and fun. The community's messages are close, friendly, and entertaining, where the streamer and her viewers maintain a continuous and respectful interaction. The most common types of comments are greetings, expressions of affection, support, questions, requests, reactions to the game, and technical topics.

The channel's audience predominantly perceives the streamer as a grandmother figure, affectionate and authentic. Her ability to personally and closely attend to messages, as well as her friendly disposition to play with followers, is valued. The audience recognizes her passion for gaming, where the streamer's age and experience are respected. The audience maintains a protective and affectionate tone toward Aqumadre's skills as a streamer and player.

Table 4. Results by categories of the streamer persona

Category	Result	
Personality and charisma	Affectionate	"my love" "little one" "beautiful" "I love you all, see you tomorrow"
	Enthusiastic	"Let's go again, let's give that little bug some work, who does it think it is, can it handle us, right?" "How beautiful your invention turned out, I love it, now you just need to put a pressure plate here" "Oh, but how beautiful, she has an intelligence and creativity that is incredible" "Well, grandma fell, but she got her strength back, so let's go again"
Social skills	Active listening	"Thanks for the follow Nicky, hi, how have you been? Are you coming from TikTok? Thank you so much, beautiful" "Hi, Chusi, how are you? I know, all good, my love, you're fine, how nice, I'm so glad"
	Reciprocal	"I'm going to enter OBS to see Josef's purchase, what does the camera say. Yes, thank you, guy, for letting me know." "Thank you so much, let's see if we can download it." "They're letting me know on WhatsApp, thank you so much"

(*Continued*)

Table 4 (*Continued*)**.** Results by categories of the streamer persona

Category	Result	
Gaming skills	Strategic	"We use a strategy to kill the bug or keep shooting, we use the two-space strategy"
		"Let's look for a treasure, guys, what do you think? I'm bad with coordinates. But I have to learn."
		"But look at all this stuff, how great, grab everything, don't leave anything"
		"We need to get a cartographer and ask him to make us a little map to find a mansion"
		"My hiccups are gone, luckily they're gone. Oh no, I have little food, I have one and a half hearts, it's time to eat"
	Humorous	"Let's see, you who are smart and don't get lost, unlike grandma who gets lost all the time"
		"I hope the bugs don't attack me, like they did yesterday when I had to run away" "I didn't see where they went." "I can't find you" I don't know where you are, nooo"
		"How clumsy grandma is"

Table 5. Results by categories of the channel's chat

Category	Result	
Community style	Affective	"hi beautiful grandma, how are you?" "beautiful grandma" "I declare myself a fan of you, ma'am Aq" "adopt me?" "I want to be your granddaughter"
	Attentive/ protective	"Grandma, the camera froze" "Grandma, have you eaten?" "No, up, up, grandma" "don't talk about that here, grandma is relaxed"
	Fun	"I left for a few seconds and came back to see grandma on fire xD" "what a troll grandma haha" "oh kittens here, grandma, animal abuse, report them grandma XD"
	Grandma	"Hi grandma," "Hi grandma!" "How are you, grandma?" "Bye grandma"
Streamer characterization	Close	"! I almost got bitten by a dog for seeing her on the street" "A bit sick but fine, thank you, and you?" "I love you grandma" "ma'am, I love you" "Grandma, can I talk to you on Discord?"

(*Continued*)

Table 5 (*Continued*). Results by categories of the channel's chat

Category	Result	
Collective self-esteem	Player	"Grandma, why don't you go back home to keep them safe?" "you have a rare plant next to your trident, grandma" "! grandma has my boat!" "grandma, I'm scared, where are you?"
	Peer	"Grandma, are you going to see the Minecraft movie in theaters when it comes out?" "Grandma, what color are your nails?" "I've already sent you all the information by email, I hope for your response"
	Positive	"You're the best!!!" "you're doing amazing" "I got to see an angel play Minecraft" "see you grandma, rest, we love you a lot"
	Valuable	"today is my birthday and all I want is for you to congratulate me" "you remind me of my grandma who passed away 2 months ago" "I come to tell you about a project in development"
Systemic gender or age discrimination	No comments in these categories	
Negativity		

Note: The original texts of the users in the chat are maintained despite writing errors.

Affective, empathetic, caring expressions, and requests for attention in the channel's chat reinforce the streamer's self-esteem and reflect the fact that viewers feel valued and supported. This fosters an atmosphere of emotional support and a sense of community and belonging.

Discussion

The streamer challenges established norms of what it means to be a gamer, demonstrating that gamer identity is not homogeneous. Through her participation in a streaming platform, she generates a community that validates and recognizes her presence and experience in a space traditionally dominated by young and competitive stereotypes.

In this sense, her disruptive approach, centered on naturalness and family affectivity, allows her to build a community on Twitch without resorting to traditional success mechanisms on the platform, such as technical skill or competitive collaboration (Ruotsalainen 2022; Welch 2022) which challenges established power dynamics and contributes to reconfiguring the meaning and practices associated with gaming. It is worth noting that this sense of naturalness may stem from a communicative strategy aimed at eliciting sympathy and support from followers through the performance of authenticity – an aspect identified as highly valued by streaming audiences (Woodcock & Johnson 2019).

On the other hand, she expands the definitions of categorization of older adult video game players proposed by De Schutter and Malliet (2014).[7] Aqumadre transforms the activity of gaming beyond occupying her "free time," as she creates and maintains a community centered on emotional connection and building bonds. Additionally, by practicing shared games with young people, the streamer challenges the stereotype of the isolated video game player and promotes intergenerational social networks. This fosters forms of empowerment, as by nurturing interactions with young people, she strengthens these new meanings that redefine the traditionally assigned role of grandmothers.

[7]They identify five profiles: those who play to have free time (wasting time), those who find enjoyment and relaxation (freedom fighters), those who seek to escape loneliness (compensators), those who value games for their contribution to interests (value seekers) and those who enjoy the medium and consider themselves gamers (ludophiles).

Similar to the depiction of the grandmother figure in video games described in Iversen's (2015) work, older adults in streaming contexts can be portrayed as subjects who combine traditional qualities such as warmth, wisdom, and trustworthiness with attributes of agency, expanded opportunities, and active participation in digital culture and entertainment. This contributes to more complex and positive social imaginaries within digital culture. Instead of being seen as limited or outdated, they demonstrate gaming and streaming skills that even many young and adult players have yet to master.

Continuing with De Schutter and Malliet's (2014) categorization, the enjoyment she derives from playing video games is evident in the streamer's narrative, but additionally, she positions herself as a "freedom fighter" by confronting generational and gender norms in the video game streaming universe without adopting the typical strategies of young streamers. These presences contribute to a more inclusive representation that challenges the "hegemony of play" (Fron et al. 2017), in which specific configurations of power – technological, commercial, and cultural – dominate the video game industry and tend to overlook the needs of minorities, such as older adults. In this regard, the presence of figures like Aqumadre, along with communities that foster more diverse environments, confronts the video game industry and calls for a rethinking of its design, development, and marketing practices.

Although no negative or age or gender discrimination discourses are identified in Aqumadre's streams, her presence on Twitch exposes her to an environment where aggression and negative discourses are frequent (Mihailova 2022). To mitigate these risks, she has a team of moderators, formed by some of her followers, who closely monitor interactions in the chat. This strict control seems to reflect a protective tone from her followers, who take an active role in maintaining a safe space for the streamer. This sense of protection could stem from two factors: on one hand, the certain vulnerability that Aqumadre projects in some of her narratives; and on the other, an intergenerational imaginary where young people assume that older adults need protection.

From this study, possible hypotheses for future research can be developed. For example, in response to the question: What factors influence the choice of a streamer who deviates from the prevailing youthful profile on the platform? And do young people see the streamer as a symbolic

substitute for the limited or absent intergenerational relationships in their daily lives? A possible hypothesis is that the streamer's narrative of care and empathy may play a central role in this aspect, given her sweet and friendly tone may resonate with the possible desire for attention, listening, and affection from young people. Compared to other video game streams that focus more on jokes and trolling (De Wit et al. 2020), Aqumadre's young audience seems to have chosen a more emotional and connected space. These particularities can be observed through the lens of parasocial relationship theories and/or the discourse surrounding the concept of digital kinship (Hjorth 2022), which recognize that audiences can develop emotional bonds with media figures, and that digital technologies facilitate the formation of closeness and relational ties beyond biological or in-person kinship.

This line of inquiry may contribute to a broader understanding than that offered by the functionalist approach to older gamers, where video games are viewed solely as tools to mitigate physical or cognitive decline, leaving little room for other dimensions such as the ludic, expressive, or meaningful potential of gaming for this age group (De Schutter 2017; Iversen 2016), or for other capacities outlined in this study, such as socioemotional and interpersonal skills. In turn, it is possible to contradict interpretations of intergenerational dynamics in digital communities that emphasize the fragility of older adults, focusing on their almost exclusive dependence on emotional support and digital skills provided by younger generations (Freeman et al. 2020; Xie et al. 2024), reinforcing stereotypes of vulnerability and passivity instead of recognizing their agency and active contribution.

In contrast, while in Aqumadre's streams intergenerational interactions are characterized by a transversal and collaborative relationship, here, the intergenerational character of these interactions is inferred from the chat discourse itself, where commenters frequently self-position as younger through generational language, direct references to age (e.g. addressing the streamer as "grandmother"), and comparative statements such as "you remind me of my grandmother." Young people seem to find a sense of personal value by feeling like experts in guiding and supporting the older streamer's performance. This may suggest a reinforcement of their identity, an opportunity to rehearse leadership roles that perhaps

their environment has not facilitated, or competencies in the field of live video game streaming, although it may also denote subtle power dynamics, where apparent equality entails invisible hierarchies fueled by notions of gaming and digital expertise. That is, the power hierarchies of young people over the older adult may be being reinforced. This perspective aligns with Iversen's (2016) analysis, which highlights the tensions between empowerment and symbolic subordination in representations of older adults, whose presence and participation tend to be valued insofar as they fulfill a functional role. In this case, the role of older women streamers may be associated with receiving guidance, entertaining, or generating emotional satisfaction for younger audiences.

Conclusions

The phenomenon of older women video game streamers is not coincidental and is articulated in a multidimensional way. A key aspect has been the promotion of a more comprehensive and inclusive understanding framework that draws on human rights and theoretical and epistemological approaches that promote the participation of these women in a variety of activities actively, including the adoption of technology. Additionally, the positioning of information and communication technologies has facilitated access to streaming platforms like Twitch and YouTube. Similarly, the increase in life expectancy has led, among other things, to the emergence of older adults who, far from continuing with the mandate of a passive and retired life, have become content creators on social networks. This phenomenon reflects a cultural shift to recognize and value the participation of older women in areas traditionally dominated by young people. This points toward epistemic justice for a social group traditionally rendered invisible, although such progress remains partial and contradictory.

The streamer's experience demonstrates certain gains in epistemic justice by allowing an older woman to be heard and recognized as a gamer within a space that has historically marginalized this group (thus reducing testimonial injustice). Likewise, her presence and practice help expand – albeit incipiently – the hermeneutical frameworks concerning who can be considered a gamer, what kinds of performances are possible, and what values can be foregrounded within the community. However, the public recognition she receives still operates within stereotypical frameworks

that associate her figure with that of a kind, familial "grandma gamer," reinforcing ageist and gendered imagery. This typecasting reveals the persistence of hermeneutical injustice, as the community lacks the interpretive resources to understand and value the practices of these women beyond traditional frames of old age and femininity. Thus, the agency of older women streamers should not be overstated, as they continue to face oppressive structures that limit both the recognition of their subjectivity and their capacity to fully transform collective imaginaries.

This analysis suggests that efforts toward epistemic justice in these contexts must consider not only increased visibility and credibility, but also the need to expand and diversify available hermeneutical frameworks – without romanticizing the individual capacity to resist structural forms of oppression such as ageism.

On the other hand, there is a voluntary choice of two generations that seek each other and coincide in these streaming spaces, which may reflect, among other things, various unmet social needs or the valuation of accumulated experience in the face of the immediacy of today's world.

These practices are reconfiguring the social perception of old age, promoting new inclusive narratives and challenging traditional stereotypes through inclusive leadership. Aqumadre does so by building a collaborative, affective, protective, and human community. This is indicative of a different category of streamer that diverges from the prevailing youthful model.

The narrative promoted by Aqumadre is under construction and, paradoxically, could have an ephemeral character. This particular narrative, linked to boomer women, could transform with the imminent arrival of Generation X to the stage of older adulthood. Unlike boomers, these women interacted with video games from their adolescence, in a period when this practice was socially accepted, and throughout their lives, they have strengthened their rights as women. That is, they will reach old age with visions and skills more aligned with women's rights and the techno-digital entertainment environment.

This places video games as a phenomenon in a particular moment that must be carefully observed. The category represented by women like Aqumadre could soon disappear, giving way to new narratives. These narratives could move away from both the known characteristics of

young streamers – centered on vitality and expressiveness – and the affective, human, and collaborative qualities observed in Aqumadre. The change will be guided by what the process of cultural and technological evolution itself triggers.

Ethical Statement

This study did not require approval from an ethics committee, as it did not involve the collection of sensitive data, human intervention, or the use of private information that could compromise the identity or well-being of the participants. All information used comes from publicly accessible sources, adhering to the principles of scientific integrity and good research practices.

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"Behind every visit is a life, my life": Listening to home care recipients through oral history

*By David Palmer**

Abstract

This article explores the lived experiences of older adults receiving domiciliary care in the London Borough of Bexley, UK, through a narrative oral history approach. Drawing on 26 in-depth interviews with individuals aged 55–102, the study highlights how care is understood, felt, and remembered by those at the receiving end of home-based support. Rather than treating care as a series of discrete tasks, participants framed it as a relational, emotional, and biographical encounter, shaped by memory, routine, loss, and the temporal rhythms of waiting and connection. Through richly textured accounts, the study demonstrates the profound impact of continuity, recognition, and emotional presence on the dignity and wellbeing of care recipients. It also reveals the fragility of trust when care is rushed, depersonalised, or poorly coordinated, particularly for those living alone or managing complex health needs. Participants described their homes not simply as sites of service delivery, but as spaces of identity, belonging, and contested autonomy, reshaped by the presence or absence of respectful, attuned care. Methodologically, the article advances oral history as a powerful and underused tool in ageing and social care research, illuminating

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experiential truths often missed by audit or survey-based methods. Empirically, it brings oral history into conversation with international literature on home care time, temporality, and emotion, showing how older service users themselves narrate the labour of waiting, relational work, and everyday negotiations of autonomy. The findings offer critical insights for care providers, commissioners, and policymakers, particularly in the context of integrated care reforms and the ethical imperatives of ageing in place. While grounded in a UK context, the study speaks to challenges facing ageing societies globally and offers transferable lessons on how relational, narrative-based approaches can inform more humane, person-centred home care models across diverse welfare systems. By placing the voices of seldom-heard care recipients at the centre, the article provides both a methodological contribution to oral history approaches in domiciliary care and an empirical contribution to understanding how older people experience "home care time," continuity, and recognition.

Keywords: domiciliary care, older adults, oral history, ageing in place, personalisation, lived experience.

Introduction

Domiciliary care, care delivered in a person's own home, is a vital part of the UK's health and social care landscape. It is designed to promote independence, enable ageing in place, and reduce reliance on residential or hospital-based provision. The significance of home care has grown markedly in recent years in response to demographic ageing, shifting expectations around later life, and policy imperatives to reduce pressure on acute services (Age UK 2023; Skills for Care 2025). The Care Act 2014 marked a watershed in English adult social care, establishing a legal framework that prioritises wellbeing, personalisation, and prevention. Local authorities were tasked with assessing individual needs and supporting autonomy and choice. Yet many argue that the Act's ambitions have not been fully realised in practice (Glasby 2020; Lymbery & Postle 2021). Chronic underfunding, workforce shortages, and fragmented commissioning have constrained the delivery of personalised and preventative care (The King's Fund 2021).

The personalisation agenda, initially articulated in the 2007 policy initiative, Putting People First, has shaped subsequent reforms, encouraging direct payments, personal budgets, and user-led planning (Department of Health et al. 2007). However, critics warn that personalisation may entrench inequities, favouring those with the skills or social capital to navigate complex systems (Needham 2011; Glendinning 2012). Stevens et al. (2011) argue that without adequate support, personalisation risks becoming a form of withdrawal rather than empowerment. Market-driven commissioning has further complicated the picture. The majority of home care is now delivered by private or third-sector agencies contracted by local authorities. This model has been criticised for driving down pay, job security, and continuity of care (Rubery et al. 2015). Many care workers are employed on zero-hour contracts, often unpaid for travel time, despite delivering intimate, emotionally demanding work (Skills for Care 2025). Care Quality Commission (CQC) reports consistently highlight variability in visit timing, service quality, and training. While national strategies such as the Department of Health and Social Care's *People at the Heart of Care* white paper (2021) promote prevention, integration, and workforce development, implementation remains uneven. Integrated Care Systems (ICSs) and place-based partnerships aim to bridge health and social care silos, but questions remain about whether these frameworks adequately centre the voices of care recipients (NHS England 2023).

Much of the literature on domiciliary care focuses on system-level challenges, funding, staffing, and performance metrics. Far less attention has been paid to the lived experience of care recipients, particularly through the lens of narrative, memory, and identity. This study addresses that gap through an oral history approach that emphasises how older adults make sense of care within the context of their biographies, values, and everyday lives. While still emerging in health and care research, oral history has been championed by researchers such as Bornat (1989), Karpf (2018), Portelli (1991), and Palmer (2010) for its power to surface emotional truths and amplify marginalised voices. At the same time, the work sits within a longer tradition of reminiscence and life story approaches in gerontology and social work (Coleman 1986, 1989; Gibson 2011; Schweitzer 2007), which demonstrate how remembering and narrating past lives can sustain identity and self-worth in later life.

Oral history invites a fundamental reconsideration of what counts as evidence. It resists the reduction of care to transactional encounters, revealing instead how it is experienced through time, interwoven with memory, loss, and aspiration. As Riessman (2008) notes, narrative methods privilege meaning-making, allowing participants to communicate what matters most to them.

This study builds on that tradition to explore how individuals receiving home care in the London Borough of Bexley, UK, describe and interpret their experiences. It formed one component of a wider programme of commissioned work in the borough that sought to document and make visible the lived experiences of people receiving home-based support. As part of this programme, a public-facing exhibition was developed to bring residents' stories into dialogue with commissioners, providers, and community stakeholders (Palmer et al. 2021). The oral-history material presented in this article constituted a distinct strand within that broader initiative, designed to capture the depth, emotional nuance, and biographical texture of participants' accounts. The commission was intended to complement routine contract-monitoring and quality-assurance processes by providing an in-depth narrative understanding of how care was experienced at home. Findings were shared through reports and workshops with locally elected councillors, commissioners, senior managers, and members of the local Health Scrutiny Committee, and were further disseminated to residents through public exhibition talks and community-facing events.

This article makes three contributions to international ageing and home care literature. First, it offers an empirically rich account of how older adults narrate temporality, waiting, recognition and continuity in home care, extending international debates about home care time and autonomy. Second, it contributes methodologically by demonstrating how oral history and reminiscence traditions enable deeper access to emotional, biographical and memory-based aspects of care rarely captured in audit-led evaluations. Third, it provides a grounded, user-led perspective that can inform integrated care and ageing-in-place reforms in diverse welfare regimes.

Home Care Experience: International Literature and Key Debates

A growing international body of research has examined how home care is organised, experienced, and felt by older adults across different welfare regimes, offering important conceptual resources for understanding the temporal, relational and emotional dynamics identified in this study. While the Introduction situated the project within the UK policy landscape and outlined the rationale for an oral-history approach, it is equally important to locate the work within this broader literature. International studies, especially from Scandinavia and Canada, offer nuanced accounts of how tightly regulated care routines, procedural rigidity, digital scheduling systems, and market-driven reforms reshape the texture of everyday care encounters, influencing not only the experience of waiting and disruption but also older people's sense of autonomy and recognition. The following reviews this literature to establish the theoretical context against which the present study positions its empirical contribution.

Alongside these UK debates, an extensive international literature examines older people's experiences of receiving home care, particularly around time, temporality, and autonomy. Studies in Sweden, Denmark, Norway and Canada show how standardised, time-limited visits and digitally managed care rotas reconfigure both workers' and users' everyday lives (Bergschöld 2018; Cranford & Miller 2013; Palmqvist 2022; Tufte & Dahl 2016). Comparable evidence from Ireland highlights similar tensions: McDonald et al. (2019) demonstrate how rigid scheduling and temporal pressures shape older adults' sense of autonomy and recognition, while analyses from the Irish Longitudinal Study on Ageing (TILDA) show how patterns of fragmented and time-restricted home support affect older people's ability to sustain continuity and relational security (McGarrigle & Kenny 2020). Palmqvist's (2022) analysis of "waiting for home care" conceptualises waiting as a form of temporal governance, while Jönson et al. (2024) theorise a distinct logic of "home care time" structuring what can be done and felt within tightly scheduled visits. Swedish work on individualised home care services has also questioned whether promised autonomy and choice are realised in practice (Dunér et al. 2019a, 2019b), and recent writing highlights the relational work undertaken by older people themselves to sustain continuity and recognition

(Harnett et al. 2024). Together, this body of research establishes care as a situated, relational and temporally organised practice, rather than a simple bundle of standardised tasks.

In many of these studies, older people's voices are present but often mediated through worker-centred accounts or survey-based instruments. There remains comparatively less work that uses life story or oral history approaches to explore how home care recipients, in their own words, narrate the temporal, emotional and relational dimensions of care. This article addresses that gap and positions its empirical contribution precisely here. Rather than claiming novelty in arguing that care is relational, it shows how the concepts of home care time, waiting and relational work developed by others (Cranford & Miller 2013; Dunér et al. 2019a, 2019b; Jönson et al. 2024; Palmqvist 2022; Tufte & Dahl 2016) are experienced and articulated by older care recipients in one London (UK) local authority.

In recent years, a small but growing body of research has used visual, narrative, and participatory methods to highlight marginalised service-user perspectives (Calabria 2023; Palmer 2026; Schrift et al. 2013), although such approaches remain rare in studies of home care itself. Yet in both academic and policy domains, the voices of older people receiving home care continue to be marginal. They are frequently spoken about rather than listened to, particularly those with cognitive impairments, sensory disabilities, or from racialised communities (Moriarty & Manthorpe 2016). This study treats oral history not only as a method of documentation but as a practice of recognition and justice. Following Portelli (1991) and Thompson (2000), we position oral history as a means for older adults to narrate their lives on their own terms, creating a counter-archive that challenges the abstractions of policy and audit. In the context of home care, where small gestures carry enormous meaning, oral history captures the emotional texture of support: the weight of waiting, the importance of being remembered, and the loss or preservation of dignity.

The study was co-designed with local stakeholders and community members, embedding a participatory ethos throughout recruitment, interviewing, analysis, and dissemination. In this context, co-production refers to a collaborative process in which older adults with experience of home care, family carers, local authority practitioners, and voluntary-sector representatives acted as partners rather than consultees. Their involvement included shaping the interview guide, advising on accessible

and culturally sensitive language, discussing ethical considerations, and commenting on emergent themes and interpretations. This approach aligns with wider debates that understand co-production as the shared generation of knowledge and the joint shaping of service improvement, while also acknowledging, following Rose and Kalathil (2019), the persistent structural power imbalances that can constrain genuinely equal participation. Rather than claiming full parity, the study sought to create spaces where experiential insight could direct the research process, inform analytic decisions, and challenge professional or academic assumptions, particularly around risk, vulnerability, and the emotional realities of receiving care at home.

While grounded in the UK context, the themes explored in this study, emotional continuity, narrative dignity, and relational trust, resonate with global concerns about the quality, equity, and meaning of home-based support. Across Europe, North America, Australasia, and other ageing societies, governments are grappling with similar pressures: rising demand for care, constrained public budgets, workforce shortages, and a policy shift toward ageing in place.

Comparative research from different welfare regimes suggests that these pressures, together with market-based commissioning and standardisation, often produce convergent experiences of time scarcity, fragmentation, and emotional strain in home care, even where policy frameworks differ (Bergschöld 2018; Cranford & Miller 2013; Dunér et al. 2019a, 2019b; Jönson et al. 2024; McDonald et al. 2019; Palmqvist 2022; Tufte & Dahl 2016). Against this backdrop, the article has a clear aim: to use oral history to explore how older adults receiving domiciliary care narrate the temporal, emotional, and relational dimensions of support in their own homes, and to situate these accounts within international research on home care time, autonomy, and emotion. It examines how participants describe waiting for care, being visited, and receiving assistance; how they negotiate identity, dignity, and autonomy within these interactions; and how an oral-history, co-produced approach can extend and enrich existing international litertaure on older people's experiences of home care. Together, these questions clarify the article's empirical contribution and provide the analytic structure that follows.

Methods

Study Design

This study employed a qualitative, narrative methodology grounded in oral-history traditions. Oral history prioritises lived experience and the narrative voice, recovering forms of knowledge often absent from official records or policy discourse (Portelli 1991; Thompson 2000), and connects with long-established reminiscence and life-story approaches in gerontology that foreground memory, identity, and meaning in later life (Coleman 1986; Gibson 2011). In the context of domiciliary care, where service users are frequently marginalised, this approach enabled deep, experiential insight into how care is remembered, felt, and understood. The study was co-designed with local authority commissioners and community stakeholders in the London Borough of Bexley, UK.

The study formed part of a wider programme of commissioned work in the London Borough of Bexley that aimed to document and make visible the lived experiences of people receiving home-based support. Within this programme, a public-facing exhibition brought residents' stories into dialogue with commissioners, providers, and community stakeholders (Palmer et al. 2021). The oral-history material presented in this article constituted a distinct strand of the initiative, designed to capture the depth, emotional nuance, and biographical texture of participants' accounts. Commissioned to complement the local authority's routine monitoring, this strand generated a more contextual and narrative understanding of how home care was experienced in practice. Rather than focusing on performance metrics, it highlighted the dynamics of visits, relationships, and support from the perspective of those receiving care. Insights were fed back through written summaries, reflective sessions, and learning workshops to inform ongoing discussions among councillors, commissioners, and senior managers about service improvement and workforce development.

Participants and Recruitment

Twenty-six individuals aged between 55 and 102 participated in the study. All were receiving domiciliary care commissioned through the local authority. Participants were selected from a randomised list of

current service users. An invitation letter, participant information sheet, and consent form were mailed to over 400 individuals, of whom 26 provided written informed consent to take part. Where family members or informal advocates were present and contributed to the interview, their consent was also obtained.

Participation was voluntary, and care was taken to ensure that individuals had the capacity to consent and were not placed under any pressure. Participants were informed of their right to withdraw at any time. To protect anonymity, identifying details have been altered and pseudonyms used throughout. Data handling followed UK General Data Protection Regulation (GDPR) and Data Protection Act requirements. Participants received clear written and verbal information about the purposes of the research, the lawful basis for processing their data, and the secure storage and restricted access arrangements for audio files and transcripts. Audio recordings and transcripts were stored on encrypted drives accessible only to the research team. Participants could request deletion of their data at any point up to anonymised These arrangements formed part of the initial ethical review and were revisited during the project to respond to any emerging concerns, in line with established oral-history and participatory research guidance (Portelli 1991; Rose & Kalathil 2019; Thompson 2000). analysis, and data retention periods were agreed with the commissioner in advance.

Interview Process

All interviews were conducted in participants' homes, often in the very rooms where care was received, allowing for a grounded, sensory-rich account of care environments. The interviews were open-ended and semi-structured. A thematic prompt guide was used to explore experiences of care routines, carer relationships, time and waiting, emotional and social wellbeing, and autonomy. However, participants were actively encouraged to digress, reflect, and direct the conversation in ways meaningful to them.

This narrative, participant-led approach positioned interviewees as active agents and storytellers. One participant remarked, *"Before we talk about the care, you should know who I was before this. Is that okay?"* Such reflections highlight how participants often situated current care experiences

within broader life histories, including work, migration, caregiving, illness, and family life.

Interviews lasted between 60 and 90 min. Nine involved family members who assisted with translation, advocacy, or relational context. All interviews were digitally recorded with consent and transcribed verbatim. Fieldnotes captured non-verbal cues, environmental context, and interviewer reflections.

Oral History as Methodology

Oral history, as both technique and philosophy, enabled the study to capture care not as a series of tasks, but as a deeply relational, affective, and temporal experience. Participants narrated routines and rituals, such as dressing or shaving, not only as physical acts but as affirmations of dignity and identity. For instance, one participant shared: "*I shave every morning, even if no one sees. It's for me.*"

The method allowed emotional moments, silences, and memory work to surface organically. This alignment between oral history and reminiscence-based practices is particularly significant in ageing research, where narrative, memory and life-review processes play an important role in sustaining identity and psychological continuity in later life. Participants expressed frustration, grief, resilience, and humour. The dialogic nature of oral history meant meaning was co-produced between interviewer and participant. Interviewers listened attentively, followed emotional cues, and allowed space for memory, nostalgia, or quietness to emerge. As Riessman (2008) reminds us, narrative meaning is relational and culturally situated, not simply reported.

The home setting also anchored the method in embodied space. As one participant gestured to a worn armchair and said, "*This is where I wait. Always this chair. Because I need to see the door,*" the layered meanings of time, dependence, and anticipation became powerfully evident. These grounded, sensory moments are central to understanding the texture of care in everyday life.

Data Analysis

Transcripts were analysed using a modified version of the Framework Method (Ritchie & Spencer 1994), which combines systematic thematic

coding with inductive interpretation. A five-person team, including academic researchers, community partners, and individuals with lived experience, read the transcripts multiple times and collaboratively developed an initial coding framework. Codes were refined and grouped into thematic matrices to facilitate comparison within and across narratives.

Analysis was guided by three intersecting priorities: highlighting participants' own meanings and vocabulary; tracing structural and affective themes such as continuity, waiting, loneliness, and emotional labour; and situating individual narratives within wider policy and systemic contexts, including personalisation, market based commissioning, and integrated care. Regular team meetings supported critical reflection, intercoder consistency, and interpretive depth. The diversity of the research team enabled multiple perspectives on the data and strengthened analytical rigour.

In line with the co-productive ethos of the project, an advisory group including an older home care recipient and a family carer met at key stages to comment on emerging themes and language. Their feedback led, for example, to the adoption of participants' own terms such as "waiting" and "being known" as organising concepts in the analysis, and to minor revisions of how dependency and risk were described. This iterative dialogue reinforced the validity and relevance of the analytic framework.

Ethical and Methodological Reflections

Research with older adults in home settings requires ethical attentiveness. Interviews were paced according to participants' needs, and breaks were offered where required. Where participants became distressed or tearful, interviews were paused and emotional-support protocols implemented. At the close of each session, participants were given information on local advocacy, mental health, and wellbeing services.

Methodologically, oral history demands reflexivity. In keeping with relational models of community-based ethics, we treated ethical practice as an ongoing, context-sensitive process rather than a one-off procedural requirement, attending to "ethically important moments" as they emerged in the home setting (Palmer 2025). Interviews were co-constructed, with researchers acting not as passive observers but as engaged co-narrators. Choices about when to prompt, how to

interpret silence, and how to affirm emotional disclosures carry ethical and epistemological significance. The method respects not only what is said but how it is said, and what remains unsaid. In an era of heightened data-protection scrutiny, ethical reflexivity also extended to decisions about what material could be archived, how to balance participants' wish for their stories to be heard with privacy concerns, and when to withhold particularly identifying details. Some participants explicitly requested that certain stories not be shared beyond the research team; respecting these wishes is consistent with oral history's emphasis on narrative agency and participant control (Bornat 2001; Portelli 1991).

Limitations

This study is not intended to produce statistically generalisable findings. The sample size (n = 26) is modest and geographically concentrated in a single London borough. Participants were self-selecting and may reflect individuals more willing or able to narrate their experiences. Moreover, while the age range was broad, the sample may not fully represent the diversity of experiences across ethnicity, disability, or digital exclusion.

However, the value of this research lies precisely in its attention to individual voice. Each narrative offers a window into how care is experienced in time, space, and memory, insights rarely captured by audit tools or standardised metrics. While limited in scale, the findings reveal emotional and relational patterns that resonate far beyond individual cases. They speak to structural vulnerabilities in the care system and to the universal human need for recognition, connection, and dignity in later life. As with most qualitative and narrative research, the aim here is not statistical generalisability but analytical transferability. The experiential concepts identified, such as waiting, relational continuity, narrative dignity, and temporal disruption, can inform comparative analysis and be applied to understanding home care contexts beyond this specific locality. These findings therefore offer interpretive insights that may resonate across diverse welfare regimes and ageing-in-place initiatives internationally.

Findings: Oral Histories of Domiciliary Care in Bexley, UK

The thematic narrative analysis surfaced a nuanced and emotionally layered portrait of domiciliary care as experienced by older adults in Bexley, London, UK. Drawing on oral history interviews (Bornat 1989; Portelli 1991), the aim was not merely to extract data, but to co-produce situated accounts of care grounded in memory, emotion, and embodied experience. Participants narrated care not as a neutral service, but as a dynamic and relational encounter, shaped by temporality, loss, recognition, and the emotional geographies of the home. Each story represents more than an account of ageing or dependency; rather, it refracts broader themes of identity, dignity, vulnerability, and relational autonomy. Through these testimonies, the ways in which care is lived, negotiated, and at times resisted within the fragile intimacies of everyday life are illuminated.

Temporal Disruption, Anticipation, and the Rhythm of Waiting

For many participants, *time itself* was not simply a backdrop to care but a central component of how care was lived, negotiated, and emotionally absorbed. The anticipation of a visit created a distinctive temporal atmosphere in the home, one marked by suspension, vigilance, and the steady erosion of personal routine. Participants described mornings that were not structured by their own preferences but by the uncertain arrival of care workers, producing a form of temporal disruption that dominated the emotional landscape of the day.

Daniel (68), living with chronic illness, described his mornings as dictated not by personal choice but by uncertainty:

> I sit in the chair and wait. Don't eat, don't sleep. You think: if I miss them, what then? What if I doze off? What if I'm in the toilet and they leave? You just stop living your mornin'…you, you, you hold your breath and wait.

This account powerfully illustrates the psychic toll of unpredictability. Waiting is no longer passive; it becomes an active state of vigilance, a suspension of normal life. For Daniel, the home becomes not a place of rest, but a temporal prison in which his autonomy is undermined by the spectre of a missed visit. The psychological weight of "missing the moment" transforms care

from comfort into emotional disruption. Elsie (78), who lives alone following the death of her husband, echoed this experience of temporal dislocation:

> They say morning, but sometimes it's nearly lunchtime or maybe even later. You get cold sitting there in your nightie. You don't know when to move. You don't want to start anything. You feel silly just sitting there…but what else can you do young man?

Here, temporal ambiguity becomes physically and emotionally disorienting. The chill she describes is not merely environmental; it signifies abandonment and emotional exposure. Her routine is subordinated to an impersonal schedule, dissolving the structure and predictability that once gave her mornings coherence and dignity. Such experiences highlight how waiting is not simply a temporal inconvenience but an affective state that reshapes the emotional climate of the home, making the presence, or absence, of carers profoundly consequential for daily life.

Emotional Bonds, Recognition, and the Affective Labour of Care

Amid such disruptions, some participants described moments of meaningful connection. Where continuity existed, it provided not just familiarity, but emotional grounding. Mabel (91) shared a rich, evocative account of how her relationship with a long-term carer created a space of mutual care and recognition:

> She knows what I like. Tea before the wash, always. She chats about her daughter…tells me about her school runs and her daft dog. I know her stories now, and she knows mine. It's not just wiping and washing. It's company. It's kindness. It's like having a niece who's come to see me every morning.

Mabel's account draws attention to the emotional labour that sits at the heart of good care work. The carer is not reduced to her function; she is a relational presence, a daily visitor who bridges the solitude of old age with shared stories and rituals. This bond humanises the routine of personal care and transforms the encounter from task-based assistance to co-produced emotional support. Through this intimacy, Mabel feels seen, not simply served. In stark contrast, Raj (84), a former civil servant, offered a strikingly different experience, one of depersonalisation and emotional erasure:

> Some don't look at you. Just gloves on, quick wash, gone. No hello, no chat, nothing. Absolutely nothing. You feel like a body, not a, a, a person…like you're just one more job on a list. Yes, that's what I am…I'm a tick on a long list.

This moment of quiet indignation reveals the pain of being objectified in one's own home. Raj's narrative speaks to the existential shift from subject to object when care is delivered without recognition. The gloves and speed become symbols of distance, stripping the act of care of its emotional value. His past authority, his sense of self, becomes invisible in the face of task-oriented interactions.

The Home as Memory-Space and Site of Negotiated Identity

Beyond the emotional labour of visits, participants reflected on the ways home itself was reconfigured by the presence or absence of care. The domestic setting is not simply the site where care is delivered; it is a lived archive of identity, intimacy, and belonging. For Elsie (78), the front room, once a vibrant space of love and laughter, had taken on a radically different meaning in the context of receiving personal care:

> This is my front room. This…where I danced with my husband right there (pointing). We used to move the table, put the radio on, and sway like we were still like young you know. Now… it's where I sit and wait and wait for someone to help me shower. Same room – very different life.

The juxtaposition is powerful and painful. The continuity of space highlights the discontinuity of experience. What was once filled with music and agency has become a stage for vulnerability and stillness. The narrators story reveals how care does not simply "happen" in the home, it reconfigures the home, transforming it from a sanctuary of the past into a holding space for dependency. For Veronica (86), the breach was not symbolic but felt physically and morally as a violation of personal space:

> She just barged in. No knock, no hello…nothing. Straight through. It's not a ward…it's my house. You don't just walk in. You knock. You wait. You ask.

Her indignation is both personal and political. The language of "barged" and "not a ward" signals resistance to the creeping medicalisation of home. Veronica is asserting ownership, demanding the preservation of social rituals that affirm dignity and respect. Her response reminds us that the door, the act of knocking, is not trivial. It marks the boundary between self and system, between home and institution. These stories also surfaced deep tensions between past identity and present vulnerability. Daniel (68), reflecting on his current need for support, struggled with how care altered his self-image, particularly in relation to his former professional identity:

> I used to be strong, mate. I taught at the college. Lectured in design. Now I ask someone to wipe my legs. Sometimes I still speak like I'm in a classroom…then I remember I'm not.

The contrast between past and present creates a form of temporal grief, a mourning not only for physical capability but for the status and symbolic power once held. Yet his continued use of a "lecturer's voice" is also an act of quiet resistance, a refusal to relinquish identity in the face of functional need.

Loneliness, Attachment, and the Emotional Economy of Visits

For many participants, particularly those living alone, domiciliary care visits were more than service, they were fleeting islands of connection in otherwise vast oceans of silence. Raj (84), whose adult children live abroad, articulated this with quiet poignancy:

> You count the minutes. Ten today. Fifteen if they stay for tea. Then silence. Again and again. After they go, it's just the… ticking clock and the neighbour's dog barking. You don't want to get used to being alone…but you do.

Raj's powerful testimony captures the brutal arithmetic of isolation. The visits, though brief, hold emotional weight far beyond their duration. Mabel (91), widowed and without children, described how she maintains emotional continuity with her late partner through daily rituals that now orbit around care visits:

> …After she leaves, I talk to the bloody picture – yes, that one. I say what we had for lunch or dinner and so on. Or if the pudding was good. Silly, I know. But it keeps…I'm in the room… That's if. Talking to a picture.

Far from silly, Mabel's ritual is a quiet form of resilience. It reframes the care visit as a link in a longer emotional chain that connects the living to the lost. Sarah (55), who lives with progressive multiple sclerosis, described a stark shift in emotional climate when regular visits ceased during a staff shortage:

> It went from someone coming every day to no… one for three. You start to talk to yourself just to hear a voice. You open the window… not for air, but in case someone walks by and says hello or even laughs. Now that would be special.

This account highlights the psychological dislocation that arises from abrupt breaks in care continuity. Her improvisations are a form of self-preservation in a context of emotional deprivation. Shifts in continuity, however, do more than disrupt daily routines; they unsettle the foundations of trust on which intimate care depends.

Skill, Safety, and the Fragile Trust of Care Encounters

These emotionally charged accounts of presence and absence also draw attention to the vital role of skill and sensitivity in establishing trust during routine care encounters. Veronica (86) described one such experience that left a lasting impression:

> She explained every step…step by step…I'm going to help you sit, now I'll move the hoist, is that alright, love? – and she moved me so gently. I didn't feel rushed. I didn't feel like a job. She made me feel safe, like we were doing it together, completely together and all fine you know.

What matters is not just that the task was performed, but how it was performed. Trust here is built not through efficiency alone, but through shared rhythm, tone, and mutual pacing. In contrast, Sarah (55) recounted an incident that shook her sense of safety:

> One girl, I don't know what age she was but didn't know how to get me out of bed. She tried, but she panicked. I slipped forward and screamed. She froze. I had to tell her to

> stop. I was half-out of the chair, crying, and all I could think was: if I fall, I'll break. After that, I cancelled the extra visits. It's safer on my own I guess.

This moment is not just about inadequate training, but about the collapse of emotional trust. Care must feel safe to be accepted. When it fails, the risk is not only physical injury but psychological withdrawal. Yet even when trust is established, many participants described how the fragility of the formal system placed increasing pressure on unpaid family members to fill gaps, coordinate support, and hold the pieces together.

Informal Care, Invisible Labour, and the Limits of the System

In many narratives, formal care was scaffolded by unpaid family labour, often invisible, often essential. Mabel's daughter, Alice, described her hidden role as coordinator and crisis-manager:

> They send rotas to Mum but not me. Couldn't make it up. She gets confused by them, bless her. Then they're late, or someone new turns up. I'm, I'm the one who gets the call. Mum says someone strange is at the door. I have to sort it all, but…I'm not on their books.

Alice's comment surfaces a structural blind spot. The system acknowledges the care recipient but not the familial infrastructure sustaining them. Similarly, Elsie's adult son described the toll of being an invisible carer:

> It's a lifeline, sure. The carers help. But it's not a rest. I'm still on call every night. If she rings at 3 a.m., it's me. If the hoist jams, it's me. They don't see that part. They think care's just the visit. But it's the bit before, the bit after, the bit in between.

His repetition of *it's me* signals both commitment and exhaustion. The invisible labour of family members forms an emotional scaffolding for formal care, yet remains unrecognised in systems designed around scheduled visits and discrete tasks. Taken together, these oral histories offer a complex portrait of home care as a deeply emotional, negotiated, and relational practice. They reveal that trust is built not simply through consistency, but through tone, attentiveness, and mutual recognition. While participants valued practical support, what lingered most were the emotional textures of care, kindness, timing, presence, or the painful absence thereof.

Though grounded in a specific locality, these testimonies reflect wider pressures facing ageing populations globally: the erosion of relational care in market-driven systems, the invisibility of family carers, and the unmet emotional needs of those ageing in place. The home emerges here not only as a site of care delivery but as a contested space of memory, dignity, and identity. In listening closely to these stories, we are reminded that good care cannot be reduced to tasks alone. It is, at its heart, a shared human encounter, fragile, affective, and profoundly shaped by the small rituals of everyday life.

Discussion

The findings offer a vivid, deeply personal window into the lived realities of domiciliary care from the perspectives of older adults themselves, voices rarely highlighted in either policy consultations or empirical research. Through oral history, participants were able to narrate care as an emotional, embodied, and biographical experience. These accounts provide crucial counterpoints to dominant narratives in social care policy that often reduce care to metrics of efficiency, cost, or compliance.

A key insight emerging from this work is the centrality of relational continuity in enabling good care. Where the same carer visited regularly, participants such as Mabel and Raj experienced not only consistency, but a sense of recognition and dignity. These findings echo longstanding concerns raised by organisations such as the Care Quality Commission (2023), Skills for Care (2025), and The King's Fund (2021), which have highlighted the destabilising effects of rota variability and the erosion of trusted relationships in domiciliary care. In the context of current debates around workforce reform, including the Department of Health and Social Care (DHSC) adult social care workforce strategy, this research reinforces that emotional presence, reliability, and familiarity are as vital to quality as any technical skill.

Participants described how even small disruptions in staffing eroded confidence and created emotional uncertainty. The impact of such discontinuity extended beyond service reliability, it affected identity, safety, and peace of mind. For older people with limited mobility or sensory impairments, unfamiliar carers not only delayed routines but unsettled

their sense of trust. This emotional precarity is difficult to quantify, yet it shapes how recipients interpret the value and meaning of care. The testimonies speak directly to the policy aims of the Care Act 2014, which legislates for wellbeing, dignity, and person-centred care. However, the narratives reveal a persistent gap between these ambitions and the experience on the ground. Participants like Daniel and Elsie described a kind of suspended life, days governed not by autonomy but by waiting. The temporality of care, waiting, watching, rushing, became a mechanism through which marginalisation was felt.

In this respect, the study both confirms and extends international research on home care time and temporality. Palmqvist (2022) shows how older people in Swedish eldercare experience waiting as a form of temporal control, while Jönson et al. (2024) conceptualise "home care time" as a specific logic structuring what can be done within tightly scheduled visits. Tufte and Dahl (2016) and Bergschöld (2018) demonstrate how home care workers navigate conflicting demands of clock time, process time and digitalised scheduling. Our analysis contributes by emphasising how home care users themselves narrate these temporal tensions, not only as organisational dilemmas but as deeply felt experiences of suspension, vigilance and anticipatory anxiety. The imagery of "holding your breath," "not starting anything," and "sitting in the chair to watch the door" adds a biographical and affective dimension to existing conceptualisations of home care time.

The accounts also extend critiques of personalisation policy. While the vision of individual choice and control remains central to the social care narrative, researchers such as Needham (2011), Glendinning (2012), and Carr (2020) have shown that genuine personalisation requires far more than market mechanisms. It demands human connection, cultural sensitivity, narrative understanding, and system-wide flexibility capacities that cannot be engineered solely through budgets or consumer choice. Participants in this study framed care as a relationship built through time, trust, and biography, not a commodity to be purchased or arranged. Care was not experienced as a transaction but as a dynamic negotiation of vulnerability, recognition, and emotional safety.

These findings align with international research showing the limits of marketised personalisation. Swedish studies of individualised home

care reveal how formal opportunities for choice can mask significant constraints over timing, personnel, and continuity (Dunér et al. 2019a, 2019b). Comparable critiques have emerged in Ireland: McDonald et al. (2019) demonstrate how rigid scheduling and temporal pressures in Irish home care systems undermine autonomy, compress relational space, and intensify emotional strain, even when policy frameworks promise choice and flexibility. In both contexts, these insights suggest that personalised autonomy is difficult to achieve when continuity, familiarity, and relational depth are eroded by fragmented and time-pressured models of provision. The experiences described in this study therefore echo a wider international pattern: personalisation without continuity can easily drift into depersonalisation, reproducing the very forms of marginalisation it seeks to challenge.

Moreover, the findings support renewed policy interest in integrated and preventative models of care. The NHS Long Term Plan (2019) and the Health and Care Act (2022) seek to operationalise ICSs across England. These frameworks promise joined-up services across health, social care, and community sectors. Yet, as our findings reveal, integration is only meaningful if experienced at the point of delivery. The disconnect between formal carers and family carers, highlighted by Alice and others, reflects a failure to value the informal care economy and embed co-production in care planning. Policy rhetoric around community-based, preventative care must also confront the implications of rationed care hours, underpaid staff, and fragmented coordination. Without this, the burden shifts onto families, especially women and adult children, to fill systemic gaps. As Carers UK (2023) and the Office for National Statistics (2022) have shown, unpaid care underwrites much of adult social care provision, a trend that reinforces inequality and obscures structural neglect.

Participants' accounts point to loneliness and emotional isolation as pressing, yet routinely overlooked, aspects of domiciliary care. The Care Act 2014 makes explicit reference to social wellbeing, yet in practice, care packages prioritise physical support such as washing, dressing, medication, over emotional and social needs. As Mabel's and Raj's testimonies show, brief encounters with carers may be the only relational touchpoint in a day. In this light, every rushed visit represents a missed opportunity

for human contact. If policy aims to promote ageing in place with dignity, it must account for the emotional architecture of care.

Training and confidence, particularly in relation to safety and communication, are therefore crucial. While technical competence is essential, this study highlights the central role of "soft skills" such as empathy, clarity, and non-verbal cues, in shaping recipients' sense of safety and respect. Participants trusted carers not just when procedures were followed, but when intentions were communicated and bodies were handled with care. Training standards must evolve to include relational, emotional, and narrative competencies, as advocated by NICE (2022). Recent work on the "relational work" undertaken by care users themselves (Harnett et al. 2024) also helps to contextualise our findings: participants described reassuring new staff, smoothing interactions, and downplaying their own fears to avoid being labelled "difficult." Recognising this relational labour is important if integrated care is to become more than an organisational slogan.

Crucially, this study contributes methodologically by demonstrating the value of oral history within social care research. Whereas many evaluations rely on structured surveys or audit tools, oral history enables participants to narrate their experiences on their own terms. This approach surfaced memories, values, and cultural meanings that are rarely captured in policy evaluations, offering a more holistic and emotionally resonant lens on care, one that can complement conventional approaches to regulation, inspection, and commissioning. In doing so, the article situates itself within a long-standing tradition of oral history and reminiscence work with older people (Bornat 1989, 2001; Coleman 1986, 1989; Gibson 2011; Schweitzer 2007), while directing this tradition towards contemporary questions in domiciliary care and ICSs.

Empirically, the contribution is not to restate that care is relational, a point well established in the literature, but to show how older home care users' own narratives of time, waiting, identity, and recognition can deepen and nuance international debates about home care time and person-centred care. As Bornat (1989, 2001), Karpf (2018), and Portelli (1991) argue, oral histories reveal not only what is remembered but *how* it is remembered. In this context, they also emphasise what is forgotten, sidelined, or excluded from dominant narratives about ageing, dependency,

and support. Listening closely to these stories challenges policymakers and practitioners to confront difficult truths about vulnerability, marginalisation, and the gradual erosion of personhood under bureaucratic pressures

In light of this, regulators such as the CQC might explore incorporating narrative interviews as part of inspection frameworks, moving beyond compliance to lived experience. Similarly, training providers and professional bodies could draw on oral histories to teach relational care skills, intersubjectivity, and cultural humility. For commissioners and planners, these narratives offer insight into what older adults actually value: continuity, warmth, conversation, and recognition.

Ultimately, this study suggests that to build better home care, we must listen more carefully, and more creatively, to those who receive it. Their stories do not ask for perfection, but for presence. Not for heroics, but for humanity. In the fragile space between need and support, a good carer brings not only help, but dignity. In their words, we find a blueprint for care systems that heal, rather than merely sustain. This is the core empirical contribution of the article: it offers detailed, co-produced narratives that show how international debates about time, personalisation and relational work are lived and negotiated in one local home care system, and what this means for policy aspirations around wellbeing and ageing in place. These findings therefore call for a profound reframing of what counts as quality, from punctuality and task delivery alone, to connection, trust, and narrative understanding. If the future of adult social care is to be truly person-centred, as both the Care Act and DHSC strategy envision, it must be built not only on metrics, but on memory, identity, and story.

Implications for International Research

The themes identified in this study, waiting, relational continuity, temporal vulnerability and narrative dignity, resonate with international literature on home care time, autonomy, and emotional labour across diverse welfare systems. Research from Scandinavia, Canada, Australia and continental Europe documents parallel tensions between standardisation, time scarcity, and the erosion of relational work in domiciliary care. By offering

a narrative, user-led perspective on these dynamics, the findings provide interpretive tools that can support comparative analysis of ageing in place and integrated care reforms globally. The concept of "home care time," in particular, may offer a transferable analytical lens for understanding how older adults negotiate identity, autonomy and recognition within time-limited care encounters in different international contexts.

Conclusion

This study offers a rare and valuable insight into the everyday experiences of older adults receiving domiciliary care. Through an oral history methodology, we moved beyond conventional service evaluation to illuminate how care is lived, narrated, and remembered. Participants' accounts revealed home care as a profoundly relational and biographical experience in which vulnerability, recognition, and dignity are negotiated on a daily basis. These narratives highlight the importance of emotional presence, familiarity, and responsiveness in shaping how older adults feel supported, valued, and able to sustain a sense of self.

The findings highlight that good care cannot be reduced to a sequence of tasks completed within rigid timeframes. As international research has long shown, care is a situated practice embedded in relationships, emotions, and temporal rhythms (Cranford & Miller 2013; Dunér et al. 2019a, 2019b; Harnett et al. 2024; Jönson et al. 2024; Palmqvist 2022). Our data expand this literature by showing how disruptions to continuity, rushed encounters, and unmet expectations of recognition are experienced by older care recipients as threats to dignity and identity. What mattered most was the presence of carers who knew their routines, remembered their stories, and recognised them as whole persons.

These insights challenge prevailing approaches to social care delivery. While the Care Act 2014, the People at the Heart of Care white paper, and ICSs emphasise personalisation, wellbeing, and co-production, participants' accounts reveal a persistent gap between policy rhetoric and lived reality. Fragmented rotas, unpredictable timing, and staff turnover undermine the relational foundations on which meaningful care depends. The temporal dynamics of care, waiting, uncertainty, and hurried interactions, emerged as key indicators of systemic strain as well as emotional impact.

The study makes a dual contribution. Empirically, it demonstrates that relational continuity, narrative dignity, and emotional safety are central to the wellbeing of older adults receiving home care. Methodologically, it shows the value of oral history as a way of accessing the emotional and biographical dimensions of care that are often overlooked in audits, surveys, or performance metrics. By situating this work within the long-standing traditions of reminiscence and life-story research (Bornat 1989, 2001; Coleman 1986, 1989; Gibson 2011; Schweitzer 2007), the study illustrates how insights about memory, identity, and later life can inform contemporary debates about ageing in place and integrated care.

Although situated in a single London borough, the implications resonate beyond the UK. Across diverse welfare systems, including Sweden, Ireland, Canada, Australia, and Germany, similar pressures shape home care: rising demand, fragmented commissioning, market-driven priorities, and workforce shortages. International studies echo the challenges described here, highlighting the erosion of continuity, the undervaluing of relational labour, and the emotional vulnerability experienced by older people receiving home-based support (Bergschöld 2018; Cranford & Miller 2013; Dunér et al. 2019a, 2019b; McDonald et al. 2019; Palmqvist 2022; Tufte & Dahl 2016). Despite differing policy models, the need for care that is relational, respectful, and emotionally attuned appears universal.

Oral history itself has wider relevance for ageing and care research. It enables researchers and practitioners to move beyond administrative understandings of service delivery and engage directly with the lived, narrated experiences of older people. It has particular value for amplifying perspectives that are often marginalised, including those of individuals with cognitive impairments, communication difficulties, or from minority ethnic and linguistic communities. Oral history's emphasis on agency, meaning, and memory offers an important complement to dominant evaluative frameworks.

For policymakers and system designers, the lessons are clear. Investing in home care is not only a matter of resources or coverage; it is a question of values. If ageing in place is to be meaningful, systems must support care that is stable, relational, and grounded in everyday life. This requires recognising care workers as skilled professionals, creating conditions that enable continuity, embedding emotional and cultural competence in training, and acknowledging the vital contributions of unpaid carers.

Ultimately, this study affirms that care is co-created through presence, trust, and recognition. Behind every visit is a life, rich, complex, and deserving of more than efficiency. The testimonies shared by participants invite us to reimagine what good care looks and feels like, not only in the UK but across ageing societies worldwide. As demographic, economic, and cultural pressures reshape expectations of later life, these narratives offer both an ethical foundation and a practical guide.

Suggested Further Research

Future research should build on these insights in several ways. First, longitudinal oral history studies could explore how experiences of home care evolve over time, especially as needs change or cognitive impairment progresses. Second, comparative international research using similar narrative methodologies would deepen understanding of how different welfare models shape the temporal, emotional, and relational dynamics of care. Third, there is a need for participatory and co-produced research that centres the voices of groups often excluded from care debates, including people from minority ethnic communities and those living with dementia. Finally, integrating oral history into service design and evaluation processes could help professionals, commissioners, and policymakers attend more closely to the lived realities that underpin meaningful, person-centred care.

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Ageing in a stigmatised neighbourhood: an intersectional approach to place attachment

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Abstract

This paper explores the social experiences of ageing in a stigmatised neighbourhood, using the "quartier prioritaire" Hautepierre in Strasbourg (France) as a case study. Through an intersectional lens focusing on place attachment, the study reveals how factors such as social networks and architectural barriers influence older adults' emotional connections to their neighbourhood. Based on nine qualitative interviews and participant observation, the research highlights diverse ageing-in-place experiences shaped by gender, socioeconomic status and migration background – experiences emerging within the dialectic of internal solidarity and external stigmatisation. The findings demonstrate that while some residents maintain strong emotional bonds with their neighbourhood, others face challenges exacerbating feelings of isolation. This study contributes to theoretical debates on ageing in urban contexts, emphasising the transferability of its insights to other stigmatised neighbourhoods. By advocating for intersectional

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urban planning, the paper underscores the need for context-sensitive approaches addressing the complex interplay of individual and structural factors in urban settings.

Keywords: ageing, intersectionality, neighbourhood, place attachment, qualitative research

Introduction

As people age, the immediate neighbourhood often becomes increasingly important in everyday life. This growing relevance is not only related to a reduced mobility radius in later life but also to other factors such as retirement, increased time spent in the residential environment, the importance of nearby services and the role of local social networks in supporting daily life (e.g. Chan et al. 2023; Cloutier-Fisher & Harvey 2009; Yarker et al. 2024; Yazdanpanahi & Woolrych 2023). The neighbourhood becomes a critical site where a substantial amount of time is spent, facilitating social interactions with neighbours, essential activities such as trips to the supermarket and leisure practices. The neighbourhood can serve as an important identifier for its residents, particularly for those who have lived there for an extended period. However, previous uses of the neighbourhood may become challenging due to health limitations, for example, when staircases present barriers (Douma et al. 2021; Huguenin-Richard & Cloutier 2021). Furthermore, long-term residence in the neighbourhood does not necessarily result in a strong place attachment. For instance, changes in the socio-cultural composition of the residential building or urban renewal can lead to feelings of alienation (Buffel et al. 2014; Shamur 2023). Emotional attachment to one's neighbourhood is dynamic and continuously shaped through reciprocal interactions.

This study examines place attachment among older residents in Hautepierre, a designated "Quartier Prioritaire de la Ville" (QPV) in Strasbourg. Since the 1980s, France's "Politique de la Ville" has aimed to reintegrate disadvantaged neighbourhoods through architectural and social measures. Situated at the intersection of human geography and social gerontology, our study examines the often-overlooked perspectives of older residents (aged 60+) in Hautepierre. As Finlay and Finn (2021) observe, the older population shapes cities and urbanisation processes

but is frequently overlooked in spatial research. In light of demographic changes, their perspectives are becoming increasingly important: a growing number of older adults will live in cities and significantly influence urban spaces (Skinner et al. 2018). Older adults have specific needs in urban environments, and the space itself, in its physical, social and discursive dimensions, influences the ageing process. Consequently, "ageing" and "place" exist in a dynamic and co-constitutive relationship. Furthermore, individuals relate to "their" neighbourhood in diverse ways, depending on factors such as age, gender, socio-economic status or physical condition.

Taking the relational aspect of ageing and place as our starting point, we address a dual research gap: firstly, we focus on a neighbourhood considered stigmatised to explore forms of place attachment between individuals and the environment. Secondly, we explicitly consider the perspective of older adults, which receives little attention in both academic discourse and urban policy. Our research questions are as follows: How do older residents of Hautepierre experience "their" neighbourhood? How does place attachment form, considering functional, social and emotional aspects? To what extent does an intersectional approach provide a nuanced understanding of the place attachment processes of older adults?

Literature Review

In this section, we elucidate the concepts of "Ageing in Place" (AIP) and the "Age-friendly City" (AFC), both of which are widely employed in the fields of geography and gerontology. As a policy strategy, AIP aims to enable older adults to remain in their own homes and familiar neighbourhoods for as long as possible (Clark et al. 2024). The research literature discusses various advantages of AIP. These include enhanced quality of life, a sense of belonging and social connectedness associated with staying in one's familiar environment (Lebrusán & Gómez 2022; Lewis & Buffel 2020; Milligan 2015). In particular, the home is considered a crucial place that provides security, fosters identity and facilitates self-determination (Gómez & Lebrusán 2022). In this context, the home is distinguished from a nursing home, "emphasizing the importance of maintaining a degree of independence" (Yarker et al. 2024: 1).

Creating a living environment that enables older adults to live independently for as long as possible aligns with the agenda of AFCs. The concept, defined by the World Health Organization (2023), aims to design cities and communities to meet the needs of older people. This encompasses both physical and social aspects of the environment, such as barrier-free public spaces, housing, social participation and health services (Buffel et al. 2014). AFCs facilitate an active ageing process: "Active aging refers to the process of optimizing opportunities for participation, better health and security in order to enhance quality of life as people age" (Yung et al. 2016: 115). Both AIP and AFC seek to improve the quality of life for older adults by supporting their independence and social participation in urban spaces. While AIP focuses more on the individual home and immediate community (Gibson et al. 2024; Webber et al. 2023), AFC considers the city or community as a whole and emphasises a more comprehensive adaptation of physical and social infrastructures (World Health Organization 2023).

Both approaches face similar criticisms. AIP and AFC primarily address physical infrastructures, such as barrier-free buildings and the age-inclusive design of public spaces (Ågotnes et al. 2022). The significance of social and emotional aspects, such as social bonds and the sense of belonging, often plays a subordinate role. Moreover, social networks are often viewed as static, without considering their changeability (Ottoni et al. 2016; Vos et al. 2020; Yung et al. 2016). Furthermore, both concepts are criticised for contributing to a reduction in state responsibility and public expenditure. They are seen to promote the shifting of care responsibilities onto individuals and families, thereby exacerbating social inequalities (Finlay & Finn 2021; Milligan 2015). When care tasks are taken on within the home and by family members or friends, the state retreats from its responsibility to provide health care and social infrastructure. Such neoliberal developments support an "informalisation and privatisation" of care (Milligan 2015: 8). Furthermore, both concepts are grounded in a normative and homogeneous understanding of "older people." Individual aspects such as gender, race, class and age are often overlooked in favour of a homogenising perspective (Ågotnes et al. 2022). AIP and AFC are oriented towards promoting the independence of healthy older adults and offer less support for those living with extreme frailty or

disabilities (Finlay & Finn 2021). Very old age, physical and psychological impairments and the associated dependence on external support are not adequately considered. It is precisely at this point that the need for an intersectional perspective becomes apparent.

Theoretical Framework

This section conceptualises place, place attachment and intersectionality step-by-step and connects them to each other. Through our theoretical framework, we are able to understand place as both relational and territorial (Andrews et al. 2017; Yarker et al. 2024) to grasp the social and emotional bonds between individuals and their environment (Finlay et al. 2020; Wiles 2005; Ziegler 2012), and to incorporate intersectional approaches that account for the lived realities of Hautepierre's residents (Finlay et al. 2020; Ziegler 2012).

Place

Ageing and place exist in a mutually constitutive relationship. Older adults act in ways that shape place, meaning they influence and construct them through their actions. Conversely, specific contexts and spatialities impact the ageing process and the lives of older adults. "People have different access to and experiences of places on the grounds of their age, and spaces associated with certain age groups influence who uses them and how" (Hopkins & Pain 2007: 288). In particular localities such as in neighbourhoods, the lack of age-friendly facilities (e.g. benches, barrier-free entrances, ramps, pedestrian lights with extended crossing times and audio signals) can create significant physical barriers for older adults (Ottoni et al. 2016; Rowles 1983). These obstacles at the neighbourhood level are closely linked to wider structural processes, including urban development strategies as well as broader political-economic dynamics such as austerity and privatisation (Yarker et al. 2024). In this sense, we do not conceptualise place as static and bounded, but rather as dynamic and constantly changing (Finlay & Finn 2021; Wiles 2005; Yarker et al. 2024). Moreover, we emphasise that older adults are not confined to a single location (home), but can have relationships with multiple places.

Furthermore, places are constituted through social relations and practices associated with the maintenance, negotiation or contestation of identities and power dynamics. This means that places can both create a sense of belonging and identity and be alienating and socially exclusionary (Lewis & Buffel 2020; Ziegler 2012). Consequently, we employ a complex understanding of place that addresses the physical, social and emotional dimensions of spaces. The lived and experienced neighbourhood is a socially constructed and emotionally charged everyday place that is constructed by its residents (Drilling & Schnur 2019).

Place Attachment

The concept of "Place Attachment" (PA) is applied across various disciplines, including psychology, geography, environmental gerontology and sociology (Clark et al. 2024). Researchers portray PA as a multifaceted concept that characterises the bonding of people to places (Buffel et al. 2014; Kamani Fard & Paydar 2024). In addition to this individual connection to a place, the concept also describes the ability to shape this place, referred to as the "ability to make place" (Wanka et al. 2019: 2139). As a theoretical lens, PA helps to understand how people perceive, experience and identify with their environments (Courbebaisse 2023; Lewis & Buffel 2020; Scannell & Gifford 2010). In the literature, both the individual's own home and the neighbourhood are considered places to which attachment exists (Shenk et al. 2004; Yazdanpanahi & Woolrych 2023). The concept is particularly relevant in the context of older adults and long-term residents: older people often spend a long period in the same environment, leading to an accumulation of memories (Phillipson 2007).

Within the research literature, various dimensions of PA are discussed, including social networks. Beyond familial bonds, neighbourhood networks, sociocultural centres and everyday encounters play an important role (Courbebaisse 2023; Yung et al. 2016). Social interactions, such as daily greetings, contribute to a sense of familiarity (Lebrusán & Gómez 2022). Additionally, physical and functional dimensions are relevant. Accessibility, mobility and centrality, including access to essential services, are discussed in this context (Ottoni et al. 2016; Schwanen & Páez 2010; Stjernborg et al. 2015). On an emotional level, memories and experiences associated with places play a significant role and can positively impact

PA (Annink & Van Hees 2023). Changes in the social and physical fabric (e.g. altered neighbourhood structures, urban planning measures) affect PA (Kamani Fard & Paydar 2024; Shamur 2023).

Place, as well as PA, are not static but change and mutually influence each other in their respective transformations. Consequently, the temporal dimension – inherent in the ageing process itself – is relevant for the continuous construction and negotiation of PA.

Intersectionality

This section seeks to integrate intersectional approaches with PA, thereby fostering a nuanced understanding of ageing in the neighbourhood that starts with individual experiences and connects them with structural power mechanisms. As an analytical lens, intersectionality serves to consider the structural disadvantage and marginalisation of persons. These approaches draw on the work of Kimberlé Crenshaw (1989) and emphasise that categories such as age, gender, class and race cannot be viewed in isolation but intersect and shape the discrimination experiences of individuals (Holman & Walker 2021; Hopkins & Pain 2007). Intersectionality, therefore, refers to the intertwining of social categories that produce various inequalities and positions within society (Cho et al. 2013). "Careful intersectional examination (Crenshaw 1993) of race, class, gender, sexuality, culture, and other social categories that overlap with old age will expand understanding of diverse approaches to ageing 'in place'" (Finlay et al. 2020: 780–781). Older persons living in Hautepierre are not merely old but, for example, also female, migrant, and with limited financial resources. They experience specific forms of disadvantage. In addition to this individual perspective, the neighbourhood level is relevant to us – that is, the extent to which living in a criminalised neighbourhood plays a role. The criminalisation of the neighbourhood and the abstraction of its residents from the outside into a homogeneous group is a crucial observation for us.

Age as a social category has received relatively little attention in social science research on inequality compared to other categories (Enßle & Helbrecht 2018). This may be because ageing is a continuous process: "In contrast to other markers of difference (e.g. gender and race), chronological and socially constructed aspects of age are continuously changing

throughout an individual's life course, which necessitates an ongoing process of re-positioning of the self" (Ziegler 2012: 1299). Similar to age, place is also not static but changes continuously.

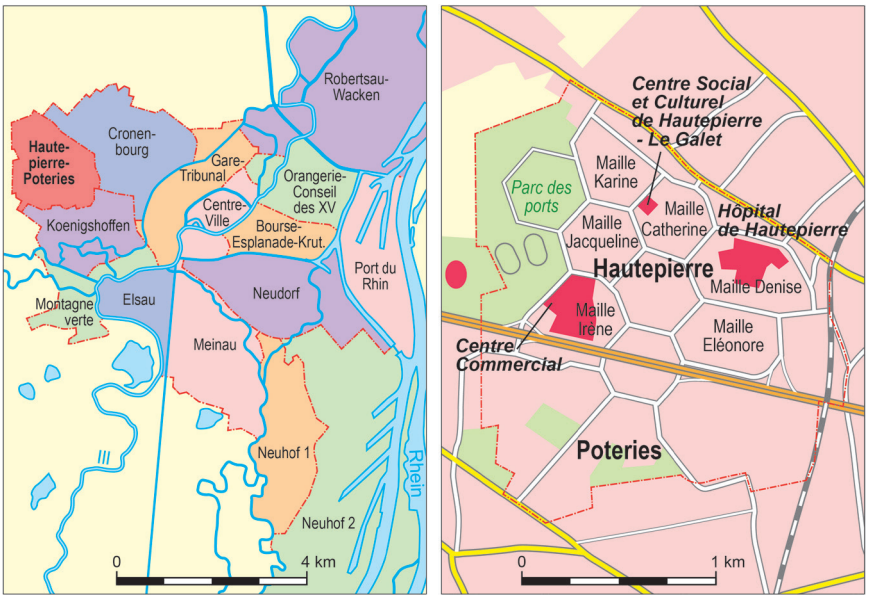
A central value of intersectional approaches lies in the rejection of homogeneous perspectives (Enßle & Helbrecht 2021; Stjernborg et al. 2015; Wanka et al. 2019). Accounting for this diversity, different uses, needs and perceptions can also be derived within the group of "older adults." For instance, it can be examined which resources older adults draw upon, which specific needs they have (e.g. community building, health services, places to linger) and which challenges or barriers they experience in relation to their age, physical limitations or financial resources. This offers valuable and multifaceted insights into the everyday lives of older adults, which might otherwise remain overlooked. It is important to focus on subgroups affected by inequalities but possibly not considered in general research or political decisions (Enßle & Helbrecht 2018).

Situating Hautepierre

Located in the northwest of Strasbourg, Hautepierre had a population of 13,137 residents in 2020 (INSEE 2024a). Of these residents, 12.6% are between 60 and 74 years old, and 3.7% are 75 years or older (INSEE 2024a). Notably, about 40% of Hautepierre's residents are "immigrés," not born in France but living there, regardless of citizenship (INSEE 2024a). Hautepierre is characterised by an above-average poverty rate of 47% (INSEE 2025). The poverty rate refers to the proportion of individuals or households earning less than 60% of the median income of the total population (INSEE 2024b). Hautepierre is designated as a "QPV". A neighbourhood is classified as a QPV when the average income of its residents falls below the national and urban levels. For QPVs, urban policies can implement measures to reduce social inequalities and economic disadvantages (Epstein 2024; Fulda et al. 2023).

Designed in the 1970s with a distinctive honeycomb structure (see Figure 1), Hautepierre consists of functional zones ("mailles") serving specific purposes: Irène (shopping centre), Denise (hospital), Catherine (residential and sociocultural centre Le Galet) and Parc des Sports (recreation), with other areas primarily providing social housing

Figure 1. Map of Strasbourg and Hautepierre (own map)



(Gérard 2018; Moreau & Hamoussa 2010). Currently undergoing urban renewal, Hautepierre faces both physical transformations and discursive challenges. Efforts to improve residents' quality of life include building insulation, tram line expansion, green space development and opening up the honeycomb structure (Michel 2023; Ville et Eurométropole de Strasbourg 2024). At the discursive level, the neighbourhood is labelled a "problem district." The image of Hautepierre is significantly affected by stigmatisation through media reporting. Accounts of criminal incidents, youth violence and unemployment contribute to the construction of Hautepierre as a "left-behind" (Aublanc 2024; Jeuffin 2021). This study seeks to move beyond such stereotypes by examining the lived experiences of older residents in Hautepierre – a quartier prioritaire whose dynamics reflect broader trends of discursive segregation in European societies. As such, it offers a critical lens to explore how ageing, place and inequality intersect in stigmatised urban spaces.

Data Collection and Analysis

For this study, we conducted nine qualitative, semi-structured interviews with older residents of Hautepierre, which form the core of our analysis. In addition, we spent one week in the neighbourhood observing everyday scenes and engaging in informal conversations with residents at the sociocultural centre *Le Galet* and beyond. Visiting the weekly local market, taking long walks through the honeycomb structures and attending the senior citizens' tea dance at *Le Galet* allowed us to engage intensively with everyday life in Hautepierre. This ethnographic approach should primarily be understood as preparatory work for the interviews rather than as a systematic investigation. Our aim was to gain insight into the neighbourhood and the daily lives of its residents.

Prior to our research stay, we had already established contact with the sociocultural centre *Le Galet*. Staff members assisted us in identifying potential interview partners and provided a space where the interviews could take place. Additional conversations were arranged through recommendations or by directly approaching people in public spaces. We required participants to be at least 60 years old and long-term residents.

Participation in the study was entirely voluntary. Before the interviews, the informed consent form was discussed with participants, allowing sufficient time to explain the study procedures and to answer any questions before written consent was obtained. The semi-structured interviews began with biographical questions and then focused on how residents use and experience their neighbourhood. We asked participants how they move through the neighbourhood, what a typical day looks like, where and when social encounters take place and how the neighbourhood has changed over time. Further questions addressed places where residents feel comfortable or uncomfortable and the reasons for these perceptions, how Hautepierre compares to other neighbourhoods in Strasbourg and what wishes residents have for the future development of the neighbourhood. These questions allowed us to explore the neighbourhood from the perspective of the interview partners and to understand how they experience their everyday environments.

The interviews lasted approximately 40–80 minutes each. Seven interviews were conducted with women and two with men; the age range was 63–82 years. Beyond age and past and present housing situations in Hautepierre, we did not systematically collect additional personal data such as marital status, income, religion or migration background. Our aim was to create an open conversational atmosphere in which participants could share the aspects of their lives that they themselves considered important. At the same time, we sought to avoid collecting social categories such as race, class or dis/ability in an additive manner that might impose a sense of vulnerability on the interview partners. During the interviews, participants voluntarily shared information about their lives – for example, whether they lived in rental housing or owned their homes, or whether they belonged to a particular religious community. Such information is considered in the analysis through an intersectional lens, allowing us to reflect on participants' different social positions in the findings section.

The audio recordings were subsequently transcribed and analysed using the software MAXQDA. We conducted close readings of the interview transcripts (Greenham 2018; Hernstein Smith 2016; Ohrvik 2024). This method is used in cultural and social sciences for qualitative text analysis. It analyses expressions on both content and linguistic levels. Through repeated and detailed reading of the texts, narrative structures are systematically examined. In this way, implicit meanings, ambivalences and semantic coherences can be revealed. Unlike other evaluation methods, close reading does not primarily work with category formation but focuses on the text-immanent analysis of individual statements in their respective context (Hernstein Smith 2016; Ohrvik 2024). A reflexive approach to one's own methodology and a transparent handling of possible preconceptions are necessary. In this regard, continuous team discussions helped us to debate our own interpretations. The goal was to ensure the most multifaceted consideration of the interviews possible.

Despite attempts to diversify interview participants, we faced limitations. Language barriers and difficulty reaching homebound individuals resulted in some exclusions. Although we tried to engage with people who are often overlooked in urban planning, we are aware that there

are individuals who face even stronger discrimination and exclusion. Notably, our status as "outsiders" led some residents to engage with us only superficially. Through our association with *Le Galet*, we primarily conducted interviews with older residents who frequently visit the centre.

In the findings section, we present the perspectives of pseudonymous Colette, Marc and Solange in detail, using other interviews as supplementary background data. Focusing on these three lifeworlds for a particularly vivid and in-depth exploration of everyday experiences in the neighbourhood. Colette, Marc and Solange were selected because they occupy different social positions which, as the following findings illustrate, translate into distinct ways of using and experiencing Hautepierre. In relation to our research objective of describing Hautepierre from the perspective of its older residents, their narratives highlight how diverse life realities coexist within the same neighbourhood. Using the theoretical framework of PA and intersectionality, we present a nuanced picture of ageing in Hautepierre.

Findings

Colette: "[…] because I live in 'la zone'"

Colette is 80 years old and has lived in Hautepierre since July 1970. She first lived in a studio apartment, located where the hospital is today. In 1984, she moved into her apartment in the Jacqueline mesh, where she has always been alone, since she hasn't got married and had no children. She used to work as a civil servant in the public administration in Strasbourg. Now, she is retired and still lives alone in Hautepierre.

She feels lonely because her best friend let her down, her other friend moved out and her family members never visit her because they are afraid to come to Hautepierre or live too far away. To get around in the neighbourhood, Colette walks with a crutch or takes the streetcar. She suffers from arthritis and is severely physically limited, so she mostly stays at home and rarely leaves the neighbourhood.

Colette's interview statements clearly indicate that neither her home nor her immediate neighbourhood is designed in a way that allows her to navigate them without difficulties. She expresses frustration with the steps in the entrance area of her apartment building:

> And now I'll tell you why I don't have a walking frame. Because I can balance better without one. There are five steps to climb in the hallway. Last year, I missed one. And I fell. And then you have to fold up the walking frame and carry it. I have osteoporosis, so I can't do that. That's why I can't have a walking frame, and I'm thinking of leaving. The nurses come every day to wash my back because I can't wash it myself anymore. (C.)

In another statement, Colette highlights additional challenges she faces in her daily life:

> I'll be honest, I no longer feel comfortable anywhere because I don't go out anymore. I only go out to run errands or if I need to go to Aldi, but I only buy two or three items because I can't manage any more than that. And now, well, you may not be interested, but at the moment, in my building, and I've called about it, when you press 6 inside the lift, you have to press really hard to get it to start, and now you actually have to press with two fingers. I have arthritis, so I can't do it. So I have to select the 5th floor, get out on the 5th floor, and walk up by foot instead. (C.)

Colette's health has significantly declined in recent years, necessitating adaptations in her daily life. The house where she has lived for 40 years presents various physical and material barriers. Consequently, she rarely leaves her home. As Milligan (2015: 7) states: "The home can thus provide an important buttress to an older person's sense of security and identity, self and independence, particularly for those who may feel vulnerable outside the bounds of their own private spaces." This applies to Colette: "Because with the crutch, I don't feel safe. Plus, when it rains, it gets slippery." (C.) Additionally, she complains about benches without backrests. The newly installed benches located outside *Le Galet* and in the Parc des Sports actively exclude her from participating in public space (see Figure 2).

The lack of backrests on benches is an expression of exclusive urban planning and structural disadvantage. Colette experiences ableism and stigma directly through the built environment (see McKee et al. 2024). As Adorno et al. note, homebound older adults "perceive themselves as 'forgotten' and devalued; lacking economic viability in the city's

Figure 2. Mineral benches in Parc des Sports (own photo)



development" (2018: 13). Colette's frustration with the age-*un*friendly design of her neighbourhood is exemplified in her statement:

> I am disabled. Even you, there in front, well, not you, I mean the town hall, I think, or the local council, have you seen how beautiful it is, what they have done? They have only put in stone benches, stone blocks. […]. I can't sit there. I need a backrest. And they left some wooden benches, but there are no backrests there either. And the worst thing is, I could go there, but it's in direct sunlight. (C.)

Colette's limited mobility is further exacerbated by changes in the neighbourhood that make it harder for her to maintain her social network. Regarding her social integration, there is an ambivalence in her narratives: on the one hand, she expresses deep disappointment with her closest social circle. On the other hand, she strongly identifies with the neighbourhood and its residents. Her family does not visit her, which she attributes to living in "la zone":

> I'm telling you, no one ever comes to see me because I live in "la zone," as they call it. I'm the only one here. I have five brothers and one sister. And as they say, I live in "la zone." For them, Hautepierre is "la zone." They're afraid to leave their cars there because they see them getting burned. That means no one ever comes to my house. (C.)

The labelling of the neighbourhood as a problem area, where cars are set on fire, deters Colette's relatives from visiting her. Hautepierre, similar to other neighbourhoods like Neuhof in relation to the metropolis of Strasbourg, is "situated at the very bottom of the hierarchical system of places" (Wacquant 2008: 1). QVPs are often associated with crime and violence in media reports. These perceptions, reproduced here by Colette's family members, construct Hautepierre as a problem neighbourhood. "Stigmatization consists of two main components: a characteristic attributed to someone/something, and a negative connotation and treatment on the basis of this attribution" (Van De Wetering 2020: 305). Hautepierre's label as "dangerous" directly impacts residents' daily lives.

In contrast to the stigmatisation, Colette displays a strong identification with the neighbourhood and its residents. When asked if she identifies with the neighbourhood, she responds:

> Yes, absolutely, ever since 1970. And there are people who know me. They recognise me […]. And I feel completely integrated. I am 100 per cent a resident of Hautepierre. (C.)

Colette's insider perspective is strongly shaped by her positive relationship with her "French-Moroccan" neighbours, whom she has known since they were children and who view her as a grandmother figure. "And back when I was still able-bodied, I would take them for walks in Hautepierre, to the playground, everywhere and anywhere." (C.) Today, the neighbours help Colette by running small errands for her. Colette emphasises the cross-cultural togetherness, although her statements are not free from racist stereotypes. She highlights differences between the residents of Hautepierre (through the construction of ethnic differences) but also positively emphasises their solidarity.

Colette feels at home in Hautepierre. She has witnessed the neighbourhood's growth and has many positive memories from the past. Being known in the neighbourhood and receiving help with daily tasks support her bond with the community. However, it is evident that her health has significantly deteriorated in recent years. Her living environment

presents structural barriers that exacerbate her social isolation. Colette's experiences illustrate that immobile individuals are scarcely considered in urban planning, resulting in a mismatch between the built environment and personal needs. Consequently, her place attachment relies heavily on nostalgic moments. She is aware that moving to a care home will be her next step. With the impending move to a care home, our interpretation is that her emotional attachment to Hautepierre will persist, but more in the form of memories rather than physical engagement with the space. Viewing Colette and her expressions of PA through an intersectional lens reveals that actualising her attachment through practices is hindered by her physical limitations. Her physical impairments dominate her daily life, reducing her range of action and increasingly presenting the neighbourhood as a physical barrier.

Marc: "And the sea is over there […]"

Marc was born in the 1940s in a small town in Portugal and has lived in Hautepierre since 2002. He tries to visit Portugal regularly and keep in touch with his family roots. He has two children from his first marriage and lives today with his second wife in Hautepierre. After working in several companies, he and his wife are now living the calm life of a retiree. They both like to spend time at home and value their privacy, but try to have occasional contact with their neighbours.

Marc tries not to get involved in the neighbourhood life too much. He meets his daughters and some friends on a regular basis and visits the tea dances at *Le Galet* together with his wife, where he also meets his "friends from dance". Apart from that he does not frequent public spaces often. He is not specifically attached to Hautepierre as his neighbourhood, but is happy to have and provide a good home and have everything important nearby.

Marc began the interview with us as follows:

> My name is Marc […]. I am originally from Portugal, with dual French and Portuguese nationality. I am married to a French woman, the mother of my children, and remarried to another French woman, from Alsace, who has two children of her own. That's me in a nutshell. (M.)

These statements highlight two key aspects that shape the rest of the conversation and will be explored further in the following: 1. Marc strongly identifies with his Portuguese heritage. 2. His second wife plays a central role in his life. She is instrumental in maintaining their social contacts and providing care.

Marc, who has lived in France since 1960, still strongly identifies with his birth country, Portugal:

> And I regularly go to Portugal for short breaks. I don't call them holidays, because holidays are what you have when you work. […]. I could go somewhere else, but I go there because I still have family ties. I have a little property there that I want to keep going as long as I can and for as long as everything's in order. (M.)

The short breaks, which also emphasise his status as a retiree, bring him satisfaction that carries over into his daily life in Hautepierre:

> We've started going to Portugal regularly to enjoy the sunshine. And when we're there, it's the sea, it's this, it's that, and then when we come back, it's a bit like hibernating, not because we stay at home, but because it's so calm, you know? (M.)

Marc does not seem to have a strong need for much activity in his daily life. On the contrary, it appears that he draws contentment from his short trips to Portugal. He feels emotionally connected to Portugal, evident in his solely positive accounts of his visits. In contrast, his statements about Hautepierre seem less emotionally charged. He recounts how he ended up living in Hautepierre in a rather pragmatic manner:

> We chose Hautepierre because we liked the flat and the area. And there was nothing that … Actually, that being said, there was nothing that specifically drew us to Hautepierre. We spent a month looking for flats. But this one caught our eye when we came to see it. (M.)

The choice was not explicitly for Hautepierre but rather for the apartment that happens to be located in Hautepierre. The neighbourhood plays a secondary role and seems replaceable. The fact that Marc has developed few emotional attachments to the neighbourhood since moving into the apartment two decades ago is evident when he speaks about the area in a very functional way. He confirms that everything he needs is available, referring to shopping facilities and public transportation (see Figure 3). His primary sphere of activity is his own home:

Figure 3. Tram stop in Hautepierre (own photo)



> When you have pretty much everything you need at home, there's no reason to leave. That's a good reason too. I leave my house, or flat, and I'm right at the tram stop. If I need to go to the hospital, I walk there, since it's only 200 metres away. So there you go, it's not … As for public spaces, aside from the streets, which I use like everyone else, pavements and all, I don't really use any other public spaces. (M.)

Marc worked in various companies. Now, he seems to prefer the quiet life of a retiree. Such a life appears to align with his ideals for later life:

> And then, I don't know if it's age, but we like things to be quieter. It's not that we want to stay shut in, but we like it … Yeah, but that's just the way of the world. (M.)

He and his wife cultivate a few steady social contacts. Twice a week, they meet their friends from dance, and they regularly see other friends for game nights. With his direct neighbours in his apartment building, Marc maintains a superficial contact:

> I get along well with everyone in the neighbourhood. I don't have any issues with anyone. No problems with the neighbours. But let's say that apart from saying hello and good evening, there isn't much in the way of neighbourly friendliness. (M.)

In his further explanations, Marc presents himself as withdrawn, while portraying his wife as the opposite:

> [My wife] knows a lot of people. When she goes out, she can't pass for a stranger, anonymous. But it's not unpleasant either. Sometimes I watch TV. There was a period during the Euro football championship when I followed it quite closely and enjoyed watching some of the matches. (M.)

It is interesting that while Marc describes his wife in terms of classically "feminine" roles, he associates her with the public sphere, whereas he portrays himself as someone who stays at home watching television. Marc further states: "It's not worth complaining because if things are going well, once we get home, we close the door and don't worry too much about what's going on outside, whether it's here or elsewhere." The metaphorical closing of his apartment door signifies a retreat into his private life (see Figure 4). He does not interfere in the affairs of others and expects the same in return. Having fulfilled his duties with "42 years of payments" in a capitalist achievement-oriented society, he now finds satisfaction in his retirement through his marriage, his home and, most importantly, through his identity-affirming visits to Portugal.

The example of Marc demonstrates that PA can occur on a micro level, specifically through the connection to one's own apartment. Additionally, it becomes clear that PA does not necessarily form with the current, and in his case long-term, neighbourhood as a place of residence. While he describes Hautepierre in purely functional terms, he shows emotional attachment to Portugal. Using an intersectional approach, we were able to highlight the significance of Portugal – in contrast to France or the neighbourhood of Hautepierre. The enduring importance of the place of birth in connection with familial ties is often highly relevant for individuals with a migration background, which also indicates the multiplicity of attached places (Palladino 2019). Furthermore, Marc's example illustrates that age and gender-related role expectations are important; they influence – alongside his migrant identity – the shaping of his daily life.

Figure 4. Entrance of a residential building in Hautepierre (own photo)



Solange: "The centre is like my baby."

Solange is 82 years old and a native of the Strasbourg area. She has lived in the same apartment in Hautepierre, in the Catherine mesh, near Le Galet, since 1971. She has raised her two children there, and her husband died 15 years ago. As a housewife, she has always been very involved in various associations related to the neighbourhood and social welfare. When the centre was created with the fusion of several associations and the support of the city of Strasbourg, she became its president.

Today, Solange is no longer part of the board of *Le Galet* but she remains very active there. She leads the women's meeting group and comes here four times a week. Due to her back problem, she rarely leaves her apartment, except to go shopping, to *Le Galet*, to visit her children or to go out to dinner with her friends.

In the interview with Solange, her neighbourhood engagement takes centre stage: she proudly discusses her involvement in neighbourhood associations, the founding of *Le Galet* in the 1990s and the chairmanship she held for 10 years: "I'm a bit like the founding mother of some neighbourhood associations, as they say." (S.) To this day, Solange actively shapes the program at *Le Galet* and leads the Thursday group, which she affectionately refers to as "my group." This group consists of women who gather to chat, recount anecdotes, exchange recipes and organise trips (CSC Hautepierre Le Galet 2026). Ziegler (2012: 1297) argues that "social participation in later life has to be understood as part of a continuum of social interactions which are based on life-long spatially situated social relationships." Solange participates in all events organised by *Le Galet* (see Figure 5). When these activities are not held, she feels a void:

Figure 5. "La Maison de Hautepierre" with *Le Galet* (own photo)



> For example, we don't run activities or workshops during the school holidays, which I miss. On a daily basis, we're at home and… What do we even do? (S.)

The rhythm of school and work schedules, as well as holidays, structures the urban life and, consequently, the program at *Le Galet*. In such an employment-oriented framework, retirees and individuals not engaged in work can feel left out.

For Solange, it is primarily the social connections that have kept her rooted in Hautepierre all these years:

> Yes, because quite often, there were many people who, especially when there was a bit of trouble, would say to me, "Listen, why do you stay in Hautepierre?" Family members who live in a village not far away would ask, "Why don't you sell your flat and come to the village?" No, I never wanted to. I like it here. We have everything we need in Hautepierre. […] And we're happy here. We have our friends in Hautepierre. If I moved away, I wouldn't have anyone. And there's a point when it becomes difficult to find new friends … to start over, you know. (S.)

This statement is interesting because Solange speaks in the first-person plural, acting as a spokesperson for like-minded individuals. This demonstrates how closely she is connected with other residents of her generation. The friendship network, combined with the difficulty of starting anew in old age, motivates her to stay. She explicitly attributes the relationships formed through *Le Galet* as a significant factor:

> My family is now mostly made up of people from the centre. I have a lot of friends there. We're like a family. We do things together, because we've known each other forever … and they're really like family to me. The centre is like my baby. I tell everyone that. It's kind of … well, it's very important to me. (S.)

In addition to her children, the "people from the centre" form her extended family, and *Le Galet* is her "baby." Although friendships are central to Solange's connection to Hautepierre, she notes at several points in the conversation that these relationships have changed over time. Due to mobility limitations and health impairments, fewer friends from other neighbourhoods visit her, and her social network in Hautepierre is also less mobile. Throughout the interview, Solange hints that her social circle is shrinking, as some friends have passed away due to age.

Solange presents herself as an insider when she reminisces about the "old days":

> Because we really liked the neighbourhood with all the greenery everywhere. There were trees and lush vegetation. When the urban renewal project started, it was somewhat upsetting for some people because a lot of trees were cut down. […] We managed to keep the small patch of woodland though, which was very important to us. […] And we actually did manage to keep it. But it's true that … the flower beds in front of each building used to have flowers. It was sweet. But now, it's starting to green up again, with little trees starting to grow back. (S.)

The urban renewal that came from external forces and changed the neighbourhood from within appears as a rupture in the neighbourhood's history. Solange describes the preservation of the small patch of woodland as a success of civic engagement. Her statement almost seems to distance herself slightly from the discontent surrounding the tree felling and relativises it, as it was "somewhat upsetting for some," but not so much for her. Throughout the interview, we gained the impression that she wants to represent her neighbourhood positively and construct a harmonious narrative. One's history and those of others become "bound up in place" (Degnen 2016) – an expression of emotional place attachment. Her statement illustrates that the physical places are less meaningful than the significances attributed to them by people.

Solange's example illustrates that PA is not merely given but actively created, successively renewed and maintained. For her, this is evident through her engagement with *Le Galet* or her efforts to preserve the small patch of woodland. Due to the opportunities for participation and the long personal history she shares with it, *Le Galet* represents far more than a sociocultural centre; it is a meaningful place that structures her daily life and social relationships. Solange is an older, widowed woman who was already deeply embedded in the neighbourhood before her husband's passing 15 years ago. She spent much of her life as a housewife raising two children, and her socio-economic position suggests that opportunities for participation outside the immediate neighbourhood may be limited. Through her engagement at *Le Galet*, however, she has developed an extensive local social network and close friendships with people she now considers family. Viewed through an intersectional lens, Solange's experiences highlight how

gendered life trajectories and socio-economic circumstances intersect in shaping everyday life in the neighbourhood. Her biography as a woman who devoted much of her life to unpaid care work reinforces the importance of accessible and low-cost local spaces of social participation. At the same time, these intersecting positions contribute to a strong spatial anchoring in Hautepierre, where long-standing relationships and familiar community spaces sustain her daily routines and sense of belonging.

Discussion

QPVs are defined through statistical income indicators and addressed through funding programmes, framing them as "problem areas" requiring improved living conditions and reduced inequalities. However, this administrative approach – operating within fixed territorial boundaries (e.g. "Plan d'action territorial") – fails to capture older residents' lived realities. Our findings demonstrate that older adults' experiences of neighbourhood life are shaped less by these administrative and functional categorisations than by everyday practices, social relations and emotional attachments to specific places within the neighbourhood and beyond.

In this regard, our study contributes to debates on "AIP" and " AFC" by showing that ageing in disadvantaged urban neighbourhoods cannot be understood solely through infrastructural or policy-oriented frameworks. While both approaches emphasise the importance of enabling older adults to remain in familiar environments and to participate in urban life (Clark et al. 2024; World Health Organization 2023), our findings highlight that the lived experience of ageing in place is highly differentiated and shaped by intersecting social positions. The three cases presented here illustrate this diversity: Colette's attachment to Hautepierre persists despite physical barriers that increasingly confine her to her home; Marc maintains primarily functional relations to the neighbourhood while emotionally identifying with another place in his home country; and Solange actively produces place attachment through long-standing neighbourhood engagement. These findings resonate with previous studies emphasising the importance of social relations and everyday practices for place attachment (Buffel et al. 2014; Lewis & Buffel 2020), but they

also show how these attachments evolve over time and are embedded in broader structural inequalities.

By combining place attachment with an intersectional perspective, our study offers a conceptual lens that extends existing approaches to AIP. Previous research has criticised AIP and AFC frameworks for their tendency to rely on relatively homogeneous understandings of older adults and for focusing strongly on physical infrastructures (Ågotnes et al. 2022; Finlay & Finn 2021). Our findings support this critique. Colette's example illustrates how the built environment can reproduce forms of ableism, as seemingly minor design decisions – such as benches without backrests – can effectively exclude individuals with limited mobility from public space. At the same time, Marc's case demonstrates that ageing in place does not necessarily imply emotional attachment to the immediate neighbourhood. Instead, attachments may extend across multiple places and reflect migration histories and transnational family ties (Palladino 2019). These examples highlight that ageing in place should not be understood as a static condition but rather as a dynamic process shaped by life-course trajectories, health conditions and social relations.

The intersectional lens further allows us to capture the heterogeneity of ageing experiences in a stigmatised neighbourhood. Factors such as gender, migration background, socio-economic status and health intersect with spatial conditions and discursive constructions of place. In Hautepierre, external stigmatisation – reinforced through media representations of crime – directly affects residents' everyday lives, for example, when relatives avoid visiting the neighbourhood because it is perceived as dangerous. Similar processes have been described in research on territorial stigmatisation (Van De Wetering 2020; Wacquant 2008). Our findings suggest that such discursive framings shape not only the external perception of neighbourhoods but also the social relations and opportunities available to their residents. Integrating these dynamics into the analysis of place attachment, therefore, represents an important contribution of this study.

At the same time, the interviews reveal that residents are not merely passive recipients of structural constraints but actively shape their environments. Solange's engagement in the neighbourhood demonstrates how everyday practices and social participation contribute to the

production of meaningful places. Sociocultural places such as *Le Galet* function as an important hub for social interaction across generations and allow residents to maintain social ties over long periods of time. These findings align with previous research emphasising the importance of social networks and everyday encounters for well-being in later life (Courbebaisse 2023; Lebrusán & Gómez 2022). At the same time, they highlight the importance of accessible, low-threshold community spaces that enable older residents to remain socially embedded within their neighbourhoods.

Several limitations of this study should be acknowledged. First, the qualitative design and small number of interviews limit the generalisability of the findings. The perspectives presented here should therefore be understood as in-depth insights into individual lifeworlds rather than representative accounts of ageing in Hautepierre. Second, due to language barriers and difficulties reaching homebound individuals, some voices remain underrepresented. In addition, many participants were recruited through the sociocultural centre *Le Galet*, which means that residents who are socially isolated or less engaged in neighbourhood activities may not be captured in the analysis. Finally, our positionality as researchers and temporary visitors to the neighbourhood may have influenced the interview dynamics and the ways in which participants presented their experiences.

Despite these limitations, the study highlights several directions for future research. In particular, further work could deepen the intersectional analysis of ageing in urban neighbourhoods by examining more systematically how structural inequalities – such as poverty, migration histories and health disparities – interact with spatial stigma in shaping everyday experiences of ageing. Comparative studies across different neighbourhoods would also help to better understand how these dynamics unfold in different urban and national contexts. In an era of global urbanisation, cities face mounting pressures from economic competition and neoliberal governance models that prioritise efficiency (Kemper & Vogelpohl 2020). The commercialisation of public spaces increasingly restricts opportunities for community building and social cohesion. To counteract these neoliberal urban planning trends, we find value in engaging with older adults from different neighbourhoods who face discrimination and exclusion.

While our study does not primarily aim to develop concrete policy recommendations, it nevertheless points to several considerations for urban planning and neighbourhood development. The findings underline the importance of maintaining accessible public spaces and low-threshold community infrastructures that enable everyday encounters and social participation among residents. Such spaces can play a crucial role in counteracting processes of social isolation. As before, urban planning is oriented towards middle-aged, employed, and healthy individuals, while older and/or physically impaired people often fall through the cracks (Hoffelner 2018). Incorporating the perspectives of older residents into urban planning processes can help to challenge homogenising narratives about both ageing and disadvantaged neighbourhoods and contribute to more inclusive forms of urban development.

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Ethical Statement

Our institution does not require ethical approval for the reporting of individual cases or case series. In this study, we focus on reports from older adults living in Hautepierre, Strasbourg (France). Prior to participation, all participants were fully informed about the purpose of the study, its procedures and potential risks and benefits. Participation was entirely voluntary. Written informed consent was obtained from all participants, who were also informed that they could refuse to answer questions or withdraw from the study at any time without any negative consequences.

Declaration of Conflicting Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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