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GEOGRAPHIES OF AGING

Hidden Dimensions of Care in Stockholm, Vienna, and Zurich

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Introduction

In the context of an aging population, growing life expectancy, and with it a larger share of very old persons, the World Health Organization's (WHO 2007) program of 'age-friendly cities' has become a central policy strategy of many cities worldwide. With this program, 'aging in place' has turned into a dominant element in cities' planning and health policy, aiming at facilitating the possibility for older people to remain in their homes and communities as long as possible. Even though the WHO's program is not the only nor the first one that has addressed aging in the context of urban development and city policies, it has fostered the rise of a wider international debate about healthy aging environments and stimulated the promotion of a certain ideal type and desirable way of aging connoted by the notion of 'active aging' (ibid. 2002).

This chapter contributes to the emerging conceptual debates around age-friendly urban environments and addresses ambivalences linked with new arrangements, forms, and perceptions of aging. In doing so, it aims at enhancing the idea of age-friendly cities through including a perspective of care that goes beyond formalized urban facilities for older people and that challenges the idea of active aging. For this, the chapter explores 'hidden' dimensions of care of older people at the intersection of public and private life in cities. It seeks to discuss the multiple everyday care practices of older people, leading to the promotion of a novel approach to seeing relationships among built environments, humans, and nature in order to critically propose a highly integrative concept of age-friendly cities.

In order to explore and analyze different formal and informal geographies of aging we situate our analytical focus at the interface of spatial and social dimensions of care. The following chapter (1) introduces this spatial concept of care; (2) presents empirical findings from the European cities of Stockholm, Vienna, and Zurich; (3) illustrates a proposal to re-frame the concept of age-friendly city based on an ethic of care perspective; and (4) concludes with final remarks.

Neighborhood Dimensions of Care

In the understanding of care presented in this chapter, we go beyond 'care' in a narrow sense such as healthcare, childcare, or geriatric care, and draw on the idea of care as a moral and political concept. Here, care is seen as a fundamental requirement for the development of (human) beings and therefore rejects the assumption of being completely autonomous. It perceives humans as being social and dependent on each other. In this vein, this chapter draws on (feminist) ethics of care and defines care, following Berenice Fisher and Joan Tronto (1990: 40, original emphasis), as

> a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.

Understanding care as practice, the authors have identified four elements of care, which are "caring about, noticing the need to care in the first place; taking care of, assuming responsibility for care; care-giving, the actual work of care that needs to be done; and care-receiving, the response of that which is cared for to the care" (Tronto 2005: 252). Out of these phases arise four ethical aspects of care, which are attentiveness, responsibility, competence, and responsiveness (Tronto 2005). Care ethics put care at the center of questions of how to foster a 'good' society, and 'positive' interactions between people, other beings, environments, and objects. This includes the practices of care that we all receive, and all provide at various stages in our lives, and it perceives care as a concept for reflecting on power relations, inequality, and social justice (ibid. 2015). In this vein, this chapter draws on work that challenges distinctions between public space as the realm of politics and justice, and private space as the sphere of emotion and care. Endeavors in this context promote

> an inclusive approach to care and justice by refusing to partition the two, instead emphasizing the acts and structures of caring that stretch across public and private spheres and seeking ways to connect the individuals, communities, and institutions that shape care.
> *(Milligan 2014: 2)*

Care "is about meeting needs, and it is always *relational*" (Tronto 2015: 4, original emphasis). The emphasis on processes and relationships means a fundamental shift in perspective when it comes to the built environment insofar as responsibilities to care are not only bound to the object "or its creator, builder, or patron" but involve all who are engaged in contact through this object (ibid. 2019: 28). The relational character of care intersects with our understanding of aging. We follow critical social gerontology approaches that highlight the interrelations between aging bodies, the discursive construction of age(ing), and embeddedness of age(ing) within socio-historical categorizations, norms, and power relations. Rather than perceiving age in terms of static chronological categories, we pursue a relational thinking of age(ing) (van Dyk 2015) and its significance within geographical studies (Hopkins and Pain 2007).

Drawing on the notion that care often takes place in face-to-face contacts and social relationships (Pease et al. 2018: 5), this study focuses on neighborhoods in order to address the

question of the spatial occurrence of care practices at the intersection of private and public life of older adults in cities. Neighborhoods, as defined here, are spaces in the immediate living environment. We perceive them as social realms that embrace the private and public spheres, and, therefore, unravel the public-private dichotomy (Lofland 1998). Furthermore, with our focus on neighborhoods, we refer to a broad body of literature that has shown the relevance of neighborhoods and local community networks as physical and social spaces of aging (see Buffel et al. 2012; Gardner 2011). The focus on neighborhood attachment that corresponds with the policy strategy of aging in place, however, also entails ambivalences: Critics have pointed to neoliberal forms of instrumentalization of neighborhood communities through 'activating' local resources, often driven by financial interests. Although the concept of aging in place tends to over-romanticize notions of care linked with the private domain and risks a (re)domestication of care services, aging at home has increasingly become the residential strategy of choice (Gilleard et al. 2007).

Spaces of Care at the Intersection of Private and Public

The following section presents empirical findings with the aim of providing detailed insights into the local situations of age-appropriate living environments in Stockholm, Vienna, and Zurich.[1] Whereas the Zurich case study analyzed two spatially and socially differing city districts, the Vienna case study focused on social innovative housing projects with so-called 'assisted living' dwelling units for older persons, and the Stockholm case study explored situations of loneliness in the context of different living environments of older people.

Seeking to scrutinize the social and material spatialities of neighborhoods, we followed an inductive methodological approach. During the iterative process of data collection and analysis, a set of categories served as our analysis grid and was developed further during extensive literature review. A three-fold socio-geographical concept of space is used to systematize the empirical findings of the local case studies with regard to diverse spatial relationships of older people's everyday life dimensions of care: (1) 'third places,' a term coined by Ray Oldenburg (1989), refers to key sites for informal public life such as cafes, post offices, grocery stores, barber shops, and community organizations, where people congregate separate from work ('second place') or home ('first place'); (2) 'transitory zones' describe places, which are passed through during the course of daily public life, such as lobbies of buildings, sidewalks close to home, bus stops, subway platforms, or seats in trams (Gardner 2011); and (3) 'thresholds' are the hybrid, semi-public spaces in-between public places and private dwellings, such as balconies, backyards, porches, and patios (ibid.). Even though these three defined spatial dimensions are overlapping and fluid, the conceptual categorization allows an analytical differentiation of various gradations from publicness to privacy in a neighborhood and enables a systematization of findings from the different local case studies. In the following, empirical insights of our research with respect to this chapter's outlined objectives are illustrated.

In Stockholm three case study sites were selected: (1) *Pilträdet*, senior housing with services in the district Kungsholmen located at the heart of Stockholm's inner city; (2) *Riddarsporren*, a nursing home situated in conjunction with a home for people with dementia in the northern inner-city district Norrmalm; and (3) regular housing estates in the Stockholm suburb of Farsta. Farsta was built in the 1950s as an ABC-city, which derived from an abbreviation for the Swedish terms *Arbete* [Work], *Boende* [Housing], and *Centrum* [Center for shopping], with

the idea to create a self-sufficient hub outside the city center including work, dwelling, and shopping activities.

In Vienna, the selected case study sites are housing projects with assisted living units that were recently built in urban development areas: (1) *CASA Sonnwendviertel*, which is situated in the development area around the Central Station with adjacent dense *Gründerzeit* structures; and (2) *OASE 22*, located in the district of Donaustadt in a former peripheral industrial area with surrounding brownfield development. The projects are part of the Viennese subsidized housing scheme and offer specific 'age-friendly' apartments. These assisted living apartments are equipped with barrier-free facilities and additional care services. A professional carer is regularly present on site in the community areas.

In Zurich the focus was on older residents living in their homes without special assisted living services. Two contrasting city districts were selected: (1) Hard, an inner-city district characterized by dense building structures, a low percentage of older people as well as home-owners, and low levels of socioeconomic status; (2) Witikon, a green, residential area in the periphery with a very high proportion of older people as well as homeowners, and high levels of socioeconomic status.

All three case studies—Stockholm, Vienna, and Zurich—show the importance of residential neighborhoods for older adults as these areas comprise the center of life in old age. The conducted research demonstrates the relevance of third places that are close to home and easily accessible with public transportation or located in walking distance. The quality of these spaces depends on how the needs of the older residents are met: Besides the importance of short distances between home and third places, the degree of familiarity and contact with the staff in grocery stores, cafes, or restaurants was found to be a crucial factor in considering places for social activities. For example, the continuity of the same staff contributes significantly to long-lasting mutual recognition and 'public familiarity' (Blokland and Nast 2014). In Vienna, several interviewed persons highlighted the fact that they still consult doctors they trust from their former neighborhood despite longer travelling time. The Zurich case illustrates the relevance of attachment to place: Local pubs and cafes configured as social places and institutionalized over time cannot easily be replaced by new socio-cultural offerings. In the researched districts in Zurich many local pubs and cafes closed or underwent major transformations and now no longer meet the needs of older residents. The closing of a restaurant that had virtually served as a 'living room' for older persons has led to an increase of food delivery services instead, and older residents are less likely to leave home and interact with others less frequently. This directly relates to concerns about reduced social relations and rising loneliness among older people. However, the invisibility of loneliness often undermines the ability to recognize it and respond appropriately. Interviews conducted in Stockholm underscored the ambivalences and shortcomings of institutional preventive measures and demonstrated that loneliness, feeling alone, and isolation can be both related and distinct. A group interview with people living at *Pilträdet* clearly showed the multifacetedness of loneliness. Indeed, activities offered by the senior assisted living and other private arrangements in Stockholm have supported residents in feeling well and comfortable with each other. However, there were also people with deep feelings of loneliness even though they participated in these activities.

The fact that economic difficulties can impede social inclusion was brought up in various ways during the interviews. Across all case studies, interviewed persons emphasized the need for neighborhood eateries that offer affordable food. Addressing the issue of the widespread

risk of poverty among older people, in Stockholm several subsidized food programs, particularly lunch or coffee services [*fika*] at designated social activity places for older people across the city have been set up. In order to prevent old-age poverty, the local availability of such infrastructures is of high importance. Interviewees in Farsta for instance highlighted the fact that nearby churches and restaurants offer affordable lunches, which particularly support older persons since they do not need to go to the city center for such offerings.

Third places are, however, not only spaces where older persons are care recipients or consumers of formal care services such as subsidized meals, but where they can also act as caregivers. For instance, practices of care gain momentum through mutual help with grocery shopping, through organizing social get-togethers, joint dinners, and other activities such as language classes. The older residents who regularly initiate these social gatherings explicitly stated that their motivation is to promote social contact and prevent loneliness. Hence, these practices of caring have a vital impact on health and well-being and further demonstrate the fact that "relationships of care can involve acts of reciprocity; that is, both carer and cared for may derive benefits from their exchanges" (Fraser et al. 2018: 233). The aspect of reciprocity is not only evident in caring relationships between humans but also extends between humans and other beings: An older Viennese lady highlighted her close relationship with her dog and stated that she only chooses restaurants where her dog is allowed inside.

Third places are tightly linked with spaces that are here referred to as transitory zones. Those spaces revealed as highly important in the lives of older people; "rather than simply moving through them, transitory zones were used as places to connect with people, even for just a moment" (Gardner 2011: 267). Usually, spaces like streets, squares, public transport stations, staircases, and house corridors are not intended to be destinations in a narrow sense, but rather to be passed through during the course of daily errands. Boundaries between third places and transitory zones blur when they serve as actual spaces for certain activities, such as going for a walk on the nearby promenade. The unplanned encounter is a key moment that occurs when just passing by. While on their daily outings, older residents often meet neighbors or acquaintances on the street, at bus or tram stops, in squares, or while shopping, and often stay and linger in these spaces.

In this context, as research findings show, practices of care take place through the dimensions of caring about, caring for, caregiving, and care receiving insofar as those chance encounters may lead to offering help as well as receiving support from others. This does not mean that in every (spontaneous) encounter practices of care are necessarily inscribed. We rather shed light on the daily practices of older people that are often not perceived as caring relations in the first place. For many older persons, particularly for those with reduced mobility, transitory zones are essential everyday spaces that allow for social interaction and proximity, and hence serve as crucial spaces for meeting needs. Interviewees reported that their need to be around people even serves as a reason for them to go shopping (see Figure 17.1). This context implies the dimension of caring for oneself, the necessity of not only being attentive and responsible to others but also for addressing one's own needs (Tronto 2005).

This moment of caring for oneself is particularly evident in the frequently mentioned activity of walking. Going for a walk in areas next to residential buildings and around the immediate neighborhood was described as highly meaningful and satisfying, as it nurtures the need to belong (see Figure 17.2). Besides health reasons, many interviewees stated curiosity about their neighborhood. They not only enjoyed watching other people but also observing how the (built) environment transforms. Indeed, many were very attentive to their

FIGURE 17.1 Viktor Adler Markt is a food market near the housing project CASA Sonnwendviertel and functions as an important supplier of comestible goods for interviewed residents. Source: Sophia Stadlhuber, 2019.

surrounding environment; not only with respect to construction sites but also to parks and green zones (see Figure 17.3). They emphasized their appreciation for nearby nature and the people maintaining and cultivating green areas.

The importance of transit areas as places of aging also manifests in acts of re-arrangement, occupation, and use of spaces in ways other than designed for: Against prevailing house rules, older residents of *OSASE 22* put cushions in the staircases to create more comfortable seating opportunities. This example shows how transitory zones can be transformed into thresholds, or at least it exemplifies the fluid boundaries between these spaces and their different meanings for different users.

In view of decreasing mobility with old age, thresholds become more important and are highly relevant with respect to care practices. Prominent threshold spaces mentioned by research participants are, on the one hand, balconies and loggias, which are part of their private apartments but are situated in direct relation to 'the outside.' On the other hand, shared entrance areas of housing estates and other communal spaces such as courtyards, sitting areas, community rooms, terraces, or indoor gyms play a crucial role in the daily life of older residents (see Figure 17.4).

FIGURE 17.2   Hardau Park in Zurich: Going for a walk, passing through transitory zones can be a meaningful way of connecting with other people in the everyday lives of older residents. Source: Liv Christensen, 2019.

In the Viennese assisted living apartments, a professional caregiver is the contact person for the older residents and is present on a regular basis to organize social get-togethers such as coffee and cake, lunch, or game afternoons. Similar to this, in a non-profit housing development for seniors in Zurich, the significant role of the building supervisor present on site became apparent. Apart from his main responsibility for maintenance and repair, he also regularly organizes a variety of social activities. Within these 'professionalized' forms of care labor, however, also ambivalences arise between assigned work tasks and additional care work. While regulations and formal work tasks clearly frame responsibilities, there are the hidden needs of care receivers surfacing in threshold spaces that challenge formal care routines and legal requirements and lead to struggles for caregivers with personal commitments and individual feelings of responsibility.

Besides the dominance of care work performed by professional carers, our research also illustrates the role of older residents as caregivers in threshold spaces: They are attentive, feel responsible for each other, and are also competent in performing caring work. Participants in the Viennese study mentioned their neighbors as key caregivers, or they told us about their

FIGURE 17.3 Outdoor seating facilities in a small park close to a senior housing block in the district Hard provide opportunities for social encounters. Source: Liv Christensen, 2019.

FIGURE 17.4 Seating at the main entrance area of Pilträdet, senior housing with services in Stockholm. Source: Jing Jing, 2019.

own caregiving practices such as taking out the neighbor's garbage. A resident of *OASE 22* regularly organizes different events and installed a community library within the housing estate, which serves as a frequent meeting point for a group of older people. The Zurich case study similarly revealed how important small acts of assistance and 'check-ins' are among older people in everyday life. For example, we came across the widespread practice of bringing the daily newspapers to other older residents. If the newspaper in the letterbox or in front of the recipient's door is not picked up, people notice quickly that someone might not be feeling well. Similar practices were found in Stockholm: A resident in the nursing home talked about her feeling of safety based on whether newspapers are piled up in front of apartment doors or not.

Re-Framing the Concept of Age-Friendly City from an Ethic of Care Perspective

The model of age-friendly cities is based on the concept of active aging defined by the WHO's (2002) programmatic framework and is part of an international trend, which, in addition to the WHO, is supported by a broad coalition of international organizations such as the Organisation for Economic Co-operation and Development (OECD), United Nations (UN), and European Commission (Moulaert and Biggs 2012). The paradigm of 'active,' 'productive,' and 'successful' aging considers older people as a resource for the paid labor market, for family and voluntary activities, and refers to the capacity of older individuals to maintain themselves as independent as possible (van Dyk 2015). Hence, policy strategies in this regard have to be contextualized within the paradigmatic shift from social welfare to the 'activating welfare state' (Lessenich 2008).

The individualization of responsibility for successful aging within the neoliberal shift has led to extending the previously dominated deficit-oriented aging discourse to a "government of old people in the guise of successful ageing" (Tulle-Winton 1999: 283). The paradigm of active aging and with it the concept of aging in place range between neoliberal curse and emancipatory blessing: It reflects an attempt to shape various adequate and self-determined trajectories of aging beyond the deficient stereotype of frail old persons. At the same time normative pressure is set on older adults, encouraging them to self-optimize and self-monitor their success by conforming to this paradigm.

Instead of following one of these rationales, we propose to start from a feminist ethic of care approach that radically unravels the idea of independence and autonomy as the nature of human life that is inscribed in both lines of argument. Following Tronto (2005: 255), in the course of our lives we all "go through varying degrees of dependence and independence, of autonomy and vulnerability." Acknowledging that care is constitutive of human life pushes us to "demystify ideals of self-sufficiency and independence and promote a conception of equality that begins with our relationality and neediness" (Feder Kittay 2001: 530). This means, rather than conceptualizing old age in contrast to a seemingly ageless and independent adulthood (van Dyk 2015), a perspective is required that starts from the premise that throughout our lives we all need care. This should not mean ignoring specific needs and growing limitations of independence in older age. An ethic of care approach rather is able to stress that the problematization of dependency in older age is also nurtured by the norm of autonomy (ibid.: 147).

The ethical dimensions of competence and responsiveness of the caring process illustrate the importance of reflecting who needs which kind of care and requires a constant reviewing whether the need is met (Tronto 2015). In regard to an age-friendly city approach, this means stepping aside from the prevalent attempt of creating a homogeneous group of seniors, recognizing the diversity of their needs, and hence acknowledging that different caring measures may be fruitful for some but not equally applicable to all older people. Furthermore, the processual and relational character of care encourages us to re-examine the concept of age-friendliness itself. Instead of perceiving age-friendliness merely, as critics have already pointed out, "as a status that can be achieved by completing a number of specified tasks, rather than an on-going, strategic process" (Liddle et al. 2014: 1624f), we argue for an integral and integrative concept of age-friendly cities not based on fixed and discrete features and pre-defined criteria. Rather, age-friendliness represents being part of a reflective process of improvement that constantly takes into account both the caregivers and receivers and considers local context-specific circumstances.

Residential neighborhoods as spaces of everyday life where publicness and privacy intertwine have proven to be essential spaces of aging, where practices of care on various levels and in diverse spatial settings take place. The empirical findings presented above illustrate various degrees of involvement, economic, health or social difficulties, dependency, as well as self-determination of older people, and shed light on the spatiality of care relationships. Unravelling the often 'hidden' dimensions of care in the everyday lives of older people emphasizes the various reciprocal relations between urban institutions and individual actors that are constitutive of the age-friendliness of cities. An ethic of care approach connects the private and public domain insofar as it addresses the moral and political dimension of caring. Care as a moral *and* political concept means to not concentrate exclusively on the morality of individual action or on socio-political systems and structures, rather, it scrutinizes both together. Placing care in its full moral and political context (Tronto 2005) can provide arguments for the neighborhood community versus neoliberal forms of instrumentalization. It enables us to challenge idealized notions of care linked with the private domain, hence with aging in place. With this, it also can establish awareness and attention for (re)domestication of care services and related power relations.

Concluding Remarks

The purpose of identifying 'hidden' dimensions of care was to untangle the concrete spatiality of care relations and practices of older people living in different urban environments. By examining diverse practices and relationships of care at the intersection of the private and public lives of older people, this chapter gave an impetus to re-think the concept of age-friendly cities. Reconsidering age-friendliness of cities through an ethic of care perspective acknowledges the diversity of older people's needs, ways of life, and desired aging environments. It illuminates the entire process of care through scrutinizing the dimensions of 'caring about,' 'taking care of,' 'caregiving,' and 'care-receiving,' and thus argues that practices of care are only sufficient if all dimensions are adequately accomplished (ibid.). The chapter also questioned the ideal of autonomous individuals and instead emphasized the interconnectedness of everyone, hence criticizing age-negating trends embedded in political strategies of active aging. We aimed at spurring local social policy and spatial implementations and opening up perspectives for further research on care in the context of geographies of aging.

Note

1   We discuss findings from the international research project *Geographies of Age* (2018–2020), which is a cooperation between partners of ETH Zurich, KTH Stockholm, and TU Wien. Rather than taking a comparative city approach, we seek to understand the diversity of socio-spatial configurations of aging in the cities of Stockholm, Vienna, and Zurich. The project analyzed secondary quantitative data in a pre-study. The main study, and on which this chapter is based, pursued an exploratory mixed-methods approach with expert interviews, go-along and qualitative sit-in interviews, and participatory dialogue workshops with key actors and older residents.

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