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Original Article

Women Living their Old Age Autonomously: New Readings from Life Courses and Historical Injustices

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ABSTRACT

This essay is the product of a reflection on the autonomy of women in their old age, and their contributions to the field of health. From stories gathered during a doctoral study regarding their health care, personal reflections emerge that provide new theoretical constructs and challenge the hegemonic proposals related to this matter, thus generating knowledge that is situated and decolonizing, which in turn allows perceiving old age differently. Two central ideas derive from this process: first, it is important to understand the semantic distance between autonomy and independence, where autonomy is built as a decision about oneself and not as the ability to perform the actions that mobilize those decisions; therefore, being autonomous and being independent are parallel and complementary paths that contribute to healthy aging. Secondly, embodying autonomy is an experience that is historically constructed and changes as women age and abandon the obligation to take care of others, centering themselves in their own lives. This does not erase the fact that ageism could threaten their experience. It is proposed to resemanticize these concepts in the context of health and to incorporate a critical and reflexive perspective into health care practices that acknowledges the life courses and the multiple discriminatory systems that undermine the trajectories of women in their old age, to contribute to the construction of a more just and equitable society.

Keywords:
Autonomy; Health; Life course approach; Old women; Old age

Mulheres vivendo a sua velhice de forma autónoma: novas leituras desde os cursos de vida e injustiças históricas

RESUMO

Este ensaio é produto de uma reflexão sobre a autonomia das mulheres que vivem a sua velhice e as suas contribuições para o campo da saúde. Das histórias construídas numa investigação doutoral, sobre os seus próprios cuidados de saúde, emergem reflexões pessoais que contribuem para novas construções teóricas e colocam em tensão as propostas hegemônicas referidas a este tópico, gerando assim um conhecimento situado e descolonizador que abre as portas para olhar as velhices de uma forma diferente. A partir deste processo, são resgatadas duas ideias-forças: em primeiro lugar, compreender a distância semântica entre autonomia e independência, de onde a autonomia é construída como uma decisão sobre si mesma e não como a capacidade de realizar as ações que mobilizam essas decisões; portanto, ser autônoma e ser independente são caminhos paralelos e complementares que contribuem para um envelhecimento saudável. Em segundo lugar, que habitar a autonomia é uma experiência historicamente construída e muda à medida que elas envelhecem e abandonam a obrigação de cuidar dos outros, colocando-se no centro das suas vidas, sem perder de vista a ameaça que o velhismo pode gerar nesta experiência. O proposto é re-semantizar estes conceitos na saúde e incorporar na práxis sanitária uma perspectiva reflexiva crítica que reconheça o curso da vida e a multiplicidade de sistemas discriminatórios que tornam precárias as histórias de mulheres que vivem as suas velhices, a fim de contribuir para a construção de uma sociedade mais justa e equitativa.

Palavras-chave:
Autonomia; Saúde; Curso de vida; Mulheres mais velhas; Velhice

Mujeres viviendo su vejez de manera autónoma: nuevas lecturas desde los cursos de vida y las injusticias históricas

RESUMEN

El presente ensayo es producto de una reflexión que aborda la autonomía de las mujeres que viven sus vejeces y sus aportes al ámbito de la salud. Desde relatos construidos en una investigación doctoral, sobre sus propios cuidados en salud, emergen reflexiones personales que aportan nuevos constructos teóricos y ponen en tensión las propuestas hegemónicas referidas a este tema, generándose así un saber situado, descolonizador, que abre las puertas a mirar las vejeces de una forma distinta. A partir de este proceso se rescatan dos ideas fuerzas: en primer lugar, comprender la distancia semántica entre autonomía e independencia, desde donde se construye la autonomía como una decisión sobre sí mismas y no como la capacidad de realizar las acciones que movilizan esas decisiones, por lo tanto, ser autónoma y ser independiente son caminos paralelos y complementarios que contribuyen a su envejecimiento saludable. En segundo lugar, que el habitar la autonomía es una experiencia históricamente construida y va cambiando en la medida que ellas envejecen y abandonan la obligatoriedad de cuidar de otras personas, situándose en el centro de sus vidas, sin perder de óptica la amenaza que puede generar el viejismo en esta vivencia. Se propone con ello re-semantizar estos conceptos en salud e incorporar a la praxis sanitaria una perspectiva reflexiva crítica que reconozca el curso de vida y la multiplicidad de sistemas discriminatorios que precarizan las historias de las mujeres que viven sus vejeces, para contribuir con ello a la construcción de una sociedad más justa y equitativa.

Palabras clave:
Autonomía; Salud; Enfoque de Curso de Vida; Mujeres mayores; Vejez

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INITIAL REFLECTIONS

The accelerated process of population aging happening in Chile, together with the feminization of old age, creates an urgent need to carefully observe this phenomenon, since it brings an increase in life expectancy, the appearance of diverse health issues and needs in the population (such as the need for care), and a deepening in social security disparities. In turn, these phenomena put the people who are aging and those who accompany them in unequal and precarious situations (Huenchuan, 2013; MINSAL, 2015). In Chile, 85.6% of the population over 60 years of age is functionally independent (MIDESO, 2017); however, when it comes to dependency the prevalence is higher in women – 3.53% of men are functionally dependent, versus 5.29% of functionally dependent women – a gap that is observed in other age groups (Villalobos Dintrans, 2019). This creates an interest to address the topic of autonomy in older women, with “autonomy” referring to the experience of "not being dependent".

Various definitions allow conceptualizing and delimiting what autonomy means. Said definitions are not mutually exclusive and, when analyzed together, allow a deeper understanding of the scope of the concept. However, from a situated perspective, based on a territory that is ours – because we live in it – and that carries our histories, it is appropriate to question whether the existing definitions of autonomy truly reflect the experience of women living their old age in their communities. Considering this, it becomes urgent to resort to the reflections of Boaventura de Sousa Santos (Santos, 2010), who proposes the need to resemanticize longstanding concepts in order to create new ones that will allow us to build our own language, and definitions that make sense situated in our context and according to our history, even when this is unprecedented in the theories we have read to this point.

Understanding our mode of providing meaning to the world inevitably invites us to reflect on how the hegemonic views inherited from processes of capitalist and colonial domination in our continent have drawn a dividing line in our social reality, and has resulted in a perspective of the world that is deeply

Eurocentric and probably far removed from our own cultural structure (Santos, 2010). Additionally, it is essential – at this point in the civilizing crisis – to address the understanding of these processes considering the contexts and territories we inhabit. Different forms of oppression or domination exist in our cultural system, that operate as ideological frameworks and generate permanent and cumulative discrimination against groups of people throughout their life (Viveros, 2016). It is from this place that aging and older women need to be situated, since they carry the weight of a system marked by patriarchy, social segregation, ageist practices, and many other forms of discrimination, and it is in this system where they live their old age.

In her work "A Very Easy Death", Simone de Beauvoir points out that her mother, when widowed, took her regained freedom and used it to build an existence according to her taste (De Beauvoir, 1977, p.22). This story creates an idyllic imaginary, where it is possible to think about freedom and existence according to our desires. However, in this troubled, Eurocentric world that is distant from our embodied histories, where capital is prioritized over life and the individual above the collective (Carrasco, 2016), there are lives that undoubtedly do not matter – to the system – that could be disposed of and are not mourned (Butler, 2017). In this context, would it be possible to imagine an autonomous life just like the texts from the Global North depict it? How do women experience an autonomous life when they reach old age? If Chile leads the ranking of the most unequal economies in the world (OECD, 2017), how much of the economic inequality permeates the lives of these women? Can we even think about that horizon – autonomy – as we age within such an unjust system?

This essay is a critical reflection that arises from a doctoral research process entitled *Mujeres saludables que viven sus vejeces en zonas urbanas de la ciudad de Santiago de Chile y sus prácticas para el propio cuidado en salud: cursos de vida e interseccionalidades*, carried out between 2019 and 2021, as part of the Doctorate in Public Health of *Universidad de Chile*, (Project Nº 154-2019, Record Nº 158 of the Ethics Committee for Research in Human Beings, Faculty of Medicine, Universidad de Chile). The methodology, developed under the qualitative paradigm, consisted of in-depth interviews with 18 women between the ages of 62 and 94 years, residing in different districts of Santiago (Castillo-Delgado, 2021). The in-depth interviews had a biographical approach and sought to understand how healthy older women took care of their own health. The purpose of using this methodology was to build life stories and for the participants to identify experiences, knowledge, and forms of learning that they were unaware of or partially aware of at the time of the interviews (Cornejo, 2006). Based on this approach, self-care is considered "historical", meaning that it is built throughout the person's own remembered, reconstructed, and recounted story. This story might not be a literal reflection of their biography –due to gaps in memory or a reinterpretation of experiences – but it is established today as their subjective lived experience.

The reflections emerging from the results and the analysis offered by the Constructivist Grounded Theory (Charmaz, 2014) are the foundations of this essay, offered with the hope to contribute an incipient theoretical framework regarding health care practices in women living their old age, thus opening a nourishing discussion about the experience of autonomy in older women. The foregoing is highly relevant because as health care professionals we ought to understand the cultural and social realities of the people whose processes we accompany since "we are what we have experienced" (Castillo-Delgado, 2021, p. 302) and we must make those inputs – in this case, the health care practices of older women – a part of the development of our professional practice in the field of speech therapy.

In order to develop the fundamental ideas of this work, I propose three points of reflection. First, to review some hegemonic proposals that universalize the concept of autonomy and to raise the contradictions that these postures show concerning the situated reality of older women. Secondly, considering the accounts of the interviewees, to establish empirical bases that cement a new notion of the concept of autonomy, as a historically constructed experience. Finally, a reflection will be offered on the possible scope of this proposal in our academic and professional prospects, since it is fundamental to open spaces for critical discussion within our discipline, in order to contribute to the co-creation of a more just world.

WHAT DO WE KNOW ABOUT AUTONOMY AND HEALTH?

There are currently several definitions that seek to clarify the conceptual parameters of autonomy within the field of health. Regarding old age specifically, this has been discussed extensively and has served as a guide for the defense of human rights for older people (OAS, 2015) and for public policies (WHO, 2015), among other regulatory frameworks. However, reviewing these proposals and contrasting them with the stories gathered through research allows us to analyze certain unacknowledged issues and topics that are considered noteworthy.

Starting from a wider perspective, the Royal Spanish Academy (RAE for its name in Spanish, *Real Academia Española*) defines autonomy as "a condition of who, for certain things, does not depend on anyone", understanding dependency as "needing someone or something to live or to function normally". This definition poses two interesting areas of discussion: first, it provides a vague conceptualization of autonomy that leaves an open field of possibilities for the term, since it does not specify whether autonomy is defined by actions (moving around the city, carrying out daily activities, etc.) or by decision-making (where and with whom a person wants to live, what they will spend their resources on, etc.). It is deeply relevant to look at this when we wish to understand life experiences in old age, since an older person may not have the functional capacity to carry out certain daily life activities, but that should not deprive them of making decisions about those activities. Therefore, does a person stop being autonomous when they lose their functional capacity? In other words, do they lose autonomy if they use a walking aid when they go for a walk? Or do they lose autonomy when they cannot decide where and when to go for a walk? This is an unclear definition.

Secondly, the definition provided by RAE displays autonomy as a "condition", that is, an attribute or property of people or a part of their "nature", revealing a profoundly deterministic posture (Ríos, 2017). However, autonomy is understood as an experience that is built over time and, therefore, fueled by social aspects; Paulo Freire indicates this in his text "Pedagogy of Autonomy" (Freire, 1999), where he places the pedagogical process at the center of the development and strengthening of people's autonomy.

Among the various perspectives that are discussed in this paper, it is important to review the declarations of the Inter-American Convention on the Rights of Older Persons (OAS, 2015). Understanding a human right as the minimum requirement for a dignified existence (Carpizo, 2011), the Convention defines autonomy as a human right that is complementary to the right to independence, from where there is a need to recognize "the right of an older person to make decisions, to determine their life plan, to develop an autonomous and independent life following their traditions and beliefs, on equal terms, and to have mechanisms to be able to exercise their rights" (OAS, 2015, article 7). This proposal is extremely relevant because it places decision-making at the center of the definition of autonomy, parallel to the execution of activities; that is to say, a person is autonomous as long as they can make decisions about their life, and not necessarily based on whether or not they can execute the actions. On the other hand, this perspective opens a space for discussion regarding the notion of independence and the role that the cultural, political, social, and economic environment can play in the construction of autonomy in old age.

Consequently, it is essential to clarify what is meant by independence in old age. Since 2002, with the adoption of the Political Declaration of the Madrid International Plan of Action on Ageing, independence has been linked to promoting that older people live in environments favorable to their needs, that facilitate their full participation in all aspects of society (UN, 2002).

From this perspective, being independent would imply an action, participation, or a way of acting within society, which leads us to the guidelines and recommendations that the World Health Organization has proposed as a way to promote healthy aging (WHO, 2015). This organization understands “healthy aging” as an experience related to promoting and maintaining the functional capacity of older people, that is, developing strategies to prevent older people from living their old age depending on others (WHO, 2015). According to WHO, this functional capacity would allow each person to "be and do what is important to them" (WHO, 2015, p.30), and would be composed of two central elements: intrinsic capacity, understood as physical and mental abilities, and the environment, comprised by all the external factors that are part of the context of life, with elements that include physical spaces, relationships, health and social policies, the systems that support them, and the services they provide (WHO, 2015). Being a functional older person would therefore imply being able to carry out daily life activities, while considering the contexts that can act as facilitators (WHO, 2015). In short, being independent – or not dependent – would refer to the dimension of actions, where older people are independent insofar as they can carry out the activities that are important for them, inhabiting physical and social contexts that make this possible. But what does the WHO say about the dimension of decisions?

The World Report on Ageing and Health refers to autonomy as a central element to promote functionality in old age, noting that “autonomy can be maintained despite dependence on care if individuals retain the ability to make decisions on matters that affect them and can direct the execution of these choices” (WHO, 2015, p.72). In Kant's words, autonomy could be understood as the founding or unifying principle of all the practical principles of life (Rodhen, 2008), the way in which people provide moral laws for themselves, auto-legislating their practices (González, 2010; Rodhen, 2008). Hence, an autonomous person would be a rational being who is capable of legislating their daily life, based on their free will (Gonzalez, 2010). Based on these ideas, autonomy and independence – or functional ability – are different elements

semantically; autonomy is linked to decision-making, and independence to actions. However, despite how relevant and different this proposal may be from a purely biologistic perspective, it does not fully dialogue with the lived history of each person, nor with the symbolic structural elements that could obstruct and/or facilitate the exercise of their autonomy.

There is evidence at an international level that age, sex, educational level, employment history, and inequities accumulated throughout the course of life in general, produce significant differences in the functionality profile of older people (OECD, 2017), which shows a need to analyze functionality from the framework of equity (WHO, 2010). WHO acknowledges this gap and urges professionals to assess and understand the functionality profiles of older people according to their lived trajectories (WHO, 2015). Nevertheless, they do not place the same emphasis on autonomy, meaning that they do not address the idea that autonomy in older women could be restricted depending on their histories and contexts.

This a-historical stance that does not emphasize the material, contextual, and symbolic conditions in the midst of which women in their old age experience autonomy, creates a space for theoretical and political discussion that can greatly contribute to the notion of health in old age, given the numerous systems of oppression that create experiences of discrimination for people throughout their life course (Viveros, 2016). It would be naive to think that autonomy is experienced outside these frameworks, as we are our history (Castillo-Delgado, 2021), and the autonomy of the older women interviewed for this study has been marked by these systems. It is fundamental for health professionals to hold these critical reflective spaces, to promote healthy aging from a position that considers autonomy as an experience immersed in different contexts and territories.

In the following section, I introduce the accounts of healthy older women who live autonomously and independently in Santiago of Chile. These stories help materialize the discussion, as they represent the voices that inspired this essay.

THE AUTONOMY OF OLDER WOMEN FROM THE OTHER SIDE

It is proposed to address the autonomy of older women who live on the *other side*. This place is articulated as a methodological proposal based on a critical and decolonizing epistemology, since modern Western thought erects a system of distinctions that divide reality into two worlds; one located on *this side of the line*, which is universal, sets the tone and is considered real and, from the *other side*, the one not seen by the hegemonic eye, that disappears as a reality and is excluded (Santos, 2010). Addressing the autonomy of women who live their old age from the *other side* entails looking at older women in our country and their practices, where we can find a unique reality that has a cultural and historical background, and that will surely contribute elements that resonate with other older women from Chile and Latin America.

For this second reflective moment, it is first proposed to provide the empirical elements that allow positioning autonomy as the axis for health care in older women, from where the distinction between autonomy (as a decision) and independence (as an action) emerges. Secondly, and resorting to the accounts of the participants, it is proposed to address the arguments that allow understanding autonomy in old age as a historically constructed experience.

Autonomy as a Decision to Take Care of Themselves

The stories gathered through the interviews revealed that it is the decision to take care of themselves that guides the self-care actions of these older women. Autonomy is at the base of all their health care practices: they decide what to do, how to take care of themselves, and whom to live with; in short, they decide. Below is an excerpt where one of the interviewees indicates how it is her decisions that allow her to live the old age she wants, exercising what can be understood as autonomy:

> "He [referring to her husband] was amazed at what I was, and how I lived life, like, so relaxed, so without worries, without obligations, without a schedule, you know? Because as soon as I could do it I retired, I outlined my life and what I wanted, it's not that I retired and came home to sit down. Because there is another conception and vision of life, this 'doing things', what is 'doing'? Is having to go to work 'doing things'? Or what if I want to sweep the alley? This is also "doing things", that nobody appreciates, that nobody pays me for, it doesn't matter to me, but I'm doing things, the things that I want to do, and if, and if I go to the market and it takes me all morning because I talked to all the older women in the place, that is also 'doing things' for me, but no one, in this success-driven system, or this system that values everything from an economic point of view, no, it doesn't have a monetary value and he tells me, 'what do you gain with this?'... I gain health! I hadn't thought about that, but health, because I'm happy, you know? I don't have the obligation to have to go to work to earn money, because that is what I would gain in my job

(Interviewee No. 3, 62 years old, San Joaquín, quote No. 11:67).

The interviewee decided to change her daily activities after retirement, centering her interests and vision of the world, carrying out activities that could even be considered – as she points out – of no value within the current economic system, but are important to her and improve her overall health. These words reflect a self-care routine mobilized from the freedom of being able to make decisions, which she embraces fully. Nonetheless, it is essential to reflect upon the historical inequities that women have experienced within a capitalist system.

Chile is a country with noticeable inequalities, a phenomenon that becomes more complex when observed from the perspective of women who are living their old age. Regarding the pension system, for example, two-thirds of the retired population receives a basic solidarity pension that, currently, does not exceed 112 dollars per month. On the other hand, a report from the Superintendence of Pensions indicated that in 2018 women received a pension 39.7% lower than men, which can be explained by the disparity in the social security contributions of women throughout their lives (*Superintendencia de Pensiones*, 2018). Older women perform unpaid domestic labor – tasks like cooking and cleaning, as well as caring for other people – which creates gaps in their work history, affecting the continuity of their contributions to the social security system (Cabrera, 2008; INE, 2016; *Superintendencia de Pensiones*, 2018). In this context, how does a woman build her autonomy if she does not have a retirement pension to support her basic needs? In the case of the previous story, the participant received income that allowed her to maintain her autonomy, which does not apply to the majority of older women living in our country.

As a second and noteworthy point, as stated before, autonomy and independence follow parallel and complementary paths that provide positive experiences to older people (OAS, 2015; WHO, 2015); this is confirmed in the reports of the participants. Below is an excerpt from an interview with the oldest woman in the group (94 years old), who at 91 years old – in 2018 – decided to return home and live by herself because living with her daughters did not allow her to exercise her autonomy. This story reveals – clearly and concretely – the differences and complementarity between living autonomously and living independently:

> "He [referring to her husband] died and I ended up in my daughters' house, but I became independent and I'm happy. I thank God that he enlightened me to be independent, I would be dead by now! Not because they treated me badly, they took care of me like I was a saint, but I wanted to go out, I was locked up all the time, I couldn't go out into the street, ever, I was locked up […] I became independent and that did me a lot of good, grannies older – or younger – than me, 90-80 years old, have to sit down all day. My daughter would say to me 'look, mom, can you peel the potatoes? Help me', the other would say 'peel this for me mom' and I washed the dishes sometimes, but they were bothered by this. Something told me that I had to move, I took the reins; some got angry, and it was terrible for the rest of the family, they all were there and I told them 'I'm going home, period'. They took days of leave, there was Miguel, Gilberto, Maximiliano, Pepa went to buy the curtains, I felt supported by everyone. So I say this from experience, I was at my daughters' house sitting in the living room watching TV, helping them with their knitting, cooking and never going out, so I grabbed the bull by the horns and became independent [...] I went through a lot because I wasn't at home, an older person shouldn't leave their house". (Interviewee no. 4, 94 years old, San Joaquin, quote No. 16:1).

This story allows us to understand the semantic and practical differences between being autonomous and being independent. The participant points out how complex it was to live without the freedom to go out and carry out activities according to her preferences, emphasizing how important it was for her to return home; here, we can recognize the dimension of autonomy. However, the experience of independence is not complete in this case, because to achieve her goal she received the support of her children and grandchildren, who helped her to follow through with her decision by improving the physical conditions of her house. It is noteworthy that the interviewee uses a cane to move, does not have access to or uses the Internet, communicates using a landline telephone, and her home is located on the third floor of the building, without an elevator. Therefore, coordinating and managing her relocation could only have been carried out with the support of third parties, in this case, her family. Considering this, it is imperative to return to the question of whether a person ceases to be autonomous when they lose their functional ability, to which the answer is a clear no. The autonomy to make decisions can be maintained in old age, although a decrease in functionality may reduce independence and, in this case, the role of a support network that can accompany the aging process becomes vital as older people could experience difficulties with certain activities. However, they can maintain their autonomy as long as they delegate or receive support from their children, friends, or other people.

It becomes clearer that autonomy can be a word uttered, a decision made, and the realization of free will. In the next section of this

essay, we will analyze how it emerges in the lives of women throughout their histories.

Autonomy Built from Embodied Histories

Understanding the historical dimension of autonomy invites us to reflect on certain general aspects. It is important to remember that aging is a heterogeneous process, as it involves multiple dimensions of life and is given meaning according to the context in which it unfolds (Alvarado & Salazar, 2014), and that these social contexts are marked by inequalities that further deepen this heterogeneity (WHO, 2015). This means that we can find diverse embodied experiences, identities, and life trajectories interwoven with the experiences of people in their old age; therefore, upholding a universal notion of older women would not only be a futile exercise, but it would lead to a homogeneous and utopian construct that is far removed from what actually occurs in old age. Accordingly, it is proposed – to understand the process of building autonomy – to observe the life of older women within the macrosystem in which they are situated.

The existence of multiple systems of power that create experiences of discrimination has already been established. According to Patricia Hill Collins, these systems are organized – nonhierarchically – in a matrix of dominance. This makes it necessary to consider macro-sociological factors for the analysis and comprehension of experiences of oppression, since the matrix produces manifestations of discrimination that are particular to each individual and that depend on the historical and social configurations of the environment (Hill Collins & Bilge, 2016; Viveros, 2016). From this theoretical perspective it is understood that the expression of this complex system of oppression is multiple and simultaneous – intersectional – that is, it creates forms of discrimination that overlap and result in complex experiences of marginalization throughout life (Cubillos, 2015; Viveros, 2016).

According to Doyin Atewologun (Atewologun, 2018), intersectionality is defined as a critical framework that proposes a way of thinking of and naming the interconnections and interdependence between social categories and systems, that would explain how heterogeneous members of a group (such as older women) can have different experiences based on the social position they occupy. For example, an older woman who lives in the district of San Bernardo, receives a solidarity pension because she did not have access to an education and was not able to contribute to social security due to being an unpaid carer for her family, and caring for her husband who has a moderate functional dependence, will not have the same experience as an older woman who lives in Providencia, who is a retired professional, receives a pension six times higher than the solidarity pension, is separated and lives by herself.

In the above hypothetical example, several systems of oppression emerge that are responsible for historical and cumulative experiences of discrimination. Specifically regarding the possibility of autonomy for older women, two axes of discrimination are important to emphasize: sexism and classism.

Sexism is understood as a system of beliefs and practices that naturalizes stereotypes associated with biological sex (APA, 2018) and generates individual attitudes and behaviors, as well as organizational, institutional, and cultural practices that promote conditions of inequality between women and men (Barreto & Ellemers, 2013). Sexist practices mainly impact women because we currently live under a system of power – patriarchy – that places men in a position of dominance (Facio & Fries, 2005). This belief system can be found, among other areas, in the division of labor according to sex, since it allocates a place in the world and ways of production that are different for women and men, generally placing women in the position of caregivers (Izquierdo, 2004). Sexism has imposed the role of caregivers as "natural" for women, which in turn has favored conditioning that crosses generations, seeing in the act of caring an "idea of the eternal feminine" or rather a social imposition (Federici, 2018). Therefore, sexism – within a patriarchal system – would explain the position of historical and universal disadvantage that women experience (Facio & Fries, 2005), a fact that – as will be seen later on – clearly impacts the possibility of erecting themselves as autonomous women.

Classism, on the other hand, categorizes people according to their productive function, purchasing power, and access to resources, generating prejudices and discrimination based on belonging to a certain social class (Rodó-Zárate, 2021). It is argued that women, based on the order of patriarchal domination embedded in the current culture (Facio & Fries, 2005; Federici, 2018), have been relegated mostly to reproductive and caregiving functions throughout their lives and that this labor, which is naturalized, not recognized or paid for, has put them in a position of economic precariousness (Federici, 2018). Hence, returning to the definition proposed by María Rodó Zárate (2021), the productive function, purchasing power, and access to resources may be profoundly restricted for women who have dedicated their lives to unpaid care work, leading many of them to experience constant material insecurity.

Based on the above, and considering the accounts of the interviewees, it can be argued that – regarding the historical construction of autonomy – the experience of living autonomously has not always been present in their lives, but has been built as their contexts change. That is, these women have managed to center themselves in their own lives as their roles as caregivers have ended.

To better represent the evolution of the process of establishing autonomy, María Rodó-Zarate's Relief Maps tool was adapted. This instrument allows for collecting, systematizing, analyzing, and visualizing the experience of intersectionality at a specific moment in life (Rodó-Zárate, 2021). The Relief Maps methodology was used in the doctoral dissertation that has served as empirical support for this paper (for more details, see Castillo-Delgado, 2021). The "Relief Map of Autonomy in the life courses of women" (Figure 1), allows us to chart the evolution of the construction of autonomy, with one axis representing the "experience of autonomy as a decision" and the other the "life courses" marked by the experience of caregiving. It is important to mention that in the Relief Map, and in resonance with the life course perspective, stages are not divided by chronological age (Blanco, 2011), but rather by care-related life experiences.

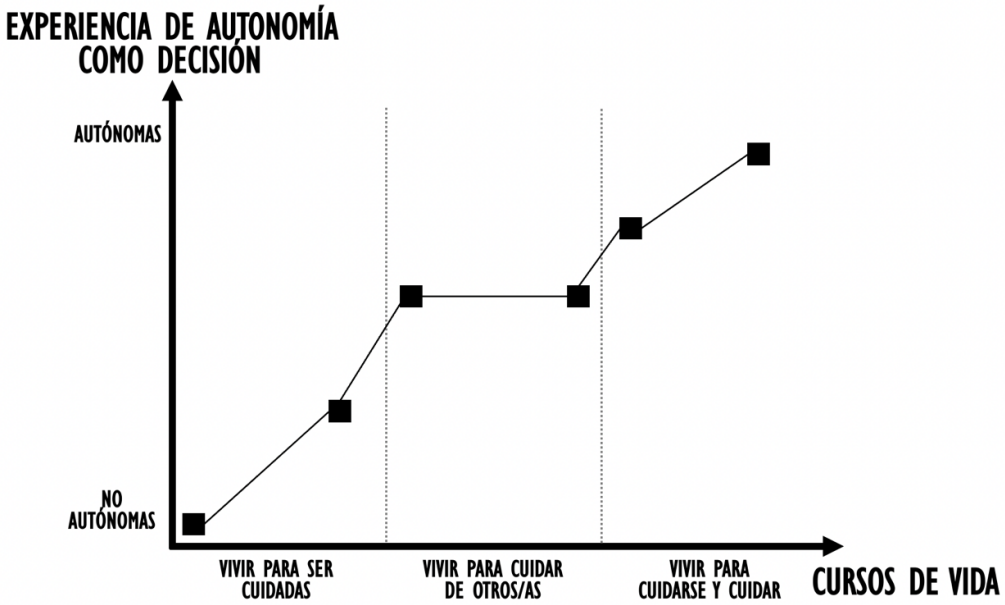

Figure 1. Relief Map of Autonomy in the life courses of women. Source: Own elaboration, adapted from María Rodó-Zárate's (2021) Relief Maps in Castillo-Delgado, 2021, p. 296. Axes (from top to bottom, and from left to right, respectively): Y = Experience of autonomy as a decision: Autonomous; Non-Autonomous. X = Life courses: Living to be cared for; Living to care for others; Living to care for oneself and others.

The historical evolution of life courses allows us to see that autonomy changes depending on how the dimension of care changes. When analyzing Figure 1 of the Relief Map, it can be observed that in the first stage – named "living to be cared for" and representing childhood and adolescence – autonomy is lived as a developing experience, subject to the decisions of the adults who lived with them or were responsible for their care. The following excerpt illustrates this point:

"My mother cared for us, the house was sparkling clean, I don't know… my mother had five children, but we were impeccable and the house was very clean. My dad would bring us toys from *Club Hípico*, when he went to the races, he would bring us lots of them and we would ask him for more, and they were cute, the kind that racers have [...] we were well cared for, they wouldn't let us, for example, play with dirt, they always washed our hands, everything impeccable, the food was always... food that nourished us, I think there was a lot of

> caring for us. My mom... worried a lot about these things and everything was very clean, the kitchen towels, our clothes, the dishes, the pots, everything, all of that" (interviewee no. 8, 68 years old, La Florida, quote No. 22:14).

This account reveals how the care she received, mainly from her mother but also her father, revolved around feeding, cleaning, and playing, that is, living to be cared for. However, this shows a marked contrast with the reports of childhoods lived in poverty, where many excerpts talk about growing up with deprivation, child labor, and the obligation to care for other people. This clearly shows how material deprivation creates histories and autonomous life experiences that are very different.

Returning to the Relief Map chart (Figure 1), it can be observed that, in the second stage, named "living to care for others", there is a representation of fragments of life where the participants cared for their children, husbands, or other relatives, while also being in charge of domestic work. In this context, the space where autonomy unfolds, despite being different or more comfortable than in childhood and adolescence, is often restricted or even stagnant, since decisions cannot be made when faced with the daily reality of "living to care for others". Women who had the financial means to pay for this work or lived with their mothers – or other women – and received support, perceived a wider space for autonomy, but they report always feeling overworked and lacking time for themselves. The following excerpt reveals this experience:

> "No, I couldn't go to church or to a *Centro de Madres* [Mother's Community Center], everyone – as I told you –, the three girls went to school and the others too […] I didn't have time, I couldn't either. At night I left the clothes they had to wear the next day on their bed or the chair. I washed their shirts, they didn't have two or three, they had two each, I washed them, ironed them, I taught the boys to iron their pants, they ironed them, and the girls went to a convent school, and they ironed their own skirts, I taught them. It was a lot of work for just me" (interviewee no. 4, 94 years old, San Joaquin, quote 17:25).

This account reveals how difficult it is for women to gain autonomy – as defined in this document – when their time is destined for other people and tasks; therefore, decision-making for them is contingent upon this condition.

Finally, the third stage, "living to care for oneself and others", emerges when women abandon their parenting duties and the obligation to care for other people or manage their household. At this stage, they experience a different kind of autonomy, that offers new freedoms and more personal time. On the other hand, those who divorce, separate from their partners, or are widowed perceive even greater autonomy, since care is now focused solely on their own needs. In many cases, there are accounts of gaining financial autonomy that they had not experienced before, especially those who are widowed and begin to receive, for the first time in their lives, income in their name:

> "Look, when I was widowed the children told me 'mom, try to do what pleases you, what you like, fulfill yourself as a person, what you couldn't do as a child, what you couldn't do when my dad was around, because he was sick and you had to take care of him a little'. I wasn't so much taking care of him, because he was never bedridden or anything, but at least keeping him company, giving him medicines and food at the right time due to his diabetes, all of that" (interviewee no. 1, 78 years old, Renca, quote 2:79).

The process of aging opens the doors to another way of experiencing autonomy; in the vast majority of women interviewed, old age came hand in hand with opening their lives to another world, to other possibilities. It is important to note that all the interviewees perceived themselves to be healthy and the majority did not have the obligation to care for other people; hence, they dedicate their time and care practices to their own desires. However, this view may be biased, since in Chile – and the world – many older women are in charge of caring for their families, and, considering this, can we speak of autonomy as a universal experience?

This last question opens a new and relevant space for dialogue. At the beginning of this section, reference was made to two axes of discrimination that are present in the life courses of older women – sexism and classism –, resulting in unjust life experiences. However, the analysis of life courses cannot be exempt from the implications of embodying old age, as this experience could also be impacted by a system that excludes people due to their age: ageism (Andrew Achenbaum, 2015). Ageism is understood as a type of discrimination that people experience when they enter old age, and that is materialized in harmful attitudes towards old age and aging, discriminatory practices, and institutional policies that perpetuate stereotypes of older people (Andrew Achenbaum, 2015; Butler, 1980). This belief system creates false imaginaries and stereotypes involving cognitive deficits and/or functional deterioration, based on which older people are infantilized, their opinions dismissed, or they receive assistance without needing it or being consulted, questioning their ability to make decisions (Chrisler et al., 2016). Faced with this phenomenon, I reiterate the question: Can we speak of autonomy as a universal experience?

Or, to ask a more complex question: does ageism put at risk the exercise of autonomy as a decision for older women?

There is evidence that ageism becomes more plausible and frequent at an older age (Officer & De la Fuente-Núñez, 2018). In this scenario, it is urgent to rethink the experience of autonomy as a decision, as people get older. As Violeta Parra expresses in her autobiographical book written in *décima:* "the more the years go by, the more things become different" (Parra, 2016). This is an elegy for the passage of time that, in this space of reflection, becomes reality. The life courses marked by discrimination that stems from classism and sexism create trajectories where autonomy as decision-making is full of advances and setbacks. Thus, as the process of aging advances, autonomy could become even more challenging, break or even be lost. Therefore, autonomy as a decision is not a universal experience and does not apply to all women in their old age.

CLOSING REFLECTIONS: THINKING ABOUT AUTONOMY AS A DECISION WHEN WORKING IN HEALTHCARE

In the final thoughts of this work, we can gather at least three ideas that allow a wider and more situated comprehension of autonomy as a decision in women living their old age.

Firstly, autonomy can be understood as an axis on which the experience of healthy old age can be articulated. The ability and possibility of older people to make decisions regarding their own lives are dimensions that undoubtedly contribute to their health. However, autonomy as a decision is not currently considered a part of formal health assessments for older people in Chile. For example, the Preventive Medicine Annual Assessment for Older Adults (EMPAM for its name in Spanish, *Examen Anual de Medicina Preventiva del Adulto Mayor*), applied universally to the entire population of people over 60 years of age who attend public health services, addresses aspects mainly related to functional dependence (Thumala et al., 2017) and it includes certain topics specific to other health disciplines. Nevertheless, autonomy, as the complex concept that appears in this essay, seems not to be explored. Based on the foregoing, our health care practices face the challenge of at least beginning to explore the place that autonomous decision-making occupies in the lives of the older people we accompany and when we see it fit, activate the networks and actions that can facilitate this dimension of life to unfold, because it is healthy and fair to do so.

Secondly, our work as health care professionals cannot be disconnected from the contexts of life. Pretending that there is a universal experience of old age places us in biased and reductionist positions, considering that old age is profoundly heterogeneous (Alvarado & Salazar, 2014) and this heterogeneity should be an implicit aspect of how we articulate our practice. At present – and for centuries – the political, cultural, social, and economic systems have generated permanent practices of discrimination against aging people, since old age is marked as a disadvantaged position in an adult-centered world (Duarte, 2012). Nonetheless, when this experience intersects with living as a woman, new and complex facets are added to the matrix of discrimination, produced by sexism, patriarchy, and classism, among other forms of oppression that necessarily have to be considered if we are committed to providing a service to older people (Hill Collins & Bilge, 2016). In these cases, autonomy as a decision will most likely be tinged with historical spaces of discrimination; thus, from our professional practice, and to build more just societies, we can contribute to the dismantling of structures that naturalize caregiving in women “as a way of being in the world” (Castillo-Delgado, 2021, p. 304), since for many of them, autonomy could be a privilege that is still unknown. In this regard, we must analyze the experience of old age in its context and, accordingly, we should think about how ageism, intrinsically rooted in society and ourselves, might challenge the continuity of autonomy.

As a third point of reflection, it is important to consider the role played by the solidary networks that accompany people in their process of aging. This is because, in many of the health care practices expressed by the interviewees, it was the support of third parties – generally, family members, friends, and neighbors – that allowed them to maintain the dimension of autonomy as a decision, by carrying out the actions to support said decisions. In this regard, how do we organize our professional work in relation to these support networks? Frequently, it is the family that takes a central space in this matter; however, as occurs in old age and for different reasons, families are often absent and the networks that sustain or facilitate independence are comprised of people who leave nearby, who are not necessarily related but nonetheless take part in the care practices because of their shared community. Therefore, our discipline faces the challenge of opening our work to the possibility of conceiving community life as it is experienced in Chile and Latin America, where what is common is shared. It has already been stressed, from a feminist perspective, that in order to interweave the analysis of life with contemporary social change (Solís, 2019) – in this case, advocating for a dignified old age within a system that constantly works against it – it is crucial

to incorporate collective forms of action (Solís, 2019); that is, to look beyond individual lives.

Finally, considering a context that has placed certain people on *the other side* of privilege and some above others, marginalizing those who have experienced historical injustices, and where epistemicide (Santos, 2010) or Eurocentric perspectives of knowledge (Quijano, 2014) have resulted in ways of understanding the world that are not ours – nor of older women – it is urgent to model new discourses that allow radical changes in healthcare. From there, we will be able to develop practices that relate to our customs and our lives. Observing these complexities and counter-referencing the knowledge will allow us, as therapy practitioners, to consider the contexts and biographies of those we accompany in therapy, so that life is at the center of our practices (Diaz & Dobrée, 2019). With this ample perspective, we can contribute to the well-being of all people throughout the course of their – our – lives.

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REFERENCES

Alvarado, M., & Salazar, A. (2014). Análisis del concepto de envejecimiento. *GEROKOMOS, 25*(6), 57–62. https://doi.org/10.4321/S1134-928X2014000200002

Andrew Achenbaum, W. (2015). A History of Ageism since 1969. *Generations: Journal of the American Society on Aging, 39*(3), 10–16. https://www.jstor.org/stable/26556123

APA. (2018). *Sexism*. Dictionary of Psychology, American Psychological Association. https://dictionary.apa.org/sexism

Atewologun, D. (2018). Intersectionality as Theory and Practice. *Oxford Research Encyclopedia of Business and Management, 1–20*, 127–132. https://doi.org/10.1177/0094306118755390

Barreto, M., & Ellemers, N. (2013). Sexism in Contemporary Societies: How It Is Expressed, Perceived, Confirmed, and Resisted. In *The SAGE Handbook of Gender and Psychology*. https://doi.org/10.4135/9781446269930

Blanco, M. (2011). El enfoque del curso de vida: orígenes y desarrollo. *Revista Latinoamericana de Población, 5*(8), 5–31. https://doi.org/10.31406/repetición2011.v5.i1.n8.1

Butler, J. (2017). *Marcos de guerra. Las vidas lloradas*. Paidós.

Butler, R. N. (1980). Ageism: A Foreword. *Journal of Social Issues, 36*(2), 8–11. https://doi.org/10.1111/j.1540-4560.1980.tb02018.x

Cabrera, M. (2008). *La mitad invisible: mujeres y el trabajo no remunerado*. CIPER. https://ciperchile.cl/2018/12/20/la-mitad-invisible-mujeres-y-el-trabajo-no-remunerado/

Carpizo, J. (2011). Los derechos humanos: naturaleza, denominación y características. *Cuestiones Constitucionales. Revista Mexicana de Derecho Constitucional, 25*, 3-29. https://doi.org/10.22201/iij.24484881e.2011.25.5965

Carrasco, M. C. (2016). Sostenibilidad de la vida y ceguera patriarcal. Una reflexión necesaria. *Atlánticas. Revista Internacional de Estudios Feministas, 1*(1), 34–57. https://doi.org/10.17979/arief.2016.1.1.1435

Castillo-Delgado, A. (2021). *Mujeres saludables que viven sus vejeces en zonas urbanas de la ciudad de Santiago de Chile y sus prácticas para el propio cuidado en salud: cursos de vida e interseccionalidades* [Tesis de doctorado]. Universidad de Chile.

Charmaz, K. (2014). *Constructing Grounded Theory*. SAGE.

Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism Can Be Hazardous to Women's Health: Ageism, Sexism, and Stereotypes of Older Women in the Healthcare System. *Journal of Social Issues, 72*(1), 86–104. https://doi.org/10.1111/josi.12157

Cornejo, M. (2006). El enfoque biográfico: trayectorias, desarrollos teóricos y perspectivas. *Psykhe, 15*(1), 95–106. https://doi.org/http://dx.doi.org/10.4067/S0718-22282006000100008

Cubillos, J. (2015). La importancia de la interseccionalidad para la investigación feminista. *OXÍMORA. Revista Internacional de Ética y Política., 7*, 119–137. https://doi.org/10.1344/oxi.2015.i7.14502

De Beauvoir, S. (1977). *Una Muerte Muy Dulce*. Editorial Edhasa.

Díaz, N. Q., & Dobrée, P. (2019). *Luchas y alternativas para una economía feminista emancipatoria*. CLACSO.

Duarte, K. (2012). Sociedades adultocéntricas: Sobre sus orígenes y reproducción. *Última Década, 36*, 99–125. https://doi.org/10.4067/S0718-22362012000100005

Facio, A., & Fries, L. (2005). Feminismo, género y patriarcado. *Academia. Revista Sobre Enseñanza Del Derecho En Buenos Aires, 3*(6), 259–294.

Federici, S. (2018). *El patriarcado del salario: críticas feministas al marxismo*. Traficantes de Sueños.

Freire, P. (1999). *Pedagogía de la Autonomía. Saberes necesarios para la práctica educativa*. Siglo Veintiuno Editores.

Gonzalez, M. (2010). El concepto de leyes prácticas en la ética kantiana. *Revista de Filosofía, 66*, 107–126. https://doi.org/10.4067/s0718-43602010000100007

Hill Collins, P., & Bilge, S. (2016). *Intersectionality*. Polity Press.

Huenchuan, S. (2013). *Envejecimiento, solidaridad y protección social en América Latina y el Caribe*. CEPAL. https://repositorio.cepal.org/handle/11362/21532

INE. (2016). *Encuesta nacional sobre uso del tiempo. Documento de principales resultados 2015*. https://historico-amu.ine.cl/enut/files/principales_resultados/documento_resultados_ENUT.pdf

Izquierdo, M. J. (2004). Del sexismo y la mercantilización del cuidado a su socialización: hacia una política democrática del cuidado. *Congreso Internacional Sare 2003: "Cuidar Cuesta: Costes y Beneficios Del Cuidado".*

MIDESO. (2017). *Encuesta de Caracterización Socioeconómica Nacional CASEN 2017. Adultos Mayores: Síntesis de resultados.* http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/docs/Resultados_educacion_casen_2017.pdf

MINSAL. (2015). *Orientación Técnica Programas Más Adultos Mayores Autovalentes.* http://www.bibliotecaminsal.cl/wp/wp-content/uploads/2018/01/013.Orientación-Técnica-Programa-Ms-Autovalentes.pdf

OCDE. (2017). *Income inequality. OECD Data*. https://www.businessinsider.com/the-8-major-economies-with-most-inequality-2017- 8?r=UK#1-chile-047-8

OEA. (2015). *Convención Interamericana sobre la protección de los derechos humanos de las personas mayores.* http://www2.ohchr.org/spanish/bodies/hrcouncil/docs/gaA.RES.60.1_Sp.pdf

OECD. (2017). *Preventing Ageing Unequally. In Preventing Ageing Unequally.* https://doi.org/10.1787/9789264279087-4-en

Officer, A., & de la Fuente-Núñez, V. (2018). A Global Campaign to Combat Ageism. *Bulletin of the World Health Organization, 96*(4), 295–296. https://doi.org/10.2471/BLT.17.202424

OMS. (2015). *Informe Mundial Sobre: El Envejecimiento y la Salud. Organización Mundial de la Salud.* https://apps.who.int/iris/bitstream/handle/10665/186466/9789240694873_spa.pdf

ONU. (2002). *Declaración Política y Plan de Acción Internacional de Madrid sobre el Envejecimiento*. https://social.un.org/ageing-working-group/documents/mipaa-sp.pdf

Parra, V. (2016). *Décimas. Autobiografía en verso*. Editorial UV.

Quijano, A. (2014). Colonialidad del poder y clasificación social. In CLACSO (Ed.), *Cuestiones y horizontes: de la dependencia histórico-estructural a la colonialidad/descolonialidad del poder*. CLACSO. https://doi.org/https://doi.org/10.32870/cl.v0i5.2836

Ríos, G. (2017). Relaciones e implicancias del determinismo biológico, el pensamiento freudiano de psicología criminal y la nueva criminología. *Horizonte Médico, 17*, 65–72. https://doi.org/10.24265/horizmed.2017.v17n3.11.

Rodhen, V. (2008). La autonomía como principio general del imperativo categórico. *EPISTEME NS, 28*(2), 73–91. http://ve.scielo.org/scielo.php?pid=S0798-43242008000200006&script=sci_abstract

Rodó-Zárate, M. (2021). *Interseccionalidad. Desigualdades, lugares y emociones*. Bellaterra Edicions.

Santos, B. (2010). *Descolonizar el saber, reinventar el poder*. TRILCE.

Solís, C. V. (2019). Reproducción social y cuidados en la reinvención de lo común. Aportes conceptuales y analíticos desde los feminismos. *Revista de Estudios Sociales, 70*, 49–63. https://doi.org/10.7440/res70.2019.05

Superintendencia de Pensiones. (2018). *Informe de género sobre el sistema de pensiones y seguro de cesantía*. https://www.spensiones.cl/portal/institucional/594/w3-article-13625.html

Thumala, D., Kennedy, B., Calvo, E., Gonzalez, C., Zitko, P., Lillo, P., Villagra, R., Ibáñez, A., Assar, R., Andrade, M., & Slachevsky, A. (2017). *Aging and Health Policies in Chile : New Agendas for Research. Health Systems & Reform, 3*(4), 253–260. https://doi.org/10.1080/23288604.2017.1353844

Villalobos Dintrans, P. (2019). Panorama de la dependencia en Chile: avances y desafíos. *Revista Médica de Chile, 147*(1), 83–90. https://doi.org/10.4067/s0034-98872019000100083

Viveros, M. (2016). La interseccionalidad: una aproximación situada a la dominación. *Acta de Investigación Psicológica, 52*, 1–17. https://doi.org/10.1016/j.df.2016.09.005

WHO. (2010). *A Conceptual Framework for Action on the Social Determinants of Health. Social Determinants of Health* (WHO). https://apps.who.int/iris/handle/10665/44489