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On the intersections of age, gender and sexualities in research on ageing

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Despite its widespread usage in the social sciences, intersectionality remains an uncommon and unclear approach in ageing. This chapter lays out general contours of what an intersectional framework does (and does not) entail, and then briefly applies this approach to explore how age, gender and sexual inequalities might shape spousal/partner caregiving.

Intersectionality

Although intersectionality may be a ‘buzzword’, it is a somewhat ambiguous and open-ended concept (Davis, 2008). Debates concerning how it should be conceptualised are ongoing (Carbado, 2013), and journals have devoted special issues (for example, Gender & Society, 2012; Signs: Journal of Women in Culture and Society, 2013; DuBois Review, 2013) to them. Still, common themes underlie intersectional frameworks, and these are outlined later.

Scholars and activists had discussed the ways that black women’s experiences were rendered invisible or marginalised since the 1960s (Davis, 2008; Collins and Bilge, 2016), but legal scholar Kimberlé Crenshaw was the first to apply the label ‘intersectionality’ to characterise these. She used this term to suggest how ‘the intersection of racism and sexism factors into Black women’s lives in ways that cannot be captured wholly by looking at the race or gender dimensions of those experiences separately’ (Crenshaw, 1991: 1224). Of importance to the discussion here, Crenshaw was drawing attention to the ways in which two systems of inequality, race and gender, combine to produce unique social locations and experiences.

Intersectionality is simultaneously a theoretical and methodological approach to understanding inequalities (Choo and Ferree, 2010; Clarke and McCall, 2013); an analytic tool for ‘understanding and analysing the complexity in the world’ (Collins and Bilge, 2016: 25). It does not only look at different outcomes and what might cause these,
nor does it just refer to interactions among variables. What makes an approach intersectional is, first, its explicit focus on social inequalities, such as race and gender; and second, the lens through which these inequalities are explored, one which recognises that, ‘people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other’ (Collins and Bilge 2016: 2; emphasis added). This dual focus on inequalities and how they are interrelated is what distinguishes an intersectional framework from other approaches to differences.

First, **social inequalities** comprise power relations in which members of naturalised social categories, such as those defined by race, gender, age, sexuality, and class, lose authority, status, and wealth, and are stigmatised by others/those who garner such status. Further, those disparities in life chances are justified as natural, divinely ordained, or rational and thus beyond dispute (Calasanti and King, 2015). These social hierarchies are relational in that the privileges of any one group are tied to the disadvantages of at least one other. Thus, those with privilege are as important to study as are those who are disadvantaged (McCall, 2005; Choo and Ferree, 2010). Caught in relations of power, each is tied to the other.

The naturalisation of social inequalities (for example, women are ‘naturally’ nurturing, men are ‘naturally’ aggressive) stems in great measure from their embeddedness in **social institutions**: patterned behaviours, expectations and values that are geared at achieving widely shared social goals, such as reproducing citizens or producing and distributing goods and services. For instance, such social institutions as family or education involve behaviours and values repeated so frequently that they are taken for granted as ‘normal’. At the same time, power relations, such as those based on gender, shape such patterns and values in ways that reinforce men’s privileges and women’s disadvantages.

The second aspect of an intersectional framework relates to **how** it examines these inequalities. The premise is that social hierarchies are interwoven such that, for instance, gender is raced, and race is gendered. Thus, it focuses on the interactions among various categories (Browne and Misra, 2003; Collins and Bilge, 2016), but no one intersection or social location is more important than another (Carbado, 2013). For example, all those bound together within systems defined by gender, sexuality and age need to be included as the explanations that apply to those disadvantaged by these systems also point to ways that others are advantaged.
The relational nature of intersectionality distinguishes it from an additive perspective that implicitly puts together inequalities based on gender and on race and derives a particular ‘score’ or picture of inequality that translates across groups (Crenshaw, 1991; Carbado, 2013). As an example, and focusing on just these two systems of inequality: a black man and a white woman are each privileged and disadvantaged on one status characteristic, either race or gender. Yet it would make no sense to equate their experiences. Indeed, the intersections of generally disadvantaged locations (for example, woman, black or old) can produce relative strengths that would otherwise remain invisible to theory, as in the case of black women’s advantages in education relative to black men in the US (US Department of Education, 2017), or women’s longevity in old age relative to that of men (Calasanti and Slevin, 2001). Thus, the notion of intersectionality indicates the simultaneity of categorical statuses. While any one status might be most salient in a particular context, we experience our gender, race, class, sexuality and age simultaneously.

Finally, intersectional frameworks take social context into account (Choo and Ferree, 2010; Carbado, 2013; Collins and Bilge, 2016). Social inequalities are dynamic, and the meanings of social categories and outcomes will vary by place (local, national, global), time and the like (Browne and Misra, 2003). In the US, for instance, who counts as ‘white’ has changed over time, often decided by Supreme Court rulings. The ways in which inequalities are related to one another are also contextual and dynamic such that they can be configured differently in varying contexts. Indeed, ‘some forms of inequality seem to arise from the same conditions that might reduce other forms’ such that strategies that might reduce inequality between men and women might increase it among women (McCall, 2005: 1791).

Interactions between variables or demographic traits are thus not the same as intersectionality, which is concerned specifically with systems of social inequalities. Viewing gender, for instance, as a demographic or personal attribute is qualitatively different from seeing it as a power relation. This does not mean that other characteristics or variables are not important to the question at hand; they may influence outcomes of interest, but they are not intersections. For example, marital status can influence such things as financial stability or various indicators of well-being in later life. Further, this influence can vary for heterosexual women and men. But marital status itself is not a system of inequality. Its impact may derive from the ways that family, as a social institution, is shaped by gender and sexual inequalities. For instance, heterosexual married men have advantages in families, such as not being responsible
for domestic labour, that are not shared by unmarried men or married women. However, marriage, while influenced by social inequalities, is not a naturalised power relation in itself and thus not an intersecting inequality, though it can still matter and play another role in a theory.

An intersectional lens to ageing

Why use an intersectional lens? One impetus for an intersectional approach to understanding such inequities comes from the insight that, when we focus on one inequality alone, for example, merely reporting aggregate life chances of such large groups as women and men, we miss opportunities to understand the complex ways in which distributions of income and other resources differ systematically within such groups (McCall, 2005). Similarly, we also miss seeing and theorising inequalities among the lesbian, gay and bisexual population when we focus only sexuality as basis of group membership (Cronin and King, 2010).

If we take age relations seriously, and explore how these intersect with such statuses as gender or sexuality, it means that disadvantage does not double with age but alters in complex ways, which include not only structural constraints but also potential sources of strength or opportunities. For instance, old age is a time of many hardships for women; but being old does not mean that all aspects of womanhood alter in the same ways across different groups of women who are further stratified by such statuses as class, sexuality and race. Older women may find themselves cast aside from sexual markets, less often subject to the compulsory heterosexuality that saddles and exploits younger women. At the same time, they may also find that they are relatively invisible, and have fewer material resources. And this situation varies in complex ways when we further intersect gender with class relations; older women of higher classes may still command significant resources and even be able to stave off the invisibility of later life.

Thus, an intersectional approach moves us beyond observation of difference to specify relations of inequality between groups. Though it implies diverse experiences of ageing, intersectionality does not designate independent groups to be studied separately, but instead relates groups theoretically, in terms of institutionalised activities that maintain inequality.

Clarke and McCall (2013: 350) argue that intersectional explanations can be ‘constructed at the interface of research that is explicitly intersectional, and that which is not.’ That is, one can make use of research that does not explicitly use an intersectional approach
by engaging in different interpretations of their findings. This is accomplished ‘by putting multiple social dynamics in conversation with one another’ (2013: 350) The remainder of this chapter pursues the kind of project they describe, using findings from spousal caregiving research that is both intersectional and that which is not in order to suggest ways an intersectional approach might be fashioned. First, however, is a brief description of the social inequalities highlighted in this chapter.

Age relations

Although gerontologists often assume the presence of ageism, they rarely theorise or incorporate this into analyses of later life experiences. But age categorical status affects life chances. Societies organise on the basis of age such that those who are seen as ‘not old’ gain privileges at the expense of those deemed ‘old’. As is the case with other systems of oppression, old people lose authority, autonomy and status that they had enjoyed in younger decades; are excluded from the networks/institutions in which those with privilege manage money and other resources; are stigmatised and devalued; and those with privilege regard these inequalities as determined by a natural order and thus beyond dispute. For instance, equations of old age with decline and frailty justify limiting the autonomy and authority of old people, who find themselves marginalised in the labour market and then find it more difficult to be heard and to influence decisions made about their bodies (Calasanti, 2003; Calasanti et al., 2006). We see this in relation to formal institutions and medical care, and also with informal care; for instance, when family care providers – spouses/partners, children – intervene in what an elder may or may not do. Their adulthood and rights to decide are denied. And the stigma and exclusion attendant on old age is such that people seek to avoid it at all costs, even distancing themselves from associating with those who are seen to be old (Hurd Clarke, 1999).

Gender relations

Societies organise on the basis of gender such that popular ideals of manhood and womanhood, as naturalised in routine interactions, both stem from and affirm gendered divisions of labour, authority

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1 Children are also oppressed by age, but they differ from those who are old in that their position is temporary. By contrast, old people are marginalised forever.
and status. Rather than being determined by biology, gender is socially constructed according to what people collectively agree that natural sex attributes mean. ‘Doing gender’ by appearing competently to conform to the dictates of biological givens influences everyday categorisations, assignments of responsibilities and resources, and thus life chances in the sense of access to further resources (West and Fenstermaker, 1995). Such daily affirmation of difference flows from, and reaffirms, structural inequality.

Gender relations are embedded in social institutions such that they are generally invisible, taken for granted and unquestioned. They become naturalised as they reflect the way that people normally ‘do’ paid work or family (Calasanti, 2009). For instance, men and women are influenced across their life courses by the ways that families divide and value labour, first through workplace experiences of respect and earnings levels, and later in retirement. Pensions in the global North tend to be based on (white, middle-class, heterosexual) men’s occupations and patterns of work, assuming careers in the public realm and unpaid reproductive labour support at home (usually from women). Because men’s positions within families are naturalised, most people see men’s resultant higher retirement incomes as only fair. At the same time, the different meanings that women and men give to ‘freedom’ in retirement reflect this unequal division of labour, such that men feel free to pursue a range of activities, in part because of women’s domestic labour that they also retain in retirement (Calasanti and Slevin, 2001; Repetti and Calasanti, 2017). Such privilege also tends to remain unquestioned.

Relations of sexual inequality

Often, when scholars talk about relations of sexual inequality, they focus on identity, the discrimination that occurs when one identifies as non-heterosexual. Identity gains its salience and import to the extent that it is tied to systemic inequalities embedded in social organisation.

The labels ‘heterosexual’ and ‘homosexual’ only came into common usage and with them, sexual identity and social relations of sexual inequalities, at the end of the 19th century, in relation to changing forms of labour within industrial capitalism (Calasanti, 2009). Moral reformers concerned with disciplining labour and consumption created labels for what they deemed reckless, instinctual and unproductive activity, such as masturbation, prostitution and homosexuality, and they posed these as threats to social order (Greenberg, 1988; Laqueur, 1990; Bristow, 1997). As a basis for social organisation, sexuality was thus
distinct from the gender relations of that era that constrained women from professional status and full citizenship (Rubin, 1984).

At the same time, within the present political economy, relations of gender and sexuality reinforce each other in some respects. Within capitalism, reproductive labour is central to production in the public realm; and the gender division of labour assures that women will be responsible for this unpaid, reproductive work that benefits production – men’s paid work. The exploitation of women’s labour rests on compulsory heterosexuality – the set of institutionalised pressures on women to form sexual relationships with men, ranging from social exclusion to eugenics to rape (Rich, 1986). Thus, heteronormativity (norms, beliefs and practices that naturalise heterosexuality), aided by compulsory heterosexuality, helps to shape a social order in which women are to provide unpaid, reproductive labour that benefits men and bolsters their status in the public realm.

In modern societies, people who are categorised as affiliating erotically outside the heterosexual system are often viewed as unnatural sexual deviants, and they are stigmatised and subjected to methods of control including violence. In the US, relations of sexuality govern labour practices and family organisation and thus influence status, income and wealth. For instance, gay men earn less than their heterosexual peers (Baumle et al., 2009), a situation that, until quite recently, was exacerbated by the fact that same-sex marriage was not recognised federally. Although same-sex marriage no longer disqualifies one from such federal benefits and rights as Social Security and Medicare, many states still legally allow other forms of discrimination. Contemporary arguments against eliminating such discrimination often draw from ideologies that maintain that which is not heterosexual is unnatural (in terms of nature or god) or goes against the social good (maintenance of family).

The remainder of this chapter uses this understanding of age, gender, and sexuality to think about a model for exploring how these intersecting inequalities might influence spousal care work in later life. This framework is meant to help us to understand experiences of both marginalised and privileged groups. It begins with a discussion of gender and heterosexual spousal caregiving, and then presents an overview of same-sex partner care to suggest how considering this intersection can alter what we understand to be gendered approaches to care.
Gender and heterosexual spousal caregiving

Spousal care work provides an interesting venue for exploring these intersections as, first, spouses are the preferred caregivers for those who need it (Muraco and Fredriksen-Goldsen, 2014). Second, unlike other caregiving relationships, husbands and wives are quite similar in the amount and type of assistance that they deliver to their spouses (Arber and Ginn, 1995). They also express similar motivations for the care they give, such as love, marital duty and reciprocity.

Still, gender differences also emerge among caregiving spouses, and research, including my own study of 22 spouses who cared for their partners with Alzheimer’s disease and related disorders (see Calasanti, 2006; Calasanti and King, 2007), has indicated that husbands and wives differ in their caregiving approaches: how they perceive the tasks, which ones they find troublesome, how they respond to these, and how they deal with stress (Russell, 2004; Calasanti, 2006). I attributed these differences to gender repertoires: sets of skills and resources learned over the life course that affirm gender identities formed in relation to the gender division of labour (Calasanti, 2010). For instance, contemporary older men bring a paid work orientation to caregiving, and thus tend toward more managerial styles, performing care work in a more task-oriented, problem-solving fashion (Rose and Bruce, 1995; Russell, 2004; Calasanti, 2006; Calasanti and King, 2007). Here is how one of the men I interviewed spoke of his care for his wife:

Gil (age 75): ‘At first … you know, you don’t know exactly how to do it, take care of a woman. I don’t believe anybody would. You just have to pick it up like you do a trade. Like laying brick or finishing concrete. You don’t go in there and do it as smooth as you do after you do it for a while. You learn a whole lot of shortcuts that helps you out [on] how to do things. You wouldn’t have to go back over it if you do it right the first time.’

Such caregiving husbands report relatively little distress because they focus on tasks and find satisfaction in the accomplishing these, feel a greater sense of control and are better able to compartmentalise the loss of marital reciprocity (Rose and Bruce, 1995; Calasanti and King, 2007; Hayes et al., 2009). When challenges arises, husbands who
use problem-focused coping strategies thus report positive caregiving experiences (Baker and Roberston, 2008).

Wives also uphold gender divisions of labour across the life course, which designate them as primarily responsible for such domestic labour as care work. Their previous experiences as caregivers and the emphasis on women’s nurturing lead older wives to approach care work with empathy and concern for the care receiver as a whole and with the emotional dynamics of the relationship (Rose and Bruce, 1995; Hayes et al., 2009). Performing physical tasks are important, but they also expect that they will care for spouses emotionally, and effortlessly (Rose and Bruce, 1995; Calasanti, 2006). In explaining their expectations of themselves, most of the interviewed women noted simply that they were used to giving care, and presented their identities as bounded by carework. Janet (age 65) said, “I am basically a caretaker at heart, and so it’s kind of my nature …”. Joyce (age 77) simply stated, “I was a mom.”

The belief that women are natural caregivers appears to create higher standards against which many women hold their care work, resulting in greater stress when problems arise, including grief for lost emotional relations (Rose and Bruce, 1995; Calasanti, 2006; Hayes et al., 2009). By contrast, men convey that they work hard at giving care but it is not integral to their self-concepts as men; experienced difficulties did not detract from their senses of themselves as competent (Calasanti and King, 2007). Other research also suggests that caregiving husbands will discuss instrumental and less likely affective matters (Russell, 2004), a tendency that also fits with the task- or managerial-orientation.

However, all these findings take for granted that heterosexual gender norms regulate these gender repertoires and the caregiving context. For purposes of this chapter, I focus only on older gay men and lesbians caring for partners. Lesbians and gay men (LGs) are socialised in the same culture and gender roles as their heterosexual counterparts, but same-sex couples may not rely on heteronormative notions of ‘husbands’ or ‘wives’ as they engage in their intimate relationships (Heaphy, 2007). They must negotiate their division of labour, including who will perform paid and domestic labour, and how they will share these forms of labour. Given LGs’ potentially different relationships to the division of labour, the extent to which the gender repertoires found among heterosexual spouses develop in the same ways and result in particular approaches to care work in non-heterosexual contexts is unknown.
**Same-sex partner caregiving**

We have little knowledge of the extent to which the finding of gendered caregiving approaches is similar among LG partners, who until very recently have been denied the opportunity to marry. Research on LG populations finds that, just like their heterosexual counterparts, most say that they would turn to their partners, if available, when need for care arises (Heaphy, 2007; Muraco and Fredriksen-Goldsen, 2014). However, our understanding of older partner caregiving remains limited, as most research has been conducted on younger LG populations; even when the focus is on older groups, samples tend to be ages 50 and over (for example, Cantor et al., 2004; Hash, 2006). Given age relations and ageism, and cohort differences among the LGs (Cronin and King, 2010), those aged 65 and over can be expected to represent a qualitatively different group.

Further, research on older caregiving partners has not considered gender relations, and so has not shown how the division of labour might affect gender repertoires and caregiving approaches. Research has found that gay and lesbian couples tend to be relatively egalitarian in relation to domestic labour (Solomon et al., 2005; Peplau and Fingerhut, 2007), though some traditional gender assumptions may be retained (Heaphy, 2007). Thus, gender matters, but differently in contexts of LG-committed relationships. For instance, gay men may develop both the workplace skills and identities noted above, while they also learn aspects of domestic labour that heterosexual husbands are relatively likely to forego, because they cannot assign responsibility for it to wives. But this is also only one possible scenario, depending on how the division of labour is allocated, and personal biography. How such repertoires influence care work may thus show similarities as well as differences among same-sex partners.

Sexual orientation does not influence care receivers’ impairments per se (though there may be impacts for gay men living with HIV/AIDS), and studies suggest that caregivers for LG elders have similar needs and challenges as their heterosexual counterparts (Hash, 2006). Still, sexual minority status may create specific challenges for caregiving partners and may shape the resources at their disposal, their responses, and ultimately experiences of stresses. For example, the lack of uniform legal recognition faced by many couples can influence caregiver access to healthcare decision making and visitation. Moreover, discrimination can make partner caregivers reluctant to request services, especially medical or in-home services, even if they can afford these, for fear of neglect, rejection or other humiliations (Cantor, et al., 2004; Brotman
et al., 2007; IoM, 2011). Variation in publically acknowledged partner status, as well as partial, contextual or repeated disclosure, can impose additional sources of stress and can limit caregiver advocacy for the care receiver (Brotman et al., 2007; Price, 2010). Finally, gender intersections can mean that older lesbians in particular can lack money to buy services, given labour market discrimination based on both gender and sexuality (Barker et al., 2006; Heaphy, 2007). Thus, caregivers for lesbians may have fewer resources on which to draw for help with their care work.

But scholars have also identified aspects of LGs’ lives that might provide resources to caregivers, including the presence of ‘families of choice’ (non-kin, long-term friends), which play important roles for many LGs (Barker et al., 2006; de Vries and Megathlin, 2009; Muraco and Fredriksen-Goldsen, 2014); resilience born of coping with discrimination; and previous experience with care work as a result of HIV/AIDS (Barker et al., 2006; de Vries and Megathlin, 2009; Muraco and Fredriksen-Goldsen, 2011; de Vries, 2015). This chapter follows Cronin and King’s (2010) call to explore the interplay of these challenges and strengths, and how gender and age might further shape these.

Age and partner caregiving

The ageism that results when one is designated ‘old’ by others can influence caregivers’ experiences. For instance, the social devaluation of care work is amplified when it is performed for someone considered ‘old’ (Calasanti, 2006). Care work for children is simultaneously honoured as important and devalued as women’s work. It is cheapened that much more when the care is given to an older person – someone deemed to be relatively worthless, lacking the ‘future contribution’ seen to accrue to children – and when it is also performed by an older person. Ageism also may affect older LG caregivers in unique ways, such as through the potential loss of community support. When research looks beyond families of choice, a significant minority of LGs report feeling isolated from community supports; older gay men in particular feel as if they lack emotional support, and some cite ageism within the gay community as the cause (Shippy et al., 2004; Brotman et al., 2007; Heaphy 2007). Thus, although LG communities provide some support and resources for older members, how these informal supports play out in caregiving contexts in later life remains relatively unknown.

Ageism can also have negative impacts on those who care for partners with Alzheimer’s disease and related cognitive disorders (AD),
as this disease is often further stigmatised as an old person’s condition (MacRae, 2008). In combination with the reasons noted above, caring for a partner with AD results in unique sources of stress. Caregivers for those with cognitive issues are likely to have to meet basic physical needs, deal with co-morbidities and negotiate the medical system, sometimes without legal recognition for their decision making. They also face challenges related to the cognitive impairment itself, such as wandering or other difficult behaviours. For partner caregivers of LG elders, AD may raise additional issues of sexual identity and discrimination as the care receiver may no longer be aware of the relationship with the caregiver. This can be especially important if there are no legal ties between the couple, such as marriage.

A heuristic model

This brief literature review suggests a conceptual framework through which we might see ageing, gender and sexuality as intersecting, relational statuses that apply to everyone, and which necessarily shape spousal/partner caregiving. In this model, sexual orientation and gender intersect to influence the division of labour earlier in life: (1) between paid and domestic labour (other forms of unpaid work are important but not a focus here); (2) within paid jobs, in relation to broad occupational types; and (3) within domestic labour, in terms of amounts and types of tasks performed. Typically, today’s older heterosexual men were the primary breadwinners, and older heterosexual women were primarily responsible for domestic labour, a pattern that, despite women’s contributions to dual earner families, has not changed radically within the US. Within the paid work sphere, women were segregated into feminised jobs with less autonomy, task diversity and income. In the domestic sphere, men specialised in tasks that were occasional rather than daily, and out of doors rather than in the house. These divisions influenced their repertoires: the identities, resources and skills that accumulate over time.

In positing the importance of the intersections of sexual orientation to this division of labour, and examining same-sex couples who are less likely to divide labour in traditional ways, we expand the list of repertoires in a variety of ways. For instance, same-sex partners might divide their labour such that one person takes the primary breadwinning role and the other domestic labour, or they might divide domestic labour in varying ways, including both doing it or neither doing it, instead hiring others to do it for them. Each of these divisions of labour has implications for the skills and resources that
form repertoires. And having the income to pay others to perform domestic labour would depend upon the nature of one’s paid labour; and here we see a possible intersection with gender in relation to paid labour. Gay men and lesbians may or may not be employed in male- or female-dominated occupations, with ramifications both for income but also for the kinds of skills and resources one acquires from paid work. In turn, these repertoires influence approaches to caregiving, which situations are challenging or stressful, and which strategies might be employed. People are most likely to find most stressful tasks that do not respond well to their particular skills and resources.

Social support, both formal and informal, is an important resource for care work, and the intersections of gender and sexual orientation may influence sources and extent of such support. Heterosexual couples are more likely than gay couples to have children who may help give care. However, research suggests that children and other family members often assume that the spouse provides any care required and needs no help. And both children and friends can be reluctant to be involved, even at a distance, when care receivers have AD (Calasanti, 2006).

Other research suggests that husbands gain access to friends and kin relations through their wives, and thus they may lack their own sources of emotional support (Russell, 2004), regardless of the care receiver’s condition. Gay men, by contrast, though less likely to have children, may enjoy much stronger sources of support when giving care, based on their strong ties to families of choice. However, as previously noted, ageism may be implicated in varying levels of such support, and such ageism may be felt more quickly by gay men than by either heterosexual men or lesbians. As well, ageism can influence the informal support caregivers receive due to stigma attached to the older recipients of care. In all of these ways, intersections of inequalities affect the ways in which organisations and institutions, from family to social services and medical industries, treat caregivers and receivers in old age. Only by looking through this intersectional lens can we appreciate variation in the ways institutions handle needs of old people.

Conclusion

This chapter has sought to illustrate what an intersectional analysis comprises, how it differs from looking at interactions between phenomena other than inequalities, and what it offers researchers on ageing. In offering a preliminary model for care work, it suggests how an intersectional approach can help us address the complexity of
social life; such understanding moves us forward in a quest for social justice. In my example, I have tried to show that, by exploring the intersections of sexual orientation with gender in the context of later life, we can both gain a greater understanding of issues faced by same-sex spousal/partner caregivers, and also expand our understanding of how the heterosexual context influences gendered caregiving experiences. We can better theorise how contexts shape caregiving, how they lead to similar and different sources of reward and stress, and how these relate to similar and disparate caregiver needs. This model reveals that truisms about gender are contextual: women are not naturally nurturing, for instance, and men are capable of providing care that includes emotional labour. Exploring the intersections of gender, sexual orientation and age can demonstrate how contexts shape caregiving experiences, allowing for the development of policies and programmes that understand these, so that, for instance, available social supports for caregivers both speak to their needs and are utilised.

References
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