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Jamie Woodworth
Our Deaths, Ourselves: An exploration of care, community, and dying in the Swedish welfare state
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All of us will one day be facing it: death. This topic is taken up by Jamie Woodworth in her thesis about death, dying and care in the contemporary Swedish welfare state with an empirical grounding in Österlen. It is a study of how end of life care takes place at the intersection between social and health policies, professionals, community and significant others with a mapping of networks of care. The thesis consists of four articles (two of which are single authored) and a "kappa" that introduces the context, theoretical framework, methods and main findings. Its main research question is:

> … to explore, from a transdisciplinary and feminist perspective, community, family, and professional relations of care in the end-of-life and in the context of the Swedish welfare state. (Woodworth, 2024:27)

On top of this is the aim to bring feminist theorizing into a dialogue with public health palliative care. Theoretically and methodologically, Woodworth creates a bricolage of feminist philosophy, feminist care ethics, feminist sociology and mainstream sociology, traditional methods (interviews, observations), action research and an innovative, visual method. The latter method is eco-maps, where informants draw their networks of care. The thesis is rich theoretically and empirically and raises many fundamental issues about dying and in feminist theorizing.

One of her key findings is that the Swedish welfare state with its neoliberal features undergoes a substantial change promoting informal care in various ways that is downloading care to civil society and the family – a downloading that also relates to the idea of community care as the way forward. Woodworth shows that "Last Aid" courses, one of the innovations in downloading care which aims to educate non-professionals in basic skills related to caring for seriously ill, has ambiguous consequences.

Woodworth's analysis shows that the Last Aid courses are on the one hand appreciated and seen as empowering for women and men: getting to know their

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rights, freeing them from guilt and learning what to do in specific situations by giving them useful tools for the process of being there for someone dying. On the other hand, the courses reproduce informal care as strongly gendered at the detriment of women. Although this is not a surprise for feminist care researchers, it documents how traditional stereotypes are reproduced in lived practices within the Swedish welfare state. The attempt to mobilize civil society through Last Aid courses, however well-intentioned, exacerbate gender inequalities as the state is disciplining women to continue to take on more care responsibilities – and where primarily women fill the gaps of the welfare state.

When filling the gaps, women tend to neglect care for themselves – what feminist Audre Lorde famously referred to as self-care. Self-care is introduced by Lorde in *A Burst of light and other essays* (2017) that argues that self-care is an important part of self-preservation, and that carers cannot keep giving care without an attention to caring for themselves as well. This concept is not to be conflated with the concept of self-responsibilisation as part of a neo-liberal discourse, where care is being individualized. But perhaps Woodworth could have paid more attention to how self-care and self-responsibilisation relate – or not.

Although more attention could have been paid to different femininities and intersections of class, sexuality and race – just to mention a few intersections – Woodworth's analysis raises important political questions about care. Who is to provide which kind of care in the process of dying? And how can we imagine feminist utopias of dying and death that are not strongly gendered? Can Last Aid be rethought to be a transformative tool for changing masculinities and femininities, where women and men care equally and share the joys and burdens of care? Or should we dismantle the masters' tools and start thinking anew about the last phase of life?

Woodworth's analysis of Last Aid courses shows us an experience of empowerment that might be related to a situation of social uncertainty. With social uncertainty I refer to changing ideals of dying and the good death as well as of forgotten – and lost – rituals. Uncertainties that are increased with masculinities and femininities on the move, and the difficult transition of identities for family members/significant others to become informal carers. Woodworth's analysis brings forth experiences of uncertainty and a yearning to know more and to control uncertainty. On top of this, informal carers lack knowledge about how to navigate in fragmented, bureaucratic and individualizing systems of care.

Women and men are yearning to share experiences, get knowledge and support from like-minded persons. Last Aid courses create empowerment, which is at odds with our emerging feminist understanding of the Nordic welfare states as strained and in a perpetual state of care crisis, as argued by Hansen, Dahl and Horn in the book *A Care Crisis in the Nordic Welfare States?* (2021). They identify professional care and the social sustainability of the welfare state as under immense strain, where there is not enough, and not good enough, care provided. This raises a question of how the insights of Woodworth relate to the thesis of a care crisis in the Nordic welfare regimes? Does Woodworth's analysis show that there is no care crisis? Or does this image of empowerment show that even in a care crisis, there are elements of good or good-enough care in Sweden or in a particular part of Sweden?

Woodworth's thesis is well-researched and presents sound arguments. I do, however, find one area to be lacking. That is the understanding of social norms as ambiguous and in a situation of change as described by the concept of post-feminism introduced by Lewis, Benschop and Simpson in "Postfeminism, Gender and Organization" (2017). Post-feminism refers to a situation with the co-existence of traditional, gendered stereotypes with feminist norms. Tensions and ambiguities that could have been investigated more systematically – and perhaps could have shown us changes and not just continuity in gendered caring for dying (older) persons.

This thesis does however make an important, nuanced empirical contribution by highlighting the dynamics between informal and formalized care, and it supplements the limited body of feminist research on ageing and care in old age, in contrast to the priority feminist scholars traditionally has assigned to informal care for pre-school children (and work-life balance). The thesis is theoretically well informed and reinvigorates Simone de Beauvoir's approach by combining her important work on aging and othering, *The Coming of Age* (1996[1972]), with more contemporary feminist theorists. It is a rich thesis from a young, promising researcher that is worth reading and gives food for thought about how we as individuals and societies imagine the last phase of our lives.

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