

Research Article

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Bodies that no Longer Walk as before Lives that Keep Moving: Existential Mobility Embodied Aging and Spaces of Presence

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ABSTRACT

Background and Objectives: Gerontological research often treats mobility as functional capacity: walking speed, distance traveled, access to transport, or independence in daily living. These measures are indispensable, but they do not fully capture what mobility means for older adults whose bodies no longer walk as before. This article develops existential mobility to understand how older persons preserve presence, identity, and belonging through small movements, relational supports, and meaningful places.

Research Design and Methods: The article draws on accumulated ethnography in urban and rural Veracruz, Mexico, mainly Xalapa, its periphery, and Úrsulo Galván. The material includes 54 urban and seven rural interviews with mostly working-class women and men aged 65–85, prolonged conversations, observation, and go-along fieldwork conducted in 2024–2025 and continuing through ongoing observation.

Results: Reduced walking does not necessarily mean social disappearance. Older adults sustain mobility through looking, remembering routes, deciding from home, supervising work, negotiating assistance, choosing safe times of day, using phones, relying on children or neighbors, and maintaining attachments to markets, fields, yards, streets, and health services. Existential mobility has embodied, relational, spatial, temporal, and moral dimensions.

Discussion and Implications: Existential mobility does not romanticize frailty. It makes visible both the agency of aging bodies and the unequal conditions that contract or expand their worlds. Practice and policy should assess meaningful destinations, fear of falling, rest, shade, accompaniment, decision-making authority, and the risk that care becomes confinement.

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Translational Significance

This article proposes that gerontological practice should evaluate whether older adults remain present in the spaces, decisions, relationships, and routines that sustain their sense of self. Mobility interventions should therefore go beyond steps, ramps, and transport access to include relational support, meaningful destinations, rest, shade, fear of falling, family negotiation, and protection against forms of care that unintentionally produce confinement.

Introduction

Before dawn in Úrsulo Galván, Veracruz, a 76-year-old cane producer stands at the entrance of his house and reads the sky. He does not consult a weather application or a formal forecast. He reads the wind from the north, the humidity in the air, and the color of the horizon before deciding whether it is possible to go toward the fields. For years, those signs told him how the day would unfold. His body learned to interpret the land before any calendar or device did. Yet his knees no longer respond as they once did. The same legs that once carried him for more than 12

hours among the furrows no longer allow him to walk the three kilometers of dirt road, slopes, heat, and damaged terrain that separate his house from the agricultural fields.

a cane producer is not, however, simply immobile. With help from his son or from a neighbor who passes in a truck, he still reaches the edge of the fields. From the shade of a tree, he continues to organize agricultural work. He indicates when to irrigate, where to burn, which furrows require attention, and how younger workers should read the field. His body no longer moves through the land as before, but his gaze, voice, memory, and accumulated prestige continue to move within it. He no longer works in the same way, but he still orients action. He no longer walks long distances, but he remains present as someone whose knowledge matters.

This scene opens the central problem of this article: mobility in later life cannot be reduced to physical displacement, number of steps, independence in daily activities, or the ability to cross urban or rural space without help. There are older bodies that no longer cross the street safely, no longer reach the market alone, no longer go to church without planning, no longer arrive at the health center without accompaniment, no longer enter the cane fields without assistance, and no longer trust the sidewalk, the curb, the slope, the

dirt road, or the heat. Yet this does not mean that they have stopped moving. Their movement changes form. It may occur through looking, waiting, giving instructions, accepting a hand, calling a daughter, negotiating a route, choosing the hour when light feels safer, remembering a path that is no longer walkable, or refusing a form of care that would convert protection into confinement.

The article asks: what conditions allow an older person to preserve presence when the body can no longer move as before? Two related questions follow from this: what world is reorganized when an aging body can no longer reach alone the places where it built identity, and what does it mean to move when every curb, pothole, slope, dog, vehicle, poorly lit corner, or damaged rural road can become a fall?

I propose the concept of existential mobility to name a form of movement whose primary function is not simply to go from one point to another, but to sustain presence, identity, and belonging. Existential mobility refers to the embodied, relational, spatial, temporal, and moral arrangements through which older adults continue to inhabit a meaningful world when walking becomes difficult, partial, risky, or dependent on others. It is not a substitute for functional mobility. Rather, it is an analytic lens that asks what physical movement means, what minimal gestures accomplish, and how environments and relationships either expand or contract the world of an aging person.

This argument contributes to gerontology in three ways. First, it extends research on mobility and well-being in later life by showing that mobility matters not only because it enables access to services or social participation, but because it sustains recognition and continuity of self [1-3]. Second, it joins work on aging in place and place attachment by emphasizing that places are not neutral backgrounds; they are biographical environments through which older persons remember, decide, and remain visible [4-5]. Third, it connects relational autonomy and mobility justice to the everyday ethics of care: support can expand autonomy when it mediates presence, but it can also reduce the world when it silences or substitutes the older person's decisions [6-9].

Conceptual Background: From Functional Mobility to Existential Mobility

Mobility is commonly treated as a measurable dimension of health, independence, and quality of life. In gerontology and transport studies, this has produced important knowledge about out-of-home mobility, access to services, travel behavior, neighborhood design, and the relationship between movement and well-being among older adults [10-12]. This literature is essential because loss of mobility is associated with isolation, reduced participation, difficulty accessing care, and diminished quality of life.

At the same time, a narrow focus on distance, frequency, or independence can obscure the lived meaning of movement. A short trip to the market may appear minor in transport terms and decisive in biographical terms. A person may walk only a few meters and still confirm that she remains a neighbor, a customer, a parishioner, a caregiver, or a person with authority in the family. Conversely, another person may travel frequently and nevertheless feel socially erased. Mobility is therefore not only a quantity of displacement. It is also a density of relations.

The phenomenological tradition helps clarify this point. The body is not merely an organism located in space; it is the condition through which the world is perceived, remembered, and inhabited. Aging changes strength, balance, pain, and speed, but it also

changes the body's confidence in the world. A curb becomes a decision. A sidewalk becomes a test. A market becomes both a destination and a proof that one still belongs. The aging body is thus not only a body that loses capacity. It is a body that carries accumulated labor, territory, falls, care, learning, and inequality. In this sense, the body is an archive of life.

The concept of embodiment has been central for understanding the body as lived experience rather than biological object. Work on embodied aging has shown that old age cannot be understood only through decline; bodily change is also a social, symbolic, and relational process [13-14]. Studies of embodied selfhood also remind us that agency and selfhood may persist in gestures, routines, expressions, and relational forms even when conventional indicators of autonomy decline [15].

The idea of existential mobility draws from this embodied perspective, but it gives it a specific gerontological and spatial focus. It asks how older adults continue to move as persons when the body no longer moves easily as an independent physical unit [16]. concept of "dwelling-mobility" is useful here because it understands well-being as a tension between rootedness and openness, shelter and movement, being-at-home and reaching outward. For older adults with limited mobility, the problem is rarely pure immobility or pure movement. It is the fragile negotiation between staying safe and remaining in the world.

Relational autonomy is equally important. In many care settings, autonomy is mistakenly defined as not needing anyone. Yet older adults often remain autonomous not because they do everything alone, but because they continue to orient decisions, organize support, accept help selectively, and define what matters. A daughter, a neighbor, a phone, a chair, a taxi, a cane, a shaded bench, or a truck may become part of the body's practical extension. These supports do not automatically cancel autonomy. They can sustain it when they preserve the person's voice, timing, preferences, and authority [7-8].

Finally, existential mobility must be placed within inequality. The possibility of remaining present is not distributed evenly. Gender, class, labor history, territory, infrastructure, disability, family networks, and the availability of transportation shape whether a person's world expands or contracts. Recent work in Mexico and Latin America shows that older adults' mobility is shaped by transport systems, disability, urban scale, safety, and family care arrangements [17-20]. Existential mobility is therefore not a universal capacity that individuals simply possess. It is socially produced, supported, or obstructed.

A Latin American urban-mobility perspective sharpens this argument [21]. treats everyday space as lived, sensed, and interpreted, which allows the aging body to be read as a first map of the city: slopes are measured with legs, crossings with the time a traffic light permits, and sidewalks with balance and fear [22-24]. show that everyday mobility reveals spatial exclusion and inequality, while make visible the interdependent and gendered mobilities of care that sustain ordinary life [25]. adds that walking is also a practice of urban sociability and belonging, emphasizes that the city is simultaneously thought, lived, and imagined [26]. Together, these Latin American contributions help situate existential mobility not only as an individual bodily experience, but as a relational, gendered, and territorial form of inhabiting unequal cities.

Research Design and Methods

The empirical basis of this article comes from accumulated ethnography in urban and rural contexts in Veracruz, Mexico, principally in Xalapa and its periphery and in the municipality of Úrsulo Galván. The material includes 54 urban interviews and seven rural interviews with older adults between 65 and 85 years of age. Most participants were women and belonged to working-class sectors. Fieldwork was carried out between 2024 and 2025 and continues through ongoing observation. The corpus includes observations in popular neighborhoods of Xalapa, prolonged conversations, interviews, visits to domestic spaces, attention to rural and urban trajectories, and observation of the ways mobility is reorganized in daily life.

The study used the go-along method, not as a simple technique for accompanying movement, but as a way to observe how bodies read space while moving through it [27]. Walking, waiting, stopping, changing routes, sitting at a doorway, following a trip to the market, reconstructing a route that can no longer be traveled, or listening to a phone call that substitutes for physical presence all became ethnographic situations. The aim was not only to ask older adults where they go, but to understand how a route occurs: where the body hesitates, what smells or sounds announce risk, how light or heat changes the decision to leave, how a curb becomes a moral calculation, and how a family member's help can be experienced either as support or as control.

The scenes analyzed in this article should not be read as decorative anecdotes or as illustrations added after the argument was already fixed. They are sites where the argument becomes visible. I work with recurrent ethnographic figures constructed from repeated real experiences, with identifying names omitted or replaced. This strategy protects concrete identities while preserving the social density of what was observed. The cane producer condenses rural cane-field trajectories in which the aging body can no longer reach the land alone but continues to organize work through sight, memory, and prestige. The rural woman administrator condenses the mediated authority of older women who continue to administer, sign, negotiate, and supervise through daughters, intermediaries, and the phone. The urban older woman condenses urban care mobilities in which going to the market is not a secondary errand but a form of sustaining household life.

Because the article focuses on bodies that no longer walk as before, the method could not assume that mobility would always be observed by walking with participants. In some cases, accompaniment meant walking slowly with an informant to the market, the church, a health service, a nearby shop, or a bus stop. In others, it meant sitting with the person at the entrance of the house, observing how a trip was planned, listening to the fear associated with a curb or slope, following a phone call that replaced a physical trip, or reconstructing a route that the person no longer traveled alone. Immobility, in this sense, was not outside the field. It was a field situation in itself.

The analysis followed an interpretive qualitative approach. Fieldnotes and conversations were read for scenes in which bodily change, environmental barriers, family mediation, labor history, gendered obligations, and older adults' own decisions intersected. The analytic focus was not only what participants could or could not do, but what was at stake when they moved, did not move, asked for help, accepted accompaniment, refused assistance, or remained present from home. Particular attention was given to five dimensions that emerged from the material: embodied experience, relational support, meaningful places, temporal adjustments, and moral negotiations around dependence and autonomy.

Ethically, the study required avoiding the production of risk for the sake of observation. Participants provided verbal consent, and they were not asked to repeat difficult movements, demonstrate fragility, or walk beyond what they considered safe. When a route involved risk, the research adapted to the participant's rhythm, preference, and bodily condition. The use of recurrent ethnographic figures also responds to this ethical concern: it allows the article to preserve analytic density without exposing identifiable persons, households, or routes. In the final submission, demographic information will be summarized in accordance with The Gerontologist's inclusion and equity guidance, while maintaining confidentiality.

Findings

The Aging Body as an Archive of Movement

The cane producer's knees are not simply weak joints. They are the sediment of work, territory, weather, repeated effort, and a lifetime of moving through a cane-growing world. His difficulty walking cannot be separated from the history that made his body competent in the first place. He knows the sky because he learned it through labor. He reads the environment because his body was trained by land, heat, humidity, and the timing of agricultural work. When that body changes, what changes is not only locomotion but a way of knowing.

This is why the aging body must be understood as an archive. In its knees, hands, back, balance, scars, and fatigue, years of work and inequality accumulate. Functional decline is real, but it is never abstract. A painful knee belongs to a biography. A fear of falling belongs to a history of falls, uneven sidewalks, damaged rural roads, medical costs, shame, and family warnings. A slow step belongs to a moral world in which the person may fear becoming a burden or losing the authority attached to a lifetime of work.

In Úrsulo Galván, the aging cane worker's body also reveals territorial and institutional conditions. Dirt roads, slopes, heat, lack of public transport, distance from health services, and deteriorated infrastructure make bodily decline heavier. Immobility is therefore not only a biological consequence of aging. It is also produced by territory, class, labor history, and rural abandonment. A cane producer's reduced walking is inseparable from the road that no longer receives him, the field that remains part of his biography, and the family or neighbor whose vehicle becomes part of his mobility assemblage.

When a cane producer sits at the edge of the fields and still indicates where to irrigate or which furrows require attention, the body's movement has shifted scale. It no longer organizes the world through long-distance walking. It organizes it through presence. He is still a point of reference. His authority does not depend entirely on physical displacement; it depends on whether others continue to recognize his word and whether the environment allows him to remain connected to meaningful action.

Places as Spaces of Presence

For many older adults, the environment is not merely a setting. It is a biographical space. The house, church, market, street, yard, bus stop, clinic, chair, doorway, telephone, truck, field, and dirt road are not simple objects or locations. They are devices through which presence is preserved or lost.

A market, for example, is not only a site of consumption. In the case of the urban older woman, going to the market is also a form of care. Buying food, resolving small errands, maintaining household supplies, and greeting known people are not secondary

displacements. They are movements through which domestic responsibility, affection, and invisible labor are sustained. To stop going to the market may therefore mean more than losing an errand; it may mean losing a role within the household and a place in the neighborhood's everyday rhythm.

The same occurs in the rural field. For the cane producer, the agricultural plot is not only a productive unit. It is a place where biography, masculinity, knowledge, and social recognition have been deposited. Reaching the land with help is not a minor logistical event; it is a return to a space where his life still makes sense to others. For the rural woman administrator, presence may travel differently. Even when her body does not reach the land, her authority moves through daughters, intermediaries, documents, signatures, and the phone. Her mobility is mediated, but not absent.

When the environment accompanies, the body expands. A handrail, a shaded bench, a familiar driver, a flat sidewalk, a neighbor who waits, a daughter who asks rather than decides, a phone placed within reach, or a truck that stops near the field can enlarge the person's world. When the environment is hostile, the body contracts. A broken sidewalk, an aggressive crossing, a steep slope, lack of shade, a damaged dirt road, or a family rule that says "you no longer go out" can reduce the meaningful world even when the person is materially cared for.

This finding speaks directly to aging in place. To age in place is not simply to remain at home. It is to remain within a world that still responds to one's biography. If the home becomes a protected enclosure without decision, memory, or participation, aging in place may become staying in place without belonging. Existential mobility asks whether the places that surround an older adult still allow that person to appear as someone.

Relational Autonomy and the Ambivalence of Care

The ethnographic scenes challenge the assumption that autonomy means doing everything alone. Many older adults continue to exercise autonomy through others. A son who drives his father to the field, a daughter who carries documents, a neighbor who helps cross the street, a driver who stops closer to the house, or a phone that carries instructions may become part of an assemblage of mobility. The older person's body does not disappear behind these mediations; it coordinates them.

The rural woman administrator's case makes this visible. Her physical mobility toward the land is limited, but she continues to administer, sign payments, negotiate, supervise, and make decisions through daughters, intermediaries, and the telephone. Her authority reaches the field even when her body does not. This obliges us to reconsider independence. In this context, independence does not mean needing no one. It means preserving the capacity to orient one's life while integrating support. It also shows a gendered difference: while some men experience dependence as a threat to an autonomy historically associated with bodily strength, a rural woman administrator's interdependence appears as a strategic continuation of a trajectory of management and household authority.

However, care is ambivalent. It can mediate presence or produce confinement. Families often act from legitimate fear: fear of falls, traffic, getting lost, pain, robbery, heat, or medical complications. Yet protection may become substitution when relatives decide without asking, prohibit movement without negotiation, or interpret all risk as a reason for enclosure. In such cases, the person may be physically safe but existentially diminished.

The practical question is therefore not whether the older person is independent or dependent. The question is whether dependence is organized with dignity or with violence. A dignified arrangement asks: what does the person still want to decide? Which routes matter? Which visits, errands, religious practices, agricultural tasks, market trips, or domestic responsibilities sustain identity? What level of accompaniment reduces risk without silencing the person? What does the person experience as help, and what does he or she experience as imprisonment?

This is particularly important for older women, who are the majority in this study and whose mobility is often tied to domestic labor, caregiving, shopping, fear of public space, and obligations to others. A woman who insists on going to the market may not be defending leisure. She may be defending her authority over food, household care, and family continuity. If the family substitutes that trip without recognizing its meaning, it may remove more than a task; it may remove a role.

Time Light and the Practical Theory of Risk

Older adults do not move only through space. They move through time. One phrase from the urban field condenses this: "I go out when the light accompanies me." This is not a poetic statement added to experience from outside. It is a practical theory of aging. The body no longer trusts every hour equally. Light becomes support; shadow becomes warning; rush hour becomes threat; heat becomes exhaustion; rain transforms a familiar route into danger. The autonomous space of an older person is therefore not a fixed territory. It is a combination of place, hour, memory, bodily confidence, and available support. A street may be walkable in the morning and impossible in the evening. A market may be reachable on a calm day and unreachable when traffic, crowds, or rain alter the body's confidence. A rural road may be possible in a neighbor's truck and impossible on foot. The same distance can expand or contract depending on pain, weather, company, light, heat, transport, and the anticipation of falling.

This temporal dimension is often missing from infrastructure-centered approaches. A ramp may exist but be too steep, exposed to sun, blocked by vehicles, or located in a route that still requires an unsafe crossing. A clinic may be geographically close but existentially distant if reaching it requires humiliation, fear, or dependence that the person experiences as excessive. Policies that count infrastructure without observing trajectories miss the lived temporality of mobility.

Minimal Movements and the Continuity of Self

Existential mobility often occurs in small scales. A turn of the chair, a call to a daughter, a decision about when to leave, a request to be taken to church, a look toward the yard, a short walk to the doorway, a signature, a market errand, a successful crossing, or a gaze that organizes work from the edge of a field may appear insignificant from the outside. Ethnographically, such movements can carry the continuity of the self.

This does not mean that every small gesture should be exaggerated into a symbol. The meaning of a minimal movement depends on biography, context, and relation. A phone call may be routine for one person and decisive for another who no longer leaves home. A short trip to the market may be ordinary for one person and a victory over fear for another. Sitting at the field's edge may look like inactivity, but in the cane producer's case it sustains authority. Signing through an intermediary may look like dependence, but in the rural woman administrator's case it extends decision. The analytic task is to connect movement to the world it sustains.

For some older adults with very limited mobility, existential mobility may persist through speech, memory, prayer, storytelling, looking, gestures, or the orientation of family matters from bed or chair. This does not deny severe immobility. Nor does it correct the person who says, “I no longer move.” That statement must be heard in its pain. The concept does not exist to console the researcher. It exists to ask, with care, whether any forms of presence remain, which have been lost, and what arrangements might preserve dignity without denying decline.

Discussion

The central finding of this article is that the aging body does not only lose movement; it transforms movement in order not to lose world. This formulation shifts gerontological attention from mobility as individual performance to mobility as embodied presence within a relational and spatial field.

Existential mobility helps distinguish several concepts that are often conflated. It is not the same as everyday mobility, although it is expressed through everyday movements. Everyday mobility refers to practical displacement: going to the market, clinic, church, field, or neighbor’s house. Existential mobility refers to what those movements sustain: identity, belonging, recognition, authority, and continuity of self. It is also not simply agency. Agency can become too abstract unless it is situated in the body and in space. Existential mobility shows how agency appears in gestures such as waiting, choosing the hour of departure, asking for help, refusing confinement, accepting accompaniment without surrendering authority, or supervising from a place where the body can still remain safely present.

The concept is also distinct from resilience or adaptation. Those terms can sometimes place too much responsibility on the individual to adjust to adversity. Existential mobility insists that older adults’ strategies must be read together with the environments and relationships that make them necessary. If a person must carefully calculate every curb, shadow, and crossing, the issue is not only personal adaptation. It is also an unequal material world.

For gerontological practice, the implication is clear: assessment should include presence, not only performance. Professionals should ask not only whether an older person walks, uses a cane, or requires assistance, but also what places have been abandoned, what those places meant, who now decides, what risks are feared, what forms of help are acceptable, and whether care has reduced the person’s meaningful world. Centers of health and community services could include mobility narratives in their evaluations: What does it cost you to arrive here? Who accompanies you? What route did you stop taking? What did that route mean? What would help you go without fear?

For families, the concept offers a language to distinguish protection from substitution. The goal is not to expose fragile bodies to avoidable risk. The goal is to build arrangements that preserve presence with the least possible danger and the greatest possible dignity. A family intervention informed by existential mobility would ask: what decisions does the older person still want to make? What activities sustain identity? What can be done with accompaniment rather than prohibition? How can the person remain consulted even when someone else performs the physical task?

For public policy and urban design, existential mobility suggests that age-friendly environments require more than installed infrastructure. Counting ramps, benches, or transport units is insufficient if no one observes how older bodies actually use

them. Policy should consider real trajectories, rest, shade, lighting, safe crossing time, toilets, proximity of meaningful destinations, trustworthy transport, neighborhood recognition, and the availability of accompaniment without humiliation. Mobility justice in old age must include the right not only to circulate, but to remain present in meaningful worlds.

Limitations

This article is ethnographic and conceptual. Its strength lies in the density of scenes and the development of a category derived from accumulated fieldwork in Veracruz. Its limitations must also be stated. First, the article works with recurrent ethnographic figures rather than conventional case histories. This protects identities and captures repeated patterns, but it requires careful writing so that composite figures do not appear detached from the empirical situations that produced them. Second, although the material includes 54 urban and seven rural interviews, the argument remains interpretive and should not be generalized statistically to all older adults in Veracruz or Mexico. Third, the rural material is smaller than the urban corpus; for that reason, the contrast between Xalapa and Úrsulo Galván should be treated as analytic and exploratory rather than exhaustive. Fourth, existential mobility should be placed in dialogue with functional indicators rather than opposed to them. Walking speed, fall risk, disability, transport access, and health conditions matter. The argument is that they do not exhaust what mobility means.

Conclusion

“Bodies that no longer walk as before, lives that keep moving” should be read in its full tension. The phrase does not deny deterioration. It does not romanticize pain, dependence, or frailty. It names the fragile work through which older adults seek to remain in the world when their bodies no longer move with the confidence of earlier life.

To move in old age is not always to advance through a street, arrive independently at a destination, or cross a field without help. Sometimes it is to decide from a chair, to look toward the yard, to call someone who becomes an extension of the body, to wait for the hour when light offers safety, to accept a hand without losing voice, to supervise from the edge of a field, or to refuse that care become enclosure. In those small movements, the continuity of the self may be at stake.

Gerontology needs indicators, but it also needs attention to what indicators cannot hear. The indicator can tell us whether someone walks. Ethnography asks what it means to arrive, not arrive, ask for help, fear a fall, cross again, or remain visible from the threshold of home. Existential mobility is a proposal for holding these dimensions together: the body that changes, the world that contracts or expands, and the life that still seeks presence.

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