Annex B: Reflexivity by KW

My position in this project entailed the following aspects. I was experiencing the pandemic "live" and thought about study objectives which could be of interest in the on-going response. However, I noticed that I felt particularly emotionally involved when conversations with Participants were about ageing and the finite nature of life. Having extensively reflected about how to spend my own lifetime such that I would feel it went fulfilled at the point of dying, I acknowledge that these parts of the interviews might have turned into a source of answers for myself rather than being purely research driven. Upon noticing my reactions, I actively reflected on them. Constantly watching myself thinking and reacting to be able to later document and reflect on my position during data creation and analysis was demanding. My worldview is based on my values, experiences and cultural coding which happened mostly in Germany but was expanded by extensive traveling and living abroad. Having an upper-middle class and academic background, I felt I could easily relate to the Participants who mostly had a similar background. From my position as white, female and queer, I brought some sense of what it means to be categorized to this study. Another important aspect is my lens as a doctor, trained in Western biomedical practice. Filing people into biomedically determined categories was part of my own practice, assigning patients labels in terms of risk and disease, health and ill-health, and age. Being intrigued by my background reading for this study on the impacts of (risk) labelling on people's lived experiences, I was prompted to think of the impacts of risk categorization during the pandemic and to reflect on my own past and future clinical practice. However, as a novice to qualitative research, I deliberately did not want to create an atmosphere akin to medical history-taking during the interviews.

Participants seemed to trust me in that they openly talked about compliance and non-compliance with the infection prevention rules although or maybe because I emphasized my role as a Public Health student. I was referred to by participants as young and “not at risk” which became more prominent in my self-reflections over the course of the study. Also informing my study design were my experiences with elderly patients who were infantilized by health care providers or not able to speak for themselves for diverse reasons.