Participatory and Empowering Community Dialogue Spaces: Exploring Local Meanings of Life Quality in a Danish Community-Health Partnership

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Abstract: This article examines how Dialogue Conferences (DCs) within the community-health project Welfare and Relations (WeARe), a partnership between two hospital institutions and a social housing organisation, contributed to locally grounded understandings of quality of life among older residents. Drawing on four Dialogue Conferences, 18 months of fieldwork, and interviews, we show how life quality emerged as a relational, situated accomplishment shaped through dialogical interaction. Residents emphasised green surroundings, mobility, safety, and small social infrastructures, while DCs enabled shared reflection and micro-practices such as coordinating outings, watching over neighbours, and initiating activities. We argue that DCs function as participatory spaces that support relational forms of empowerment through locally resonant socio-material practices.

Keywords: Community-based, wellbeing, dialogue conference, relational ethics, action research

Espacios de diálogo comunitario participativos y empoderadores: Explorando los significados locales de la calidad de vida en una asociación danesa de salud comunitaria

Resumen: Este artículo examina cómo las Conferencias de Diálogo (CD) en el marco del proyecto de salud comunitaria Bienestar y Relaciones (WeARe), una colaboración entre dos instituciones hospitalarias y una organización de vivienda social, contribuyeron a una comprensión local de la calidad de vida entre los residentes mayores. A partir de cuatro Conferencias de Diálogo, 18 meses de trabajo de campo y entrevistas, mostramos cómo la calidad de vida emergió como un logro relacional y situado, moldeado a través de la interacción dialógica. Los residentes priorizaron los entornos verdes, la movilidad, la seguridad y las pequeñas infraestructuras sociales, mientras que las CD facilitaron la reflexión compartida y microprácticas como la coordinación de salidas, la atención a los vecinos y la iniciativa de actividades. Argumentamos que las CD funcionan como espacios participativos que promueven formas relacionales de empoderamiento mediante prácticas sociomateriales con resonancia local.

Palabras clave: Comunidad, bienestar, conferencia de diálogo, ética relacional, investigación-acción

1. Introduction: Dialogical Action Research in Magpie Hill

Participation and empowerment are central concepts in research on health promotion and welfare, with objectives focusing on equity and social justice (Fawcett et al., 1995; Oetzel et al., 2022; Wallerstein et al., 2017; World Health Organisation, 1986). Approaches range from evidence-oriented, outcome-driven interventions with emphasis on standardised tools (Evans et al., 2010; Jagosh et al., 2015; Cyril et al., 2016) to relational, dialogic processes where knowledge and action are not treated as standardizable but rather contextual and emergent through interaction (Cottam, 2018; Heimburg & Ness, 2021; Abma & Groot, 2023; Phillips, 2024). Kelly (2021) outlines a spectrum from transferable models to situated, processual practices, emphasising collective learning. This positions empowerment and participation as relational and negotiable concepts and approaches rather than fixed categories, which imply tensions not only between but also within approaches (Berry et al., 2014; Phillips, 2018; Phillips & Scheffmann-Petersen, 2019). However, multiple scholars have argued that such tensions can produce meaningful opportunities in relation to health promotion and social justice (Kesby, 2005; McNamee, 2019; Phillips, 2024; Wallerstein et al., 2018).

In this article, we explore how such tensions can become productive within community-health projects. We do so through the partnership project Welfare And Relations (WeARe), where we were encouraged by institutional stakeholders to examine potential developments in Quality of Life. While such metrics are commonly used to evaluate health interventions through fixed, external measures (e. g. SF-36 (Ware Jr, 2000)), we show how Quality of Life can instead be co-created across differing epistemic agendas. By tracing this process, our aim is to demonstrate how orientations often treated as divergent may be brought into productive relation within community-health partnership projects. As a part of the community health project Welfare And Relations our research takes place in Magpie Hill, a social housing organisation in southwestern Copenhagen. It is the home of approximately 400 people, about half over 65, many living with multimorbidity and social vulnerability (Kjeldtoft, 2017; Pedersen, 2021; Københavns Kommune, 2025). The community health partnership builds on CBPR principles of shared inquiry and responsiveness (Israel et al., 2012, s. 50–58).

Anchored in social constructionist and relational meaning-making (Hersted et al., 2019; Phillips, 2024), we applied and integrated Dialogue Conferences (Frimann & Bager, 2012), into weekly community Tuesday Cafés, to explore local perspectives on quality of life. The DCs were supplemented analytically in this article with over 200 hours of fieldwork over 18 months, including social community Tuesday cafés, individual interviews, and informal conversations. Facilitation of DCs aimed not at consensus but at coordinating multiple local perspectives on quality of life, balancing centripetal and centrifugal forces, in line with polyphonic ethics and relational dialogical action research (Bakhtin, 2013; Frimann et al., 2019; Hersted, 2019; Phillips & Scheffmann-Petersen, 2019). Each DC lasted 60–120 minutes, facilitated by action researchers NTM and TSL with support from healthcare professional co-researchers, and opened with:

"When you think of quality of life here in Magpie Hill, what comes to mind?"

This work unfolds within larger welfare-state dynamics: ageing populations, ongoing health inequalities, and reforms emphasising proximity and equity (Agerholm et al., 2024; Indenrigs- og Sundhedsministeriet, 2022, 2024). While reforms aim for accessibility, scepticism remains about their impact on equity (Bigum Lundberg, 2025; Gotlieb Hertz & Freil, 2025; Sodemann,

2025). Although international community-based and participatory approaches to health promotion have been proposed, and are still considered relevant in addressing health inequities (World Health Organization, 1986; Wallerstein et al., 2018; Dean, 2024), there remain questions to be answered and viable ways to be explored in terms of how communities and institutions (can) collaborate, navigate, and negotiate diversities relevant to their research partnerships and the relationships within them. Studies, including those specific to a Danish context such as WeARe, show that challenges and potentials lie in research intersecting with community-sensitive agendas and change processes (Srivarathan et al., 2019; Kristiansen et al., 2021; Termansen et al., 2023; Terkelsen, 2024; Bergien et al., 2024). Von Heimburg & Ness (2021), inspired by Cottam's Relational Welfare (2011, 2018), argue for radically centring human relationships in welfare and health promotion, framing participation as a collective, democratic practice. Some scholars emphasise the challenges related to power dynamics and institutional agendas in participatory research (Cooke & Kothari, 2001; Muhammad et al., 2015; Pratt, 2019), while others see these tensions as potential opportunities for positive change (Kesby, 2005; Kesby et al., 2007; Phillips & Scheffmann-Petersen, 2020; Phillips, 2024). In a related article (Munk et al., 2025), we employ urban sociologists Schultz Larsen & Delica's concept of "policy schizophrenia" (2021, 2024) to reflect on these tensions on the macro social level. In this view, welfare governance and policy produce ambivalent effects that both restrict and enable possibilities for shaping health equity. We revisit this point in our discussion after the analysis in section 3, where we set out to answer: how is quality of life expressed when defined locally rather than through standardised measures; how does dialogic facilitation support participation; and how can empowerment be understood as relationally performative rather than individually acquired?

2. Methodology: Dialogues, Power, and Situated Knowledge

In the following, we present our methodological inspiration from Community-Based Participatory Research (CBPR), relational-dialogical action research, and participatory action research with emphasis on empowerment in a socio-material and performative perspective. To us, these perspectives suggest that participation is not viewed as a standardised method but as a dynamic, context-specific social practice with goals centred on social justice.

2.1 CBPR Principles and Negotiating Agendas

CBPR aims to address health inequalities by forming partnerships that share epistemic authority and build capacity through co-learning. Its principles emphasise trust, shared power, and responsiveness to community-identified needs (Israel et al., 2012, pp. 49–50). In WeARe, these commitments were central in theory but faced challenges in practice. As noted in the introduction, the focus on quality of life did not originate as a local priority. Instead, it was seeded in early discussions that did not involve community members. Institutional stakeholders suggested tools like the SF-36 (Ware Jr, 2000) or the sense of coherence (Antonovsky, 1993) to assess the project's impact. While this approach made sense, it was driven by a desire for evidence that did not necessarily reflect community issues. Action researchers NTM and

TSL argued that a community survey should at least reflect community concerns and local interpretations of quality of life. This negotiation highlights a core challenge in CBPR: balancing institutional expectations for measurable results with ethical commitments to local relevance (Israel et al., 2012, pp. 49–50; 57–58; 107–110; 199–223). In our case, dialogue conferences (DCs) served as our negotiated collaborative practice. They allowed us to honour community priorities revolving around development and facilitation of social activities, by modelling them on community Tuesday Cafés. These were already functioning as spaces combining social activities with their development. These considerations drive our research questions in this article, related to community members' perceptions of local quality of life and the transformative potential of the spaces in which these perceptions are vocalised.

2.2 Dialogical Action Research: Dialogue as Ethical Practice

Relational and social constructionist action research, with a focus on dialogue as a method, can be seen as the more specific approach we have used. It centred on local community goals revolving around social activities and aimed to involve a diverse range of voices of seniors and/or residents living with multimorbidity. In general, we employ dialogue as both an ethical and epistemic practice (Hersted et al., 2019; McNamee, 2019). Rather than seeking definitive answers, dialogical inquiry seeks to broaden collective possibilities for meaning and action. This epistemic stance is what Kenneth Gergen calls "future-forming" research (2015, 2019). From this view, knowledge is not just discovered but co-created through interaction. Its purpose is not solely to inform outsiders about internal processes, which experts later develop from. Instead, it involves insiders and outsiders working collaboratively, making knowledge production part of a shared, desirable future; change and knowledge processes are integrated. Polyphony, the coexistence of multiple voices (Bakhtin, 2013; Frimann et al., 2019; Hersted, 2019), becomes a complementary guiding principle for our research, and the action research practices of facilitating discursive openings by coordinating different voices (McNamee, 2019) in a group dialogue setting (Frimann & Bager, 2012) become our way of enacting this principle. For us, this is less about achieving broad representativity or collecting numerous perspectives and more about creating conditions that enable diverse voices to engage and participate in community life, feeling acknowledged and respected in the process. Differences are not obstacles but resources for creativity and change. This perspective shaped how we practised facilitation in the DCs: spaces meant not for consensus but for managing discursive differences and opening new possibilities for collective life.

2.3 Power as Productive Force

As briefly discussed in the introduction, referencing Cooke & Kothari (2001) and Kesby (2005), power is not eliminated by the application of dialogical methods and openness and inclusiveness. Action research processes are never neutral; they are intertwined with institutional logics, professional norms, and social positions (Hersted & Frimann, 2019; Ness, 2019; Phillips, 2024). Researchers, healthcare professionals, and community members bring diverse histories, desires, and symbolic resources into the conversation. These factors influence what can be spoken, heard, and acted upon (Bergien et al., 2024; McNamee, 2024;

Phillips et al., 2021; Phillips & Scheffmann-Petersen, 2020). Following participatory action researcher Mike Kesby (2005) and aligning with others (see Hersted et al., 2019; Phillips, 2024), we see power not just as restrictive or oppressive but as a productive force. Similar to how "differences" are discussed in relation to "coordinating voices" (McNamee, 2019), ambivalences and tensions are not anomalies nor necessarily signs of oppression. Instead, we view them as inherent to participation and empowerment as context-specific, relational, and performative practices (Kesby, 2005; Kesby et al., 2007; Phillips & Scheffmann-Petersen, 2019). From this viewpoint, empowerment is not a quantifiable goal or a skill to be learned by an individual. It is the situated enactment of relational practices that open possibilities: discursive openings in this article related to community-based Quality of Life.

2.4 Empirical Basis and Focus: A Rich Context Supporting Dialogues

The four DCs took place in October 2022 and were digitally recorded. Sessions lasting 60–120 minutes were transcribed using a combination of verbatim and condensed formats to capture meaning accurately while allowing diversity and nuance across and within themes. For the DC4 event, NTM prepared two narratives based on earlier sessions: one focused on the positive aspects of community life and the other on challenges. This more structured approach in DC4 aimed to validate and refine interpretations of local quality of life. Our broader action research engagement before and after the DCs (more than 300 hours of facilitation and observation) contributed to the analysis through fieldnotes, memos, and presentations. Additionally, NTM conducted 12 semi-structured interviews with residents about life in Magpie Hill and their previous experiences. While the analysis primarily focuses on the DCs, these other sources provided valuable context and depth.

2.5 Participants: Community, Healthcare & Research

Three groups of stakeholders were directly involved in the DCs and the dialogical production of empirical material:

Residents: Senior citizens from Magpie Hill who participated voluntarily. Each session had 8–12 attendees, totalling about 16 different residents.

Healthcare professionals: An interdisciplinary team (nurse, occupational therapist, physiotherapist, geriatrician) from Hvidovre Hospital, joining as co-facilitators and co-researchers rather than service providers.

Researchers: NTM and TSL designed, facilitated, and analysed the DCs, with support from KL and TM in research design and manuscript co-production.

2.6. Consent, Confidentiality, and Anonymity

Participation was voluntary. Invitations were delivered to all community members' mailboxes. The community board and local caretakers carried out this task monthly. Each DC session began with a reminder of confidentiality and oral consent for recording; informed consent was obtained collectively and reaffirmed at each DC. Sensitive data was stored on an encrypted drive accessible only to NTM, TSL, and KL. Transcripts and memos were ano-

nymised or given pseudonyms. “Magpie Hill” was chosen as a pseudonym to avoid misrepresentation or stigma, even though some residents wished recognition, and local readers may identify the setting.

2.7 Analytical Strategy: Discursive Content, Opening, and Performance

Our analysis focused on three dimensions: perceptions of life quality, how discursive openings emerge through facilitation, and how collective dialogue processes become spaces for performing participation and empowerment. Hence, empirical material was interpreted in three iterations:

Descriptive: What constitutes or limits life quality?
Discursive Opening: How do facilitators coordinate polyphonic voices?
Performative: How do residents enact or open possibilities for community life quality?
These iterations frame the analysis section 3 in the following way:
Definitions of Life Quality: Nature, Movement, Sociability, Disruption.
Discursive Openings: How coordination made expressions possible.
Performances of life quality: Openings extending beyond the dialogue room.

3. Analysis: Quality of Life, Discursive Opening, Empowerment

Five themes emerged from the descriptive analysis. These themes illustrate what we can learn about senior citizens’ quality of life in their everyday contexts, as an alternative to generalised survey abstractions. Besides becoming actively engaged in shaping quality-of-life discourse, the social construction of these themes also opened new possibilities for enacting quality of life. We show how this was facilitated through action research practices of coordinating polyphony, shaping what could be voiced (centripetal vs. centrifugal forces). In the final part, we analyse how DCs as socio-material spaces of participatory dialogues both reveal and generate empowering performances that sustain relationally oriented life quality.

3.1 Definitions of Life Quality: Nature, Movement, Sociability, and Disruption

Across the four Dialogue Conferences (DCs), residents’ local quality of life was discussed and explored as experiences shaped by material surroundings, relationships, mobility, safety, and disruption. Together, the descriptive themes show how quality of life was expressed through interconnected socio-material conditions and the relations community members experienced in relation to such.

3.1.1 Green surroundings: beauty, breath, and proximity

The cemetery park bordering Magpie Hill repeatedly emerged as a key source of quality of life. Residents described the area as both aesthetically calming and physically revitalising: “trees,” “fresh air,” “always beautiful,” “birds in the morning.” Several referred to the cemetery as “a park,” highlighting its recreational significance rather than its symbolic role as a

burial site. What mattered was accessibility: it was close enough to walk to, flat enough to navigate, and familiar enough to be shared. When a new resident mentioned she rarely visited, others immediately invited her: "You must come next time… I can guide you." In this way, the cemetery was not just nature; it was a place of potential companionship and shared routines. The area of small community garden plots was also described as meaningful spaces, though with notable differences. Unlike the cemetery, gardens required waiting lists and assigned plots, making access dependent on administration and group dynamics. Residents associated them with gatherings, barbecues, and seasonal socialising, but these activities paused in winter when gardens closed. The cemetery, by contrast, was not seasonal, not assigned, and not mediated by gatekeepers. Its openness made it a recurring focal point in conversations about what makes life here "good."

3.1.2 Mobility, access to the city, and conditions for participation

Residents also emphasised proximity to Copenhagen's cultural life as part of local life quality: being able to "get into the city," visit museums, or simply be "where there is more life." Yet mobility constraints shaped who could take advantage of these possibilities. Walking difficulties, fear of falling, challenges using buses with rollators, and fatigue made city access unevenly available. Discussions shifted from cultural aspirations ("the National Museum," "Statens Museum for Kunst") to practicalities: "how to get there," "having someone to go with," and finding "the right aid for the body you have today." These conversations revealed layered barriers: physical infrastructure (buses, pavements), bodily ability, technical aids, and companionship. A resident expressed that she avoided trips because she did not want to go alone; others offered alternatives such as Red Cross excursions and shared information about registration procedures, dates, and catalogues. What began as a general desire ("nice to go somewhere") became a shared search for actionable pathways. Mobility aids themselves were deeply tied to identity and dignity. Some avoided rollators because they felt "too old," while others described electric scooters as symbols of regained freedom. These differences highlighted that movement was not only a functional concern but a social negotiation of how one wanted to be seen.

3.1.3 Vulnerability, safety, and being found

Fears of falling and going undiscovered at home were repeatedly raised, often linked to stories circulating through the community about neighbours found too late. While individual stories differed, the shared concern was reliable response: who notices, who acts, and whether technical systems work when needed. Some recalled earlier municipal arrangements where emergency alarms were routinely checked; others questioned whether current systems still functioned. Solutions discussed ranged from technical checks, digital key systems, and formal services to informal monitoring through routines, window lights, and neighbour vigilance. Here, safety was not framed as security from crime or external threat but protection against isolation, physical vulnerability, and unnoticed crises; conditions strongly shaped by ageing, living alone, and limited mobility. Life quality was articulated as a collective condition: a mix of personal ability, shared responsibility, and the presence (or absence) of supportive infrastructures.

3.1.4 Benches, clubs, and small social infrastructures

Throughout DCs, residents described a network of informal spaces: benches between buildings, the "girls' club," seasonal gatherings in the gardens, activity rooms, and Tuesday Cafés. These spaces enabled low-threshold social participation, often initiated and coordinated by specific residents rather than formal organisations. In warm months, benches functioned as drop-in nodes where people sat with coffee and greeted passersby. During winter, some groups moved indoors, coordinated through SMS lists maintained by residents. Participation varied across groups and was shaped by historical conflicts, personality differences, and accessibility of rooms. Yet what defined these spaces was their informality: participation did not require sign-up forms, official membership, or structured programs. Social life was sustained through recurring micro-gestures, such as sending reminders, extending invitations, rearranging chairs when someone arrived with an aid, and adapting space to bodies and seasons.

3.1.5 Home light, balconies, and disrupted everyday life

The closure of balconies and installation of boards, fences, and containers emerged as a major source of anger, sadness, and disorientation. Residents described losing light: "the only daylight in my kitchen is that door", and losing small everyday rituals such as morning coffee outside or greeting neighbours across courtyards. Sudden implementation ("a board drilled in overnight") and communication perceived as unclear or disrespectful intensified emotional responses. Residents framed the issue not only as inconvenience but as loss of dignity and recognition: "I felt violated"; "It's because we're old and don't matter." For some, the DCs served as a space to express accumulated frustration; for others, they became opportunities to recount repeated attempts at raising concerns that led nowhere. Many described resignations rather than mobilisation, although some voiced relief that outsiders were listening. Here, life quality is intertwined with visibility, respect, and fair communication, and not just physical infrastructure.

3.2 Discursive Openings: How Coordination Made Certain Expressions Possible

Across the dialogue conferences, facilitation involved more than just moderating conversations or gathering viewpoints. Our role was to support conditions where different views on life quality could emerge, coexist, and be considered by others. This included identifying moments when expressions risked being overlooked (centrifugal forces) and supporting opportunities for shared meaning-making (centripetal forces), while staying attentive to the diverse relationships and histories among residents. We facilitated not by deciding outcomes but by helping participants stay connected to emerging meanings long enough for them to matter. A recurring pattern involved residents speaking past each other. Discussions often started with concrete descriptions, like bus routes, mobility aids, balcony closures, but emotional, relational, or existential concerns sometimes remained implicit. When this happened, we slowed down, summarised, or returned to statements that risked fading into background noise. One such moment occurred in DC1 after a discussion on mobility and accessibility. While several residents elaborated on Flex-traffic and public transportation, a

woman quietly remarked, “It would be nice to have someone to go with so you’re not alone.” The remark initially went unnoticed as others continued discussing technical options. We repeated the comment back to the room, making the underlying concern visible: not just transportation logistics, but companionship, vulnerability, and the complexities of participating alone. A resident suggested she could ask others to join “as she gets to know more of the other residents,” while another pointed to available services: “There’s that Movia transport. You gotta have that!” By returning to this thread later on, we shifted the conversation from individual longing to shared possibility. We asked, “How do you join if you’re new and want to try it?” Residents then described the Red Cross trips: “There’s a catalogue that comes out, and then there’s a specific day you can call and sign up.” This shift did not directly resolve the emotional need, nor did we take responsibility by offering invitations or suggesting others to. Instead, the discussion created shared awareness and tangible options: how to get the catalogue, how to sign up, and how to share information. This allowed others to join without forcing social obligations they might not want. Another resident said, “I’d like to be a member of that,” showing how a vulnerable comment became a shared entry into new activity. A possibility for others as well, instead of merely a request and response directed at, and reserved for, specific individuals. We intentionally avoided positioning ourselves as matchmakers. While we could have asked others to join her, we understood that local social dynamics include long-standing relationships, past conflicts, and different preferences. Our role was not to intervene directly but to facilitate spaces where residents could express what they wanted in ways that others might respond to meaningfully or choose not to. To us, this approach aligns with a relational ethical stance, where participation develops through situational dialogic meaning-making rather than expert directions and solutions.

Humour and mishearing also shaped discursive openings. A moment where “singing club” was misheard as “swinger club” created collective laughter, after which the conversation returned to the question of how one would actually initiate new activities. Rather than derailing dialogue, the humour worked as a release and a reconnection, allowing the topic to re-enter with less tension and greater shared attention. Discursive openings also included moments where collective frustrations required space not for action but for recognition. In discussions about balcony closures, blocked sunlight, and sudden construction measures, residents expressed anger and sadness: “A raw board, just drilled in from one day to the next… I felt violated.” Here, openings did not lead to coordinated plans but to mutual witnessing. The value of the dialogue was not instrumental. A new solution did not emerge from this interaction, but residents described relief in being heard: a form of participation rooted not in problem-solving but shared testimony and outside witnessing. Across these instances, dialogue facilitated meaning-making by creating temporary shared spaces where concerns could be voiced, clarified, and sometimes developed into concrete possibilities. These openings did not impose consensus nor eliminate ambivalence. Instead, they made visible how residents participate in shaping community life quality, and how such participation depends on subtle practices of attention, repetition, humour, and relational presence.

3.3 Performances of life quality: openings that extend beyond the dialogue room

Across the four Dialogue Conferences, expressions of quality of life were not just stated as preferences or values but demonstrated through small, coordinated actions that connected intentions to relational possibilities. As earlier analysis sections have pointed out, these enactments ranged from immediate, in-room responses to earlier activities, or more gradual changes that extended beyond the DCs. Instead of creating consensus or fixed solutions, participation developed as a series of small performances that influenced what residents could do together and how they might support each other in ways meaningful to daily life. Some enactments emerged directly from dialogue in real time: "It would be nice to have someone to go with so you're not alone." Initially passed without response as the conversation focused on practical transport options. By facilitators repeating and slowing down the comment, attention shifted to the underlying concern: participation as a social rather than logistical issue. The reframing led to concrete suggestions and conversations about social participation. These moments did not change the speaker's situation directly, nor did they produce formal arrangements, but they generated collective awareness that companionship was a legitimate and shared concern tied to life quality.

Elsewhere, residents drew on existing practices beyond the DCs. Informal gathering spots, especially the benches between buildings which was not related to WeARe-activities, were described as places to "have coffee immediately when the weather's good" and meet whoever passes by. These benches function as everyday shared spaces where new residents are welcomed and sometimes introduced to others, where information circulates through random meetings and SMS lists, and coordination also unfolds without formal planning but flows from rhythms of weather and initiators.

During DC discussions about safety and social contact, residents referred to routines already in place: checking whether blinds are open, lights turn on as usual, or someone appears outdoors. One resident said plainly, "Otherwise someone could lie there for days," linking sociability to vigilance. These practices were not described as care work, yet they operated as informal monitoring systems that addressed fears of isolation, accidents, and not being helped in time. Concerns about emergencies further highlighted how life quality is enacted through layered infrastructures: technical, institutional, and social. One resident recounted that a neighbour had been found dead in her apartment after days: "It was the home care service who found her… the emergency call hadn't worked." Another responded soberly, "That could have been any of us." The conversation shifted toward what can actually prevent such outcomes, leading to multiple strategies: more frequent testing of alarms, enabling digital entry systems like Bekey so caregivers can enter without breaking doors, and informal neighbour vigilance. A woman described her routine: "I only lock the door when I leave the apartment… that way, if I can't get to the door, they can get in with Bekey." Another compared past experiences: "Where I lived before, they checked the alarm every time they came out. At least then it wouldn't be more than 14 days before you know it works." Importantly, no single solution was positioned as definitive. Instead, life quality appeared as a combination of overlapping practices, such as devices, routines, professional roles, and neighbourly observation. None of them sufficient alone but collectively reducing vulnerability.

At the same time, these practices were not experienced uniformly as supportive. In a one-on-one interview, a resident who rarely left her home explained to NTM that she preferred to walk through the basement corridor to avoid passing the benches: "They're too nosy and always gossiping." Other residents, both participants and non-participants in DCs and cafés, expressed similar sentiments. For them, the same practices described by others as caring forms of vigilance felt intrusive or moralising. This contrast underscores that social performances situated within community infrastructure and linked to quality of life do not share a single moral position. Instead, what one resident experiences as protection, another may experience as surveillance. These divergent interpretations remind us that openings for performances of participation and performances of community life quality do not necessarily translate into shared meanings of such.

Taken together, these examples illustrate how life quality becomes performative, albeit diversely and contested: something enacted through invitations, shared routines, ambivalent infrastructures, and situated judgments about when to engage or withdraw. The DCs contributed to the demonstration as well as the development and enactment of such perspectives and practices by making tacit practices visible, encouraging residents to articulate needs and opportunities, and creating space where collective possibilities could take shape alongside differences. In this sense, the DCs did not generate empowerment as an outcome in the sense of acquired skill or learned competency; rather, they supported moments where empowerment could be and sometimes was performed; tentatively, diverse, contested; always in relation to others. Sometimes enabling, other times restricting, new possibilities for quality of life.

4 Discussion: Power and Participatory Meaning-Making

Across the DCs, locally anchored inquiries into quality of life generated meanings, interactions, and situated performances that cannot be reduced to predefined indicators or standardised evaluation. Instead, "life quality" emerged through the relational coordination of voices, the expression of desires, concerns, and fears, and the negotiations that shaped how community members and facilitators responded to one another. This reflects our methodological approach: dialogic inquiry as a relational-ethical, future-forming practice in which meaning is collaboratively produced in and with communities (Hersted et al., 2019; McNamee, 2019; Gergen, 2019; Israel et al., 2012).

Our analysis aims to reveal different layers of this dynamic: products of community-sensitive discourse (descriptive); methodological reflection and transparency (discursive openings); and conceptual interpretation and development (community-based life quality dialogues as participatory and empowering performances). The descriptive expressions of life quality, green surroundings, mobility, safety, benches, and disruptions to everyday routines formed the empirical ground from which dialogical openings emerged. Some expressions resonated immediately and pulled the group toward shared elaboration (centripetal forces), while others initially risked dispersing (centrifugal forces), such as subtle or low-volume remarks about missing companionship. Facilitating discursive openings required ethical, intentional practices of supporting diverse interpretations and expressions, and of reiterating and recounting topics or perspectives that were otherwise inadvertently repressed in the social

dynamics of open-ended group dialogue. These practices did not neutralise power dynamics but made them navigable rather than oppressive (Cooke & Kothari, 2001; Kesby, 2005). Here, our observations and conversations outside DCs also enabled us to tap into what other community members had expressed as desires and concerns, allowing us to reflect on possible alternative interpretations and issues to explore regarding quality of life. As Cooke & Kothari (2001) argue, participatory spaces may reproduce oppressive hierarchies; we observed how long-established residents sometimes occupied conversational space more readily, while quieter or newer participants benefited from facilitators' engagement and support. We saw a similar difference between those who attended DCs and those who did not, with some expressing ambivalence or avoidance due to experiences of gossip or social friction. This diversity in relational performances enacted and captured in the WeARe context underscores that participation is always partial, situated, and relationally conditioned and by no means a universal cure-all for environments marked by social inequality (in health). This point is echoed in a recent Nordic welfare research anthology that focuses on critical perspectives on co-creation (Askheim et al., 2025); questioning who can and should participate in welfare-state co-creation processes and how. It suggests that the limits are just as important to consider as the possibilities.

From a theoretical perspective, we can reflect upon how power dynamics in WeARe operated institutionally. Our presence and positions as researchers affiliated with hospital institutions could also be considered to carry symbolic weight, shaping expectations about what might be acknowledged or recognised; what (forms of) expressions and experiences would count (Bourdieu, 1989; Abel, 2008; Shim, 2010; Larsen & Sodemann, 2024; Larsen, 2025). This social and symbolic relationship can influence who engages and disengages in WeARe-activities. However, as we illustrate in our analysis of discursive openings (3.2), the DCs made room for both everyday sociality and more explicit conversations about illness, vulnerability, and safety, themes present in the everyday lives of seniors with multimorbidity. Rather than resolving tensions between institutional authority and local experience, the negotiable and facilitative approach rendered it productive: community members' everyday experiences, desires and issues were often intertwined with health-related themes, revealing how proximity between hospitals and communities can become meaningful through dialogical processes. DCs became a space where existing and new relational practices of life quality could be "rehearsed" and developed further (Kesby, 2005). Performances such as coordinating Red Cross trip information, welcoming newcomers at benches and clubs, offering to guide others to the cemetery park, or keeping informal SMS lists represent relational practices that expanded possibilities for participation. Coordination of voices not only within but also outside DCs allowed the notion of vigilance to become nuanced and not univocally be an expression of positive or negative life quality: for some, "keeping an eye out" signified mutual care; for others, it implied intrusion and gossip.

These different interpretations highlight a central point about power dynamics in community-based participatory research: ambivalence and tension are not necessarily indicators of methodological flaws or systemic oppression of marginalised groups, but are inherent to participatory, relational meaning-making; at least where diversity is valued, and uniformity and consensus are not the goals. The DCs established an environment where such tensions could be expressed, acknowledged, or set aside without forcing agreement. The materiality of social spaces also mattered here (Kesby, 2005). Benches served both as spaces of casual social activity and as vantage points for vigilance; balcony closures changed informal watching-over

practices; mobility challenges, broken alarms, and inaccessible paths limited opportunities while also encouraging collective support. These socio-material elements did not exist outside dialogue but were intertwined with it, shaping what quality of life means and how it can be experienced.

Our contextual background of negotiating inquiry goals further emphasises the productive ambivalence of participatory research. Institutional partners suggested validated quality of life measures (e. g., SF-36), while residents focused on local social life and activities. Action researchers applied DCs as the negotiated response, respecting institutional expectations while anchoring inquiry in community-defined meaning. This reflects a core CBPR challenge: balancing evidence-based expectations with commitments to local relevance. Our work with DCs did not resolve this challenge. However, they can serve as an example of how diverse stakeholder agendas can be acknowledged in CBPR partnerships and inform relational action research methodology.

5 Conclusion: Contributions to Participatory Health Research

Through this article, we have examined Dialogue Conferences within the WeARe community-health partnership, which supported the creation of locally grounded meanings of quality of life and opened situated possibilities for participation and everyday empowerment among older residents. We showed that "quality of life" became meaningful not as a predefined and standardised construct but as a relational accomplishment emerging through conversational coordination, socio-material conditions, and participants' situated performances. Rather than functioning as tools for assessing predefined indicators, the DCs served as dialogical spaces where concerns could be voiced, emotions expressed, disagreements articulated, and new possibilities collectively imagined.

Through facilitative practices, recounting, reframing, and managing polyphony, we created the conditions for discursive openings in which less resonant concerns could be acknowledged and become socially relevant. This aligns with CBPR principles that emphasise shared inquiry and local relevance and with dialogical action research commitments to polyphony and future-forming knowledge.

Quality of life in Magpie Hill was expressed in relation to green surroundings, mobility, everyday safety, and the small socio-material infrastructures that shape social interaction: benches, clubs, balconies, invitations, and informal watching-over. These themes became the grounds for relational performances, guiding neighbours, coordinating trips, maintaining contact lists, and offering support, thereby expanding participants' possibilities for acting together. Such practices illustrate empowerment not as an individualistic capacity but as a situated, relational process embedded in everyday life. DCs did not erase ambivalences. Tensions between care and intrusion, mobility and fear, local agency and institutional neglect remained part of the dialogical landscape. Yet these tensions were not barriers: they were productive forces that shaped how participation unfolded and how meaning was co-created. The study therefore demonstrates that proximity between hospital institutions and communities can take relational, dialogical forms that support locally defined well-being rather than relying on expert-driven service provision or standardised measurement. Further, the

DCs illustrate how participatory, dialogical spaces can foster community-based quality of life by enabling residents to articulate, negotiate, and enact what matters to them within their socio-material context.

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