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What Was My Life For? Perspectives of Solo Women on Their Experiences of Later Life

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Going Solo – the stereotypes

SOLO = “women who are aging without a partner and without children”
Korean (Nocheonnyeo)
Ageing solo in the UK.

• 20% of women born mid-1960s have not children (ONS, 2013)

• Cohort of women born in 1955 showed marked increase in women without children (Ratcli and Smith, 2006)

• Estimated marked increase in people over 65 in the future without grown dependents (from 1.2 million in 2012 to 2 million in 2030) (McNeil and Hunter, 2010)

• Estimated value of £55 billion of care annually provided by family members
Solo women – the issues

• Diversity of women in later life
• Gender inequalities in the lifecourse
• Impact of life trajectories on ageing experience
• Traditional social categories /relationship binaries and sexualities (Edwards et al, 2011; Hicks, 2014)
• “singlism”: subjectification of single people promoted by familist ideology. (DePaulo and Morris, 2006)
• Nexus of aging and single relationship status forms a new conceptual lens for research on gender
• Implications for planning future care and support
England & Ireland study

2014-2015

• Based on initial mixed methods survey of 76 solo women to consult them about research priorities (see Hafford-Letchfield et al, 2016).
• Followed by in-depth narrative interviews with 31 women in England and Ireland
• Qualitative data analysed – The voice centred relational method (Mauthner and Doucet 1998)

Ethical approval Middlesex University Health and Education Ethics Committee (Reference: MHESC1404).
Participants sample

Mixed methods Survey (n=76)

87% of participants in the sample were between 50–65 years old;
White British n=46
White Irish, n=6
Asian n=2
Black African n=7
Other origins n=8
Heterosexual n=58
Lesbian n=8
Bisexual n=3
Gender-queer n=1
Undecided n=4
Prefer not to say n=3
Disabled or not sure if Disabled n=12
Graduate qualifications n=50

Narrative Interviews (n=31)

England n=22
Ireland n=9
Some women felt the pressure of having to make decisions without support; others noted the weight of having to undertake the tasks of everyday living solo. This experience impacted on some women psychologically as a lack of confidence and in others as a triggered behaviours ranging from avoidance of difficult situations to binge-eating. This was experienced distinct as a desire for emotional and/or for physical closeness and as the act of being loving to others and receiving love in return. Visceral descriptions of the experience of loneliness, as ‘dead time’ or as ‘cold and darkness’. Formed a theme in terms of motivation to connect socially and to ‘justify’ seeking company. This theme subdivided into the expression of stigma from others particularly damaging was the idea that they might be pitied and attitudes which could indicate self-stigma. Important to note that the experience of loneliness was a fluctuating state; it was exacerbated by circumstantial factors like illness and situational ones like going on holiday or eating out. Some women experienced this as social isolation others noted it as a practical reality. Some women felt the pressure of having to make decisions without support; others noted the weight of having to undertake the tasks of everyday living solo. This experience impacted on some women psychologically as a lack of confidence and in others as a triggered behaviours ranging from avoidance of difficult situations to binge-eating. This was experienced distinct as a desire for emotional and/or for physical closeness and as the act of being loving to others and receiving love in return. Visceral descriptions of the experience of loneliness, as ‘dead time’ or as ‘cold and darkness’. Formed a theme in terms of motivation to connect socially and to ‘justify’ seeking company. This theme subdivided into the expression of stigma from others particularly damaging was the idea that they might be pitied and attitudes which could indicate self-stigma. Important to note that the experience of loneliness was a fluctuating state; it was exacerbated by circumstantial factors like illness and situational ones like going on holiday or eating out.
Some early themes from the narrative interviews

• Solo identities: Does solo status isolate or integrate?
• Temporal - shaping of stories over time
• Caring – traditions and adjustments
• Navigating intimacy
• Meaningful futures and security
“And I end up kind of like when my mother dies and I’m not looking after her then really what will I be here for. Yeah no question about that. And even to the point where I was feeling really ill and thinking god it would be better if I wasn’t alive, because I, but that is, that is quite, it comes and goes”.

“Don’t assume I am heterosexual. Don’t assume because I’m not married that I have always been single. Don’t assume I have children/grandchildren. Don’t pity or patronize me.”

“Do not belittle us just because we are on our own and may sometimes appear eccentric, or anxious, or sad. I held down an incredibly stressful and responsible job, but I feel I am now perceived as of no account by health professionals—it is disturbing and infuriating and isolating”.

“I have had many good sexual and love relationships. My life as a single woman is wonderful in many ways. I feel very lucky to be living in this time and to have had such a wide range of experiences”.
Some early implications……..

• Appropriate language and sensitive assessment
• Rich and diverse responses - sociable, humorous, wise, strong, positive, and keen to be involved in finding ways forward.
• Women living long term solo become used to a larger degree of independence - may have more issues coping with becoming dependent.
• Building alternative social networks for solo women or tailor assessment and provision in view of their social support and caring needs, particularly around planning their futures.
• The findings from the survey highlighted potential issues around emotional and mental health - elicit solo women’s voices in expressing their so-loneliness – skills and sensitivities from professionals as needs develop.
• Equip professionals and organizations with the nuances of working in aging services constitutes a wider debate, perhaps in education and training, informed by service users’ own voices.
• Attention within demography
References


