



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



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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

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.

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.

INTIMACY

FLUCTUATING STATE

IMPACTS

Visceral descriptions of the experience of loneliness, as 'dead time' or as 'cold and darkness'.

METAPHOR

Some women experienced this as **SOCIAL ISOLATION** others noted it as a **PRACTICAL REALITY**.

ISOLATION

SOLO WOMEN'S EXPERIENCE OF LONELINESS: THEMATIC ANALYSIS

Formed a theme in terms of motivation to connect socially and to 'justify' seeking company

ACTIVITIES

STIGMA

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.

RESPONSIBILITY

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**.

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

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