



**Who cares? An exploratory study of women ageing solo and their perspectives on relationship status and future care needs**

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## Who cares? An exploratory study of women ageing solo and their perspectives on relationship status and future care needs

### **Abstract:**

This exploratory study explores the impact of relationship status for women ageing 'solo' and their perspectives on future care needs. Solo women were defined as those over 55 years who identify with long term, non-partnered relationship status and have not had children. In-depth qualitative interviews were used to gather data on how participants responded to their solo status. Doucet and Mauthner's (1998) voice-relational method was used to analyse the data and three main themes were identified. Firstly, participants experienced social stigma related to their status as solo women; secondly their resistance and resilience in response and thirdly; the anticipated challenges and experiences of solo ageing in relation to meeting their care and support needs. Research in this area is important to identify how social policy is inclusive for marginalised populations in ageing. Our findings suggest the need for increased professional awareness of women ageing solo when undertaking assessment and designing person-centred support.

**Keywords:** Solo; ageing; singleness; gender; social work; Ireland; relational methodology;

### **Introduction:**

Social work with older people requires skills, knowledge, values and approaches which recognise the increasingly complex needs of the older population and enable professionals to lead and change across an integrated system of care. To do this will require increased awareness and understanding of the range of factors which characterise ageing and later life including the impact of diversity and generational

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3 inequalities (BASW, 2017). This paper addresses the unique factors associated with  
4 gender and ageing. These can disadvantage women in later life, for example; a  
5 higher risk of poverty (Weitz and Estes, 2001), higher incidence of disabilities  
6 (Alberts *et al*, 2014), greater likelihood of increased care needs (Baumbusch, 2004)  
7 and higher rates of admission to residential care (Klinenberg, 2012). The study  
8 reported here explored the impact of relationship status in gender and ageing,  
9 specifically for those living 'solo' and the implications for social policy and social work  
10 support. 'Solo' women are defined as those aged over 55 years who identify with  
11 long term non-partnered relationship status and have not had children. It is important  
12 to understand solo status as it is a factor that can increase disadvantage within  
13 ageing populations (Band-Winterstein and Manchik-Rimon, 2014). There are  
14 increasing numbers of people living solo (Gray 2009). In the Republic of Ireland an  
15 increase in the proportion of single people and single-person households in  
16 combination with a fall in the birth rate is reshaping Ireland's demographic profile  
17 (Fines-Davis, 2011). Specific cultural and religious factors such as expectations of  
18 celibacy for unmarried people and land inheritance practices privileging eldest males  
19 which encourage younger siblings to emigrate or remain single, have exacerbated  
20 this trend (Timonen and Doyle, 2014).  
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44 There are few qualitative studies on the relationships between gender, ageing and  
45 relationship status for women (Author's own, 2016; Beth Johnson Foundation, 2015).  
46 This in-depth exploratory study sought to examine the issues faced by a group of  
47 solo women living in Ireland as they grow older. A solo status may be rendered  
48 'invisible', through professional practice where provision of support to meet older  
49 people's needs is based on a traditional model of the family and underpinned by  
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3 normative discourse about care. Within the caring professions, descriptions being  
4 used for older women can be unhelpful and discriminatory (Author's own, 2016).  
5  
6 Exploration of solo women's needs, concerns, and how their wellbeing is shaped by  
7 their relationship status can enrich professional awareness of how to tailor  
8 responses and deliver more person-centred services.  
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## 16 **Background**

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18 The numbers of people over 65 years aging without children are expected to double  
19 by 2020 to over 2 million people (Hunter and McNeil, 2014). In a Government  
20 commissioned report on attitudes to family formation in Ireland (Fine-Davis, 2011),  
21 single people were recorded as experiencing the lowest level of well-being and were  
22 more socially isolated relative to married or co-habiting people. Byrne (2008) noted  
23 that in Ireland, the traditional family unit remains highly idealised and rewarded, in  
24 how it maintains emotional and practical support for its members. An examination of  
25 life-long singlehood among women *and* men in Ireland found older adults  
26 constrained from marrying due to poverty, caring work and social norms and were  
27 more dissatisfied than those who chose to remain single (Timonen and Doyle, 2014).  
28  
29 Crawley and Lynch's (2012) study in the West Coast highlighted higher levels of  
30 affective inequality such as feeling marginalised and not belonging in single and  
31 separated women particularly in relation to 'family talk'. Single women also reported  
32 feeling distanced emotionally from family connections as they grew older where their  
33 place within the family was ill-defined.  
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52 The presence of a social support network becomes increasingly important where  
53 there is increasing age and frailty (Baumbusch, 2004) although, some research has  
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3 suggested that never-married women adapt better to the demands of solo ageing  
4 than their male counterparts finding them more able to capitalise on social networks  
5 a resource for later life (Wenger, 2001; Trimberger, 2005). Living alone has also  
6 been associated with beneficial health outcomes following preservation of self-care  
7 skills and accommodation to changing physical and psychological demands (Cwikel  
8 et al 2006; Pudrovska, 2006). These findings are relevant to future planning in  
9 health and social care where there may be an over-reliance on informal care.  
10 Economic security, home adaptations and interventions which enable independent  
11 living (Kim, 2006; Tamborini, 2007) and their impact on health status and risks for  
12 institutional care (Klinenberg, 2012) have all been documented as priorities for future  
13 planning in relation to gender and ageing (Eshbaugh 2008; Band-Winterstein and  
14 Manchik-Rimon, 2014). This mixed picture for women ageing solo in changing social  
15 structures would therefore benefit from further enquiry.

### 31 32 33 **Methodology:**

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35 This exploratory study was designed to explore issues in solo women's lives within  
36 the Irish context. In-depth qualitative interviews were selected for their potential to  
37 gather data on how participants understood and identified with their solo status;  
38 participants were asked about their social connectivity and networks; and practical  
39 issues or concerns about living alone in later life. We drew on Doucet and Mauthner  
40 (1998) voice-relational methods in the strategy to collect and analyse data. A broad  
41 topic guide was developed using a narrative approach to enable participants to  
42 articulate their preferred issues. These approaches to research are fundamental for  
43 feminist researchers (Ribbens and Edwards, 1998) and the emphasis of participants  
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3 as “authorities” on their own experience shaped the collection, analysis and  
4 interpretation of this data.  
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9 The recruitment strategy used a combination of convenience and snowball sampling  
10 through a flyer and mailshot to national and local women’s interest groups, older  
11 citizen’s agencies, religious congregations and online spirituality communities in  
12 Ireland and personal contacts to identify potential recruits. Inclusion criteria were  
13 women aged 55 years and over which is an accepted marker of fertility decline  
14 (Wallace and Kelsey, 2004), living in the Republic of Ireland; who at the time were  
15 neither in a long-term relationship nor living with a partner and who did not have  
16 children. Challenges were anticipated in reaching this target group, who are not  
17 easily identifiable and may distance themselves from a stigmatised identity. The  
18 inclusion criteria were potentially subjective given the fluid nature of contemporary  
19 personal relationships and diverse histories of potential respondents in relation to  
20 their own fertility and childbirth so our approach encouraged self-selection against  
21 our stated target group.  
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40 Formal ethical approval was given by (anonymised) University Health and Education  
41 Ethics Committee (Reference: MHESC1404). Participation was voluntary following  
42 written informed consent including permission to digitally record the interviews. This  
43 was a dynamic process subject to ongoing attention and some participants sought to  
44 pause or erase part of a recording. Some women who did not proceed to interview or  
45 proceeded with caution, expressing concerns about privacy; being identifiable or  
46 disclosure of participation. Some also expressed a worry about emotional distress  
47 arising from speaking about their experience of living solo.  
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**Data analysis:**

The data was transcribed, and each transcription was read by two members of the research team. Reading through involved an initial interpretation of the meaning of each participant's story, noting areas of difference and overlap between accounts. This involved coding each transcript individually; firstly, the text was read for the overall story being told, paying attention to recurrent images, words and metaphors, as well as contradictions in the narrative. A 'reader-response' or self-reflexive approach was utilised. For the second category, we read for the voice of 'I', paying attention to the active 'I' who is telling the story, and noting where the respondent shifts between 'I', 'we' and 'you' to indicate changes in how the participant perceived and experienced herself. For the third category, we paid attention to how respondents spoke of their relationships. The fourth was centred on placing the respondents' accounts within broader social, political, cultural and structural contexts. The coding and notes were then discussed and explored within the team from which we identified themes articulated by the participants and added something to our understanding of the process of ageing solo. These are detailed in the findings below.

**Findings:**

Participants came from rural and urban backgrounds, in different geographical regions of Ireland. One lived in a religious order, two had immigrated to Ireland and one had a substantial disability. Participants had varying levels of educational and vocational / professional attainment, ranging from no formal education to post-doctoral qualifications. None were previously married or in co-habiting relationships

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3 at the time of the interviews. Table 1 provides a summary of the sample  
4 characteristics.  
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9 *Insert table 1 here*  
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13 Three main themes were identified from the data. Firstly, participants experienced  
14 social stigma related to their status as solo women. Secondly, living with the stigma  
15 of a 'spoiled identity' necessitated the development of various strategies which  
16 demonstrated resistance and resilience. Thirdly, participants worried about ageing  
17 solo; they perceived it as presenting greater practical challenges both presently and  
18 in the future, than would be the case if they had partners and/or children. Specific  
19 social, practical and organisational obstacles deterred some from planning for future  
20 contingencies were identified and were linked to solo status.  
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### 33 **Solo identity and stigma** 34

35 Eight participants articulated a perception of themselves and other solo women as  
36 having a stigmatised social identity. Personal accounts of exclusion and  
37 marginalisation in family, work and social contexts, attributed by participants as  
38 exclusively based on solo status, were common. Age, occupation, sexual orientation  
39 and geographical location did not exempt women from the experience of solo stigma.  
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42 Eilish (55) lives in a small town in rural Ireland and works as an academic. She  
43 articulated the pervasive nature of social stigma in the following way:  
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52 *There is always a little stab of pain, you know it's fleeting, but it's always*  
53 *there, ouch, ouch... It's that continuous feeling of being outside...I am a single*  
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3 *person and society does not, you don't fit in, there's no box for you, expect a*  
4 *box of being outside. It's you're in the excluded zone in a way.*  
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9 Some participants situated their personal experiences of social stigma in the context  
10 of social factors which rendered solo women as being less valued and important in  
11 society. These ranged from feeling and being excluded in public spaces (one  
12 participant was asked to move to a less conspicuous table in a restaurant when  
13 sitting alone) to social discourse idealising marriage. Eilish remembered talk about  
14 'the prestige of marriage' as a phrase used in the media during the debate on the  
15 Marriage Equality Referendum 2015. She reflected on how the culture was  
16 completely based on couples and how the emerging discourses during the debate  
17 emphasised exclusions in all aspects of public and private life and positioned  
18 singleness as undesirable and 'other'. Marina a retired teacher from Dublin also  
19 spoke about societal recognition for being coupled and how this is no different in the  
20 lesbian community.  
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37 The experience of herself as 'inferior' as a result of having a solo status was a  
38 recurring theme. One participant asked to consider the achievements of her life  
39 equated this with marriage and having children:  
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46 *...I probably would have felt that I achieved (sic) if I had got married and had a*  
47 *family and education, I probably would have felt a little bit better than (sic) that*  
48 *(Mary, 70).*  
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3 Ann M in her mid-sixties spoke about her experience of being excluded in workplace  
4 conversations and how this hurt her. We were struck by the circular relationship  
5 between exclusionary practices and self-esteem as the narrative shifts from being  
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9 'made to feel different' to 'feeling responsible for feeling different'.  
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13 *You know everybody around the coffee table at break time had children,*  
14 *husbands, not partners, husbands, you know. So, there was constant sort of*  
15 *sharing of the issues relating to them and that I felt I was leading some kind of*  
16 *non-life you know. There was nothing much for them to ask me about or talk*  
17 *about...But as I say it might have been, a lot of it was probably to do with my*  
18 *own kind of feeling of being different (Ann M, 60's).*  
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29 Being questioned about remaining single is commonplace for women and several of  
30 the participants offered unsolicited explanations for remaining solo, sometimes  
31 based on character or temperament deficits. Discourses which problematise solo  
32 lives may have an influence on *why* women choose to disclose the history of their  
33 status, as well as *how* they talk about it:  
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41 *I think you could say something about attachment in your thing (sic) and I*  
42 *would certainly have an avoidant attachment style, which I think would*  
43 *contribute majorly to being solo (Therese, 63).*  
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50 We were also interested in how the word 'single' was or wasn't chosen in how  
51 women referred to themselves and the speech acts they used to position themselves  
52 in relation to the words 'single' / 'solo'. Some avoided using the word 'single' when  
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3 they spoke about themselves, or used the third person device to describe an event  
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5 or experience:  
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9 *I find people really good. I don't really find, you know, I don't, if there is some*  
10 *kind of different treatment of me because I'm...I just don't see it (Maureen,*  
11 *59).*  
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18 In another interview, the word 'single' is spoken 30 times by the interviewer and  
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20 twice by the participant. Her positioning of herself in relation to the word 'single' is  
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22 illustrated here:  
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25  
26 *They never asked me to a dinner party. because I think they are always*  
27 *afraid of a single woman or something. It spoils the shape of the table, it was*  
28 *always husbands and wives...I remember remarking that before, they didn't*  
29 *like to spoil the table with a single woman (Blathnaid, 86).*  
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37 In the following extract, the speaker moves from using 'I' to 'you' to 'adult people' in  
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39 speaking about living solo. She revealed several ambiguities:  
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44 *I suppose you can...be independent and walk out the door and do the things*  
45 *you want I suppose. You don't have to worry about children, I suppose that*  
46 *would be, but adult people might regret it in some ways.... But I suppose*  
47 *there is a lonely side to it as well. But I suppose you're independent, you can*  
48 *do your own thing (Mary, 70).*  
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5 For Blathnaid and Mary, their choice of words allowed for ambiguity and blurring  
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7 between the personal and the general. Regrets about not having children or living  
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9 with loneliness, or being judged as lacking, may not be easily spoken about. By  
10  
11 choosing to speak in this way, a voice can be given to that which is painful, shameful  
12  
13 or silenced. These speech practices could be strategies to manage the dilemma of  
14  
15 living with a stigmatised identity.  
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20 Some participants described feeling stigmatised, or expecting to be stigmatised in  
21  
22 their contact with professionals. Examples included professionals making normative  
23  
24 assumptions about marital and parental status and the requirement to provide  
25  
26 information about status deemed not relevant to the context in which a service was  
27  
28 sought:  
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31 *...so now they see I'm this single person who's you know troublesome*  
32  
33 (Marina, 58)

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36  
37 Ann M mentioned non-verbal ways in which these attitudes were communicated and  
38  
39 drew on both her personal and professional perspective:  
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44 *..... I mean even primary care meetings and discussions, I'm sure hospital*  
45  
46 *discussions and case conferences, there is that inference or implication isn't*  
47  
48 *there, that there is something a little bit odd about this woman or a man who*  
49  
50 *are on their own beyond their 20's, 30's.(Ann M, 60's)*  
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#### 54 **Resilience and resistance:**

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3 Participants demonstrated various strategies for managing stigmatised identities.  
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5 Having higher levels of education and characteristics which marked them out as  
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7 'different' were identified as protective factors. Maureen lives in a small town in rural  
8  
9 Ireland. Coming from outside the community freed her from expectations to fit in, or  
10  
11 conform and she enjoyed her outsider status. Therese also immigrated to Ireland  
12  
13 and lives in a small village. Her work brings her into contact with other solo women  
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15 living in the area. In this extract, she suggests that she has used her education and  
16  
17 professional training to develop a perspective and strategy to buffer her from solo  
18  
19 stigma. Another common strategy was avoidance of uncomfortable social situations  
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21 where one might be made to feel 'conspicuously single'. Alongside examples of  
22  
23 being actively excluded, participants also made choices to exclude themselves, such  
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25 as avoiding work functions, refusing social invitations, avoiding leisure activities such  
26  
27 as avoiding work functions, refusing social invitations, avoiding leisure activities such  
28  
29 as going to the cinema, or even going for a walk alone.  
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33 Participants employed different meanings to the identity category 'solo'. Marina and  
34  
35 Therese suggest that solo is not a fixed category membership, but something which  
36  
37 is fluid, where they move in and out of during the lifecourse. The meaning of solo  
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39 here was re-appropriated from being an intrinsic aspect of identity to a life event,  
40  
41 which may or may not be chosen; may be enduring or transient and which will be  
42  
43 experienced by many women, especially in the later stages of life. Therese,  
44  
45 Blathnaid and Mary all referred to the prospect and experience of widowhood within  
46  
47 their peers. In this schema, we wondered if the stigmatising effects are mitigated or  
48  
49 managed, by separating circumstance from identity. These themes feature in the  
50  
51 following extracts from Marina:  
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3 *And as I say, I'm solo now and I may be solo forever. I may be in a*  
4 *relationship for a while and then back again. I don't know.... But you know you*  
5 *are prepared, you're single, you're solo, well you're available you know or not*  
6 *you don't know for what length of time, you don't know that either and what*  
7 *circumstances. That is part of the, actually that's part of the thrill of the thing*  
8 *as well (Marina, 58).*  
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18 The 'circumstance' of living solo was also identified by other participants as leading  
19 to useful life skills and confidence. Ann M questions the dominant narratives which  
20 frame solo living as deficit and argued that life can be explored and imagined beyond  
21 the limits and stereotypes which confine relationship status.  
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29 Contrary to the usual stereotypes, whilst participants were all currently living alone,  
30 they had previously co-habited in various arrangements from communes to religious  
31 communities, with friends and previous partners, with family members, as live-in  
32 carers and so on. Capacity to maintain longstanding friendships and develop new  
33 circles of friends and interests in later life was evident in many of the accounts.  
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Though the composition of personal networks was variable, the role of friends was  
emphasised and described as an important supplement to family support and for  
some of equal or higher importance. Having returned to live in Dublin four years ago,  
Blathnaid at eighty-four, re-established old friendships and created new ones as  
many of her Dublin friends had died. She has a wider network of friends in different  
parts of Ireland and abroad, whom she sees from time to time. Ann M emphasises  
the value of more recent friendships which she has developed through new areas of  
interest with single friends being closest:

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5 *...it's easier to stay connected because they've been freer, no question...and*  
6 *obviously...our concerns around being single and what it entails...have*  
7 *fostered a bond (Ann M, 60's).*  
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11 There was evidence of future thinking in how some women described cultivating  
12 friendships as future sources of 'meitheal' (an Irish word for co-operation or mutual  
13 assistance). Sometimes these friendships evolved into mutual support  
14 arrangements. Marina had developed a daily call routine with an ex-partner who is  
15 now a close friend to mitigate the risk of being unaided in the event of illness or  
16 having an accident while home alone. Maureen talked about recognising social  
17 isolation after her cousin died at age 100 for whom she had cared for, for 35 years.  
18 This death was a pivotal point in her life forcing her to make efforts to see friends on  
19 a more regular basis and take up new interests in her local community to foster a  
20 broader social network in the future. For Ann W, things appear to have improved in  
21 terms of social connectivity in later life. She lives alone in a very rural area and local  
22 services have created opportunities to importantly make her own friends,  
23 independent of her family. She also used her relationship with a day-centre manager  
24 as a way of accessing other kinds of help, and knowing this help was available if she  
25 needed it, offered her psychological reassurance.  
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### 46 **Solo Ageing and care**

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48 Ageing without children was viewed as a comparative disadvantage by most  
49 participants with a nagging anxiety about their prospects:  
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3           *Yeah. I haven't really thought about it, but it is of course a concern...I*  
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5           *generally just shelve it and put it in the long-term drawer and think about it*  
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7           *next week or next Winter. But no yeah as I say things could change very*  
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9           *quickly (Ann, 60's).*

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13           Specific challenges in recruiting practical support to cope with the vagaries of ageing  
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15           were understood through their own engagement in caring for ageing relatives and  
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17           friends and they had concerns about their own vulnerabilities in this regard. Not  
18  
19           having clear pathways through traditional networks where requests for assistance  
20  
21           could be made were identified as the biggest obstacles to accessing care and future  
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23           planning. There was a discomfort about being seen as a burden and requesting  
24  
25           assistance from both kin and non-kin relationships.  
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31           Family were identified as a primary source of practical support by 6 women. Of note,  
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33           3 of the women who identifying as lesbian or bi-sexual described friends as being of  
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35           higher or equal importance in terms of providing practical support. One participant  
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37           was a member of a religious community and she rated her community and family as  
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39           being of equal importance in this regard:  
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44           *...in most situations that assistance or that care can flow more easily because*  
45  
46           *it comes naturally out of that family, the familiar structure. If you don't have*  
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48           *that familiar (sic) structure, then I don't know where you find that. It's very*  
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50           *hard to define (sic) that (Eilish, 55yrs).*  
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3 Geographical distance from potential family helpers particularly if they were  
4 themselves in poor health or estranged was viewed as challenging, particularly in an  
5 emergency:  
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11 *Well the fear...that I'd get very ill and I'm on my own and not being able to call*  
12  
13 *somebody (Ann W, 87).*  
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18 Blathnaid, Ann M and Therese emphasised a wish to be self-reliant and were  
19 concerned about the financial impact of ill health. Blathnaid is 86 and has no medical  
20 card (in Ireland, a medical card holder has free access to medical care and  
21 medication) and was struggling to meet the costs of her current health care needs.  
22 She worried that she would be forced to sell her house to access care and had little  
23 knowledge of Ireland's *Fair Deal* scheme – a government scheme for funding  
24 nursing home care designed to avoid this outcome. Younger participants were also  
25 worried about the cost of getting sick, and how to manage without an advocate:  
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37 *I have a well-paid job, but if I had an illness that required me to give up my job*  
38 *then I could become poor very fast because I've no other income coming in or*  
39 *no other person or income to defend, fall back on.....So not having an*  
40 *advocate, you see that does worry me, yeah. Sometimes I see older women,*  
41 *clearly older women who are living on their own and I can just see the*  
42 *vulnerability of those older women, you know that ... it's very difficult for them*  
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50 *(Eilish, 55).*  
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3 Maureen and Rita talked about cognitive difficulties that can accompany ageing.  
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5 Maureen was concerned about vulnerability to financial abuse and not having  
6  
7 someone to safeguard her interests if she developed dementia. Rita had observed  
8  
9 older women living with cognitive impairment being vulnerable to a lower standard of  
10  
11 care. Four participants expressed the view that family advocacy leads to better  
12  
13 access and higher quality of services in health and social care and this was based  
14  
15 on their direct experience as carers to older people. 'Place of care' in the future was  
16  
17 named by most participants as an important concern. Participants spoke of their wish  
18  
19 to remain at home and the perceived negatives of institutional care. As carers, some  
20  
21 had direct experience of nursing home environments. Marina took early retirement  
22  
23 so that she could become the primary carer for her mother who remained at home  
24  
25 until her death. As a lesbian, she is also concerned about the heteronormative ethos  
26  
27 in the care home sector but also talked about collaborating with others:  
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33 *What if I wind up in a nursing home? Will I have people I can relate to? Every*  
34  
35 *nursing home I've ever been in has a little chapel and a little thing and a little*  
36  
37 *presumption of a lot actually, a lot. That wouldn't fit. So, how's that going to*  
38  
39 *go, I don't know..... we're going to organise, and we are going to create this*  
40  
41 *together (Marina, 58).*  
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46 Concerns were voiced about the quality of care and the lack of alternatives, such as  
47  
48 assisted living, co-housing, etc., and lack of internet access (one participant relied on  
49  
50 her laptop to stay involved). Difficulties accessing practical assistance, particularly  
51  
52 household maintenance were identified by some of the participants and Nell wanted  
53  
54 practical help with online banking and to fix a disconnected landline which had been  
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3 broken for months. Other anticipated barriers involved safety concerns about people  
4 having access to their homes and their trustworthiness, a lack of knowledge of how  
5 to access help and nobody to support access to services.  
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11 With one exception, the participants raising these issues did not describe any  
12 specific plans to manage their concrete concerns. The need for future planning was  
13 replaced by 'hoping for the best' (Therese) and 'not dwelling on it' (Blathnaid) and it  
14 was perceived by some as a future endeavour. This avoidant dynamic between an  
15 awareness of concerns about the future and acknowledging vulnerability as a solo  
16 woman is illustrated by Ann M:  
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26 *No, I deny it really, which is not very wise. No, I don't really I haven't really*  
27 *thought about it, but it is of course a concern....but I generally just shelve it*  
28 *and put it in the long term drawer and think about it next week or next winter.*  
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31 *But no yeah as I say things could change very quickly.*  
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37 Whilst appreciative of the help they were currently receiving or might receive in the  
38 future, verbalising a request for help was challenging. There appeared to be a level  
39 of hoping that help would be offered if required. For example, some used language  
40 suggestive of being in a passive relationship with help-givers; 'They (nephews) are  
41 very good to me' (Ann W); 'I'm spoiled' (Blathnaid). When the interviewer asked  
42 Blathnaid how available, or able people within her network would be to support her,  
43 she moved from a position of certainty to uncertainty:  
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3 *Oh yes, they would, they really would, they're very caring. They would, and*  
4 *my friends would rally round. (Friend's name) lives in (place name), but she*  
5 *wouldn't be fit to look after me because I don't think she's well herself.....My*  
6 *niece certainly would rally round and my nephews. And then I have a few*  
7 *cousins as well. I meant they would come to my help I'm sure (B).*

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16 So, there would be people to call on (Interviewer)?

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20 *There would be yeah, I imagine so, I hope so (Blathnaid, 86).*

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24 Later in the interview, she wondered if her niece and nephew were really available  
25 and seemed less certain. Marina talked about her dilemma in appointing an  
26 'Enduring Power of Attorney' to look after personal and financial affairs in the event  
27 of future incapacity in terms of burdening another person:  
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35 *...I kept putting it off and she (solicitor) said yes, it's difficult to think*  
36 *about these things, but we have to and she thought I was having difficulty*  
37 *thinking about death and I wasn't. I was having difficulty because... I thought*  
38 *it was a big responsibility to ask of somebody and I didn't want to ask anybody*  
39 *and actually I haven't done it yet because of that.*

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48 Eight women had no direct experience or knowledge of services and one mentioned  
49 being aware of 'associations to help the elderly' but had negative associations of  
50 same. The two women in contact with services found them to be useful in supporting  
51 independent living and providing opportunities for social engagement. This study  
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3 found that most participants did not connect own support needs with existing  
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5 services.  
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9 Contrarily, living solo may contribute to the acquisition of problem solving and  
10 practical skills which enable successful ageing, for example the cultivation of  
11 friendships. Sometimes, these 'supporting friendships' arose in the context of  
12 established relationships which evolved into mutual support arrangements. Nell  
13 alluded to having fostered friendships with young people over the years, which have  
14 now become sources of support to her. During the interview at her home, a young  
15 man from the neighbourhood came to fix a problem with her roof. She described how  
16 she had known him since his childhood, had helped him with his reading and that he  
17 became a friend. She quotes a biblical phrase to explain her ideas about reciprocity:  
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31 *...cast your bread upon the water, it's coming back to me (Nell, 70).*  
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35 Participants also demonstrated a practical resourcefulness in dealing with the  
36 challenges of living alone. Therese described herself as 'mechanically able' having  
37 taught herself to build a patio and rewire her house by herself. Marina originally  
38 bought her home with a partner, but the relationship broke up, 'before the sale  
39 agreed sign came down'. She describes the experience of managing the house and  
40 making decisions by herself as an empowering one:  
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50 *I hear other people ... say things like they can't tackle the bins, or they don't*  
51 *know how to change a tyre, or they don't know various things and I'm saying*  
52 *but you can learn, you can do these things, or you can hire somebody who*  
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3 *can. I think it's given me a lot of strength, I've had to work out a lot of things*  
4  
5 *and I've learned how to make decisions...that's a big plus side (Marina, 58).*  
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10 **Discussion:**

11 This study enabled us to look at the experience of ageing solo in Ireland through the  
12 narrative accounts of 10 women. We found that social stigma arising from solo status  
13 has a pervasive impact on women's lives into middle and later life. Living with a  
14 stigmatising identity was found to have an injurious effect on self-esteem as well as  
15 an expectation of exclusion and marginalisation in familial, social and occupational  
16 contexts. Solo women harboured worries about ageing solo specific to their solo  
17 status with consequential worries about health and social care needs emerging from  
18 not being able to put plans in place for the future due to perceived social barriers in  
19 recruiting assistance from family and friends. Generally, participants had little  
20 knowledge about the range of services available and it will be important for social  
21 workers to be proactive in providing timely information in relation to any concerns  
22 with current or future care planning in a sensitive way.  
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38 Negative stereotypes and being single constitutes a deviant social category (Lahad,  
39 2014; Simpson, 2016). Little has been written on the Irish experience, but existing  
40 research confirms the endemic nature of the stigma and marginalisation of solo  
41 people and the risks to mental health and self-efficacy (Fine-Davis, 2011; Cawley  
42 and Lynch, 2012). DePaulo (2006) describes a 'hierarchy of single people' (p113)  
43 with older singles who never achieved marriage at the bottom. The dilemmas faced  
44 by solo women are rooted in issues of power and identity, yet they are often  
45 excluded from the usual mechanisms for discussing and contesting their concerns.  
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60 Notwithstanding are how services might undertake outreach and undertake more

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3 inclusive consultation with this group of women to avoid compounding any  
4 marginalisation and to take a strengths based perspective on their contribution.  
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9 Feminist researchers can miss nuances within the politics of ageing. For example,  
10 Lewis and Butler (1984) described the longevity of women as a 'dubious privilege'  
11 thus problematising women's aging per se. Conversely specialists in ageing can find  
12 working from a women-centred perspective problematic. Add to this mix the  
13 subversion of solo status and the reluctance of policy makers, researchers and  
14 social work and other care professionals to explicitly address this experience. Lorde  
15 (2012) defines empowerment as being able to self-define in the face of dominant  
16 narratives. The 'othering' of solo women occurs in the context of the intersectionality  
17 of their gender and other aspects of identity such as sexuality and dis/ability as  
18 reflected in our participants' narratives. This stigma was internalised by the  
19 individuals concerned and reinforced by everyday experience for example by being  
20 asked to move out of sight in restaurants when eating alone, made to feel  
21 uncomfortable in social gatherings and experienced financial penalties for being  
22 solo. Social workers could also consider the impact of multiple and cumulative losses  
23 when working with solo women that may impact on their mental health and help  
24 them to seek out any relevant networks that might not be immediately obvious for  
25 example where they have experienced infertility or loss of a child earlier in life.  
26 Avoiding the use of deficit language, for example, 'not married', 'childless' when  
27 talking to and about solo women in professional practice can provide positive  
28 reinforcements.  
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3 Reynolds (2008) noted that single women are a crucial group for study in relation to  
4 the perceived changes in family life and relationships, and yet their experiences and  
5 situations have not attracted detailed attention from social work. Interest has been  
6 centred on what is happening in more traditional normative relationships, and social  
7 workers have an active role in institutionalising these and othering those who are  
8 marginalised. As an important topic, singleness is an important topic that has  
9 remained at the margins of feminist theorising. There has been little sustained  
10 analysis of the marginalisation of women who live alone without a long-term intimate  
11 partnership with another adult. Use a narrative approach to establish the importance  
12 of networks and support when working with women who may be ageing Solo in order  
13 to build on their strengths and identify gaps in support.  
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28 Further, Reynolds (2008) examined normative assumptions about kinship,  
29 heterosexuality and family life in the calls made to medical services. Part of the  
30 everyday routine for single women involves negotiating their ageing status in Ireland.  
31 It is critical that health and social care services begin to audit how solo women  
32 access and use their services. This needs to take account of experiences reflected  
33 by women in this research who questioned the relevance of being asked to provide  
34 information about their status, they wondered in what ways this information was  
35 interpreted and used and they expected to be subjected to unfavourable assessment  
36 by service providers. Our findings also suggest that solo women have less access  
37 to family support. This is perceived to be, and may 'de facto' be the main support for  
38 future care planning for research, we found evidence that most participants were not  
39 aware of existing services which could help them plan for later life. There was  
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3 consistency in the concerns expressed by participants particularly around managing  
4 household repair, safety at home, and advocacy.  
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9 Services could begin by challenging some of the pernicious attitudes noted towards  
10 solo women and recognising that as solo women are more likely to have larger social  
11 networks (Walker and Hillier, 2007), their needs may lay outside traditional services.  
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13 Participants wanted access to practical or instrumental assistance, such as  
14 opportunities for digital engagement which could be more beneficial in terms of  
15 accessing services and connection. Anxiety around ageing has been linked to poorer  
16 health outcomes (Freeman *et al*, 2016) suggesting a need for further research into  
17 barriers which prevent women from planning for the future at a younger age.  
18  
19 Services need to actively engage and support solo women in exercising more control  
20 in this area and ensuring that what is offered is relevant to their self-identified needs  
21 and preferences. Active utilisation of legislation and policies in relation to advanced  
22 care planning to discuss solo women's future care needs may be beneficial.  
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37 The women participating were pragmatic, thoughtful and capable and thought likely  
38 that peer support would capitalise on their capacities for 'personal community'  
39 building (Arber, 2004; Trimmerger, 2005). Even if they are never utilised, the  
40 knowledge and confidence that such support is available in the future if needed, has  
41 already been shown to be beneficial and health promoting (Bovaird and Loeffler,  
42 2013). At present, social work has yet to tangibly address this debate or engage with  
43 policy makers and service providers. A social justice perspective can shape a  
44 consideration of these issues particularly as women provide more hours of care and  
45 solo women are more likely to find themselves in caring roles. (Laditka and Laditka  
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2001; Henz 2006). Solos pay subsidies for services received by others but not themselves alongside a reliance on family provided informal caring (Dermott and Pantazis 2014) and heteronormative and couple oriented policy and legislation. New models of care are not only desirable from an equity perspective and as the population ages, and the numbers of solos increase, they are also essential.

The study was limited by its small sample size making the findings exploratory in nature and not intended to be representative or generalisable to this demographic but indicate issues for further research. All of the women were White European and living in their own homes, which precluded the possibility of eliciting views from women of ethnic minority backgrounds or living in institutional care.

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For Peer Review

Table 1: Characteristics of sample

Name	Age	location	Sexual Identity	Irish / Other Nationality	Employment Occupation
Therese	63	rural/ village	Bi-sexual / A-Sexual	Other Nationality	Counselling Psychologist / now retired
Ann W	87	rural country-side	Heterosexual	Irish	Did not work
Ann M	60's	Urban City	Heterosexual	Irish	Social Worker
Marina	58	Urban City	Lesbian	Irish	Teacher Now retired
Eilish	55	Rural / Village	Heterosexual	Irish	Academic
Maureen	59	Rural / small town	undeclared	Other nationality	Academic
Rita	60	Urban Large Town	Heterosexual	Irish	Nun, nurse retired missionary
Blathnaid	86	Urban City	Heterosexual	Irish	Company manager Now retired
Nell	70	Urban City	Lesbian	Irish	Journalist Now retired
Mary	70	Rural / Village	Heterosexual	Irish	Catering assistant Now retired

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For Peer Review