



Loneliness and Social Capital among older women: An
ethnographic exploration in a Northern UK City

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Abstract

This ethnographic study explores the experiences of loneliness in older women in a Northern UK City, drawing on the theoretical frameworks of capital. Loneliness is a complex emotional state characterised by sadness, emptiness, and a lack of companionship. It is subjective and can affect individuals regardless of their physical proximity to others. These older women's experiences are shaped by changes in social networks, limited mobility, and unique local dynamics. Through participant observation, interviews, and field notes, the research explores the factors shaping feelings and loneliness experiences among older women. The study finds that social networks and community groups can provide important sources of support and companionship for them, particularly in the context of life transitions such as widowhood, the departure of children, health issues and the lack of close relationships in general that might increase at the age of the women who were part of this study. The concept of capital can shed light on the multifaceted nature of these experiences, highlighting how different types of capital can influence decisions and opportunities.

However, this research also highlights women's unique skills and perspectives on socialisation activities and argues for the importance of recognising and valuing these contributions. The concept of ageing in place is particularly relevant and contributes to the discussion on capital. It provides elements to understand these experiences, as it highlights how the physical and social aspects of the environment can influence women's lives, thoughts, and expectations. In the context of this study, the concept of ageing in place is particularly relevant in understanding the experiences of older women and their social connections, as it sheds light on how the physical and social environment can influence their ability to participate in social activities and maintain social connections.

The study also identifies several barriers to social participation and connection, including chronic illness, disability, and social exclusion that could be experienced differently by older women compared to men. Therefore, it advocates for a more holistic understanding of loneliness, informing policies and interventions that cater to the evolving needs of older women as they age within their communities and cities.

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Chapter 1 Introduction

This research focuses on women, aging, and loneliness. It was conducted in 2017 in the city of Hull. That year, Hull was celebrating its status as the UK City of Culture, an exciting time for the city with no anticipation of a future pandemic. This research has an ethnographic approach and focuses on the intersectionality of age and gender, analysing the various events and experiences that have shaped women's current lives and situations of loneliness in Hull. The study focuses on older women who have lived most of their lives in the city and their experiences throughout their life that brought them to life in particular situations of loneliness growing up and living there.

In my thesis, I understand the concept of old age as a multifaceted and dynamic phase of life, characterized by diversity in physical, psychological, and social experiences. According to Weber et al. (2020), discussing old age necessitates an acknowledgment of this diversity. Different studies classify older adults into categories: the youngest-old (65-74 years), the middle-old (75-84 years), and the oldest-old (85 years and beyond) (Smith et al., 2002; Alterovitz & Mendelsohn, 2013; Lee et al., 2018). Old age, old is also framed as a period of life characterised by a reduction in mandatory duties imposed by society, such as work and the responsibilities of household and child-rearing. This phase allows for a shift in focus towards personal fulfilment and engagement in activities that may have been previously constrained by these obligations. The transition to old age can thus be seen as an opportunity for renewed self-discovery and participation in society in ways that were not possible during earlier stages of life. However, this reduction in societal duties can also be viewed with concern regarding the moral obligation to remain "useful." The absence of traditional roles and responsibilities might lead to feelings of purposelessness for some older adults.

1.1 Study Aims and Research Questions

This research aims to explore experiences of loneliness in older women and how these experiences are related to their life within a particular context, the city of Hull. By working with older women, I aim to understand their self-perceptions and thoughts about ageing, gender roles, personal expectations, opportunities, and the connection between these and their current lives.

The aims of the study are:

- To explore how older women experience loneliness, the relationship between that experience and different events throughout their lives.

- To explore the connection between the experiences of loneliness and the accumulation of different kinds of capital.
- To explore the relationship between these women, their households and their city around the concept of ageing in place.

These are the main questions that the study intends to answer:

How do older women experience loneliness?

- What are the characteristics of older women's social networks? (family, neighbourhood, community)
- What are the daily activities of older women? What are the purposes of these activities?
- What are the main challenges older women experience in their households and communities?

How are older women experiencing loneliness in their city?

- What kind of participation do older women have in their community?
- What public services do older women often use, and why?
- What are the main barriers and facilitators that older women find to inhabit their city?

I hope that the answer to these questions could provide a better understanding of the heterogeneity of the experiences of loneliness in older women. Answering these questions implies discussing different concepts and approaches to address these issues in old age.

1.2 Key concepts

This section presents and discusses concepts, aspects and situations that provide a structure to explore the experiences of loneliness in older women: Ageing, gender, ageing as a woman, capital and ageing in place. Loneliness will be discussed further, in chapter 2.

1.2.1 Ageing

This study is about loneliness in older women. Ageing is a process that happens from the day we are born (Närvänen, 2004; Dodig et al., 2019). Defining ageing is challenging, yet the prevailing concept suggests it is an inherent aspect of life journey (Moody & Sasser, 2020). This journey includes childhood, adolescence, and adulthood, eventually leading to ageing. However, this ageing process is not uniform across individuals, and even for individuals, various organs may age at differing rates (Närvänen, 2004; Levy & Apriceno, 2019). It is

challenging to define ageing; it involves a loss of faculties. Ageing as a wide-ranging phenomenon involves biological, socioeconomic and cultural aspects involving (Şoitu, 2020). In addition, individuals live through different experiences and life events; we are also embedded in a political-economical system in a particular society that configures how we navigate life. As we age, the impact on us of those experiences, events and political structures accumulates (Holman & Walker, 2021).

While ageing is also a biological process, the representation and meaning of ageing in different societies is a social construct. That said, ageing, as a process where people accumulate experiences and sources throughout their lives, is shaped by the place where people get old, socioeconomic aspects, culture, environment, and access to education and health services (Elder & George, 2016). Nevertheless, when attempting to characterise ageing, it becomes evident that chronological age presents a somewhat stagnant perspective (Baars, 2007; Kotter-Grühn et al., 2015; Séguy et al., 2019). This chronological age signifies the accumulation of years lived, standing as the sole objective measure, and from this metric, several prejudices and assumptions can be made (Higgs & Gilleard, 2022). Furthermore, sometimes, ageing could be discussed as a disease, but ageing is not a pathology (Levy & Apriceno, 2019); it is a fact of life.

Undoubtedly, the progression of ageing is intertwined with the emergence of illness. The incidence of conditions such as cancer, heart failure, and dementia escalate among older people (Warmoth et al., 2016). Furthermore, with advancing age, the prevalence of health issues also surges (Beard & Bloom, 2015; Suzman et al., 2015; Beard et al., 2016).

Nevertheless, people age in different ways, and bodies' capacities and personal expectations about lives are diverse for people (Baars, 2007; Kotter-Grühn et al., 2015; Séguy et al., 2019). It is undeniable that capitalist societies value productivity, which, at the same time, is understood as a monetary production (Enßle & Helbrecht, 2021). Therefore, if the age of retirement in Western societies starts approximately when people turn 60 or 65 years old and, in addition, some physical impairments could begin showing up in some individuals from that age, it looks like that stigmatisation of ageing or ageism is something predictable that could negatively affect people's lives (Närvänen, 2004; Gilleard & Higgs, 2017).

Erving Goffman (1959), in his work "The Presentation of Self in Everyday Life", discusses the stigmatisation of ageing. He argued that in some Western societies, older people sometimes take drastic action to control the appearance of their age so that others can perceive them to be younger. People try to appear younger to increase their prestige, which is linked with productivity (Goffman, 1959). Discrimination by age, or ageism, is a form of social injustice that

can manifest in various ways, such as negative attitudes, assumptions, or mistreatment solely because of a person's age (Levy & Apriceno, 2019). Ageism can impact various aspects of life, and, particularly, when examining ageism through an intersectional lens, we can better understand how it intersects with other forms of discrimination and impacts individuals who belong to multiple marginalised groups (Gutterman, 2022).

In the case of older women, ageism and sexism might put them in a situation where they might encounter challenges (Levy & Apriceno, 2019; Fraser et al., 2020; Gutterman, 2022) related to i) employment: older women face challenges in the job market due to ageism. They might need help finding new employment or face early retirement due to stereotypes about their abilities and adaptability. This can lead to financial instability and a loss of social identity tied to their careers; ii) visibility: Ageism can impact older women's perceptions of their bodies and beauty. Societal emphasis on youth and beauty can lead to self-esteem issues and body dissatisfaction, and iii) healthcare: Ageism can affect the quality of healthcare older women receive. Doctors and healthcare providers may dismiss their concerns or attribute health issues to ageing rather than conducting thorough evaluations. This can lead to delayed or inadequate medical treatment.

Ageism might contribute to marginalising the diversity of ageing. Addressing ageism is essential for fostering a more inclusive and nuanced understanding of ageing. Challenging stereotypes, promoting positive representations of older individuals, and acknowledging the diverse ways people age can contribute to a more meaningful and equitable discourse around ageing and well-being. However, ageism also encourages discussing the notion of successful ageing (Martinson & Berridge, 2015). As scholars suggest (Katz & Calasanti, 2015; Martin et al., 2015; Martinson & Berridge, 2015), the notion of successful ageing developed by Rowe and Kahn (1998) pretended to displace the view of old age as a time of disease and decline. Instead, it was portrayed as a healthy and engaged old age. However, as the authors state, successful ageing implies investing money and leisure time, staying or appearing fit.

Denying that we are ageing is treating old age in an ugly and dramatic way (Katz & Calasanti, 2015; Martin et al., 2015; Martinson & Berridge, 2015). Through disciplinary practices such as the normalisation of physical fitness activities as if everybody could be able to participate in them or include them in their lives, the perverse obsession of monitoring body weight, or encouraging and almost if everybody could have successful ageing. Those practices and assumptions include knowledge produced by the medical profession and the popular and learned health discourse (Higgs & Gilleard, 2022). This discourse presents the fit, thin, active and young body as healthy and treats the opposite as unhealthy and deviant.

This study explores ageing and the experience of loneliness of older women growing up and living in their city. Simone de Beauvoir argues that women's freedom of choice has limitations within a society that restricts them (Beauvoir, 1949). De Beauvoir discusses this using the concept of 'situated agency'. This concept refers to the context in which people give meaning to their lives. For Beauvoir (1949: 4), 'every concrete human being is always uniquely situated'. For her, the meanings and possibilities we have according to our socio-historical location are the point from which we make choices, the basis of our freedom, and the source of its limitations. Her conceptualisation of 'situation' thus refers to the meanings derived from the full context of our living experience. Her explanation of the situated self allows recognition of our autonomy and considers that this autonomy, our agency, is based in often restrictive contexts (Vera-Gray, 2015).

How spaces and places are designed and how they are used and experienced by older people impact several aspects: their daily activities, quality of life, health, and identity. In other words, the composition and structures of the environment and community are critical for the experience of ageing (Sugiyama & Ward Thompson, 2007; Annear et al., 2014). Social and cultural geographies of ageing contribute to discussing the interrelationship between ageing, space and identity. Several works originated this approach (Rowles, 1978; Harper & Laws, 1995) and highlighted the importance of understanding the meaning of home, community and neighbourhood as significant markers of the ageing experience, recognising older people's heterogeneity and sociocultural diversity.

Following those studies, works are shifting their attention to urban environments, focusing not only on how spaces support positive ageing but also on exploring how changes in older people's lives, such as declining health, social life, and mobility, could affect their relationship with their space impacting an older person's sense of belonging. How people inhabit their spaces and age in place is related to housing, community, and infrastructures that could provide them security and safety (access to health care, transport, social activities, public services, etc.).

The connection between ageing and the spaces we inhabit is an exploration that echoes the intricate dance between life's passages and the environments that bear witness to them. As we navigate this terrain, we are reminded that the meaning of ageing is not only about the years we accumulate but also is related to personal experiences throughout their lives, social networks, individual and collective expectations and the spaces that anchor our memories, the communities that shape our interactions, and the intimate tapestry of identity woven through the fabric of time and place.

1.2.2 Gender

Ageing is also shaped by the expectations about women and men and their social and domestic roles (Lucy, 2011). Therefore, gender is fundamental when discussing older people's lives and their possible experiences and situations of loneliness (Carmel, 2019). The discussion about ageing and gender delves into the intricate interplay between cultural norms, social roles, and biological factors that shape the experiences of individuals as they grow old (Rossi, 2018).

Cultural beliefs, values, and rituals influence how age is perceived and how older individuals are positioned in society (Rossi, 2018; Lindsey, 2020). Gender norms are interwoven with these constructions, impacting roles and expectations. Women and men often have distinct societal roles, responsibilities, and expectations across different ages. The transition to older age can reinforce or challenge these roles, impacting status, authority, and participation (Rossi, 2018; Lindsey, 2020). The intersection of gender with other aspects of identity (such as race, ethnicity, class, and sexuality) shapes the experiences of ageing (Rossi, 2018; Lindsey, 2020). As previously discussed, intersectionality highlights the diverse ways in which older individuals negotiate their identities and navigate systems of privilege and discrimination.

Gender also shapes social support networks and caregiving arrangements (Rossi, 2018; Lindsey, 2020). When women are mainly in charge of domestic and caring roles, professional careers or job opportunities might be reduced (D'Acunto et al., 2021). Therefore, gendered economic roles affect financial security in old age. Women's access to resources, work opportunities, and pensions can be constrained, leading to economic vulnerabilities (Kabeer, 2016). Women in this study grew up in the 40s, 50s, or 60s. They learned to support and care for others: parents, younger siblings, children, and their homes. They also knew that a professional life was not a space to prioritise. As a result, some of the women in this research were not able to finish their school and left at around 11 years old (the average age to end school was 16) to start helping at home, doing domestic tasks, and later getting jobs to bring money for their families.

Gender roles could lead to several disadvantages in, among other aspects, educational opportunities, career options and job access throughout their lives compared to men (Chrisler et al., 2015). Gender roles are the sociocultural expectations that apply to individuals based on their sex category and collectively "agreed" attributions (male or female) (Lucy, 2011; Best & Puzio, 2019; John et al., 2020). Societies construct men and women differently, perpetuating inequalities. Emphasising the differences between sexes can create the perception that gender plays a significant role in shaping human behaviour. However, it is essential to acknowledge

that anatomically and physiologically, males and females share more similarities than differences (Best & Puzio, 2019).

Women are relegated to care tasks involving domestic activities such as cooking, cleaning, and emotional care (Saewyc, 2017; Rokach, 2018). Women have been assigned to caring for others; they cannot be rational because childbirth, menstruation, and menopause bind them to the body, and the body is the opposite of reason (Marçal, 2015). As several scholars discuss, care work is understood as natural, an act of love (Ruiz & Nicolás, 2018; Heisnam, 2022). Hence, it does not need to be remunerated (Calasanti, 2007; Lucy, 2011; Marçal, 2015; Saewyc, 2017). As Marçal (2015) points out, care work proceeds from a logic opposite to economy; care work is a feminine logic, a logic of “the other”. That logic, perhaps, explains why women are segregated in care work professions, which are also less paid (Saewyc, 2017). Low payments render many women dependent on male breadwinners. In addition, job characteristics impact a pension plan and economic well-being in old age.

When women depend financially on their partners or relatives, it could be not easy to face old age. Most women in this research have no pension and rely mainly on their husbands. Some of them went through difficult times when their spouses or close relatives passed away. Those situations triggered feelings of loneliness; some left the family home to move into a new, affordable place. For those with a good and strong relationship with their children and relatives, the financial and emotional support came from them. However, life is shaped by several challenges for those who do not.

According to some scholars (Afshar & Maynard, 2008; Ko et al., 2019; Lindqvist et al., 2021), the tendency to treat gender just as a variable rather than as a social attribute that qualitatively affects the experience of ageing do not contribute to visualising widely the diversity of ageing, the understanding of different factors (such as physical, cultural and financial) that could shape the ageing process for men and women. However, it is often observed that gender is included in analyses without careful consideration of the underlying reasons and mechanisms involved. Therefore, it is essential to reflect upon and explore why gender is associated with these outcome variables rather than simply including it as a variable without deeper examination.

1.2.3 Ageing as a woman

Discussing old age is talking about diversity in physical, psychological and social experiences (Weber et al., 2020). That said, there are different ways to classify this population; some studies have classified older adults between the ages of 65 and 74 years as youngest-old, those

between ages 75 and 84 years as middle-old, and those aged over 85 years as oldest-old (Smith et al., 2002; Alterovitz & Mendelsohn, 2013; Lee et al., 2018).

- **Young Old (65-74 years):** This phase is often characterised by continuing active engagement with various aspects of life, including work, social activities, and family responsibilities. Many individuals within this age range are still enjoying good health and independence. They may be in the retirement transition phase or choose to remain in the workforce, contributing to society in diverse capacities. The "young old" demographic typically embraces opportunities for travel, leisure activities, and community involvement. Health management and preventive measures play a crucial role during this phase as individuals navigate potential age-related health changes.
- **Middle Old (75-84 years):** In this phase, some aspects of daily life may undergo modification due to the cumulative effects of ageing. Health considerations become more central as age-related chronic conditions and limitations may begin to manifest more prominently. Mobility challenges, sensory changes, and adjustments to living arrangements might come to the forefront. Despite these changes, many individuals in the "middle old" category remain active and engaged. However, their activities may be more centred on social interactions, hobbies, and volunteerism than full-time employment.
- **Oldest Old (85 years and beyond):** This phase represents the pinnacle of longevity and presents unique challenges and considerations. Health issues and functional limitations become more prevalent, often requiring increased caregiving and support. While some individuals in this group may experience cognitive changes, others maintain their mental acuity and engagement well into their advanced years. The "oldest old" are more likely to require assistance with activities of daily living, and the availability of formal and informal caregiving networks becomes essential.

This framework of the diversity of old age contributes to a better understanding of women's experiences about changes and adaptation to ageing. That said, women's bodies, health and how it affects their body, their connection with a new physical body and the relationships within their city, including family, friends, and community, is what Scheper-Hughes and Lock (Scheper-Hughes & Lock, 1987) discuss as embodiment. For them, the embodiment is how social and cultural features influence the physical body. For example, the bodies could express and externalise specific social events and create physical pain. Moreover, one knows, feels, and thinks about the social world through the body, but the world also contributes to the constitution of our body (Tapias, 2015).

Therefore, embodiment refers to the body as a vehicle. It encompasses all those actions of the body and related to the body that are oriented toward the social and are also shaped by the reciprocal actions and expectations of the self and others (Gilleard & Higgs, 2014; Parton et al., 2016). Embodiment also includes those historical experiences of our bodies. This is how memory constructs specific moments of health and illness, violence, or any other specific event and permeates people's understanding of how they should live (Ember & Ember, 2003; Kenworthy, 1999).

There is a pervasive pressure on women's bodies and how they need to grow old. There is an anxiety to age gracefully related to what society expects and a consumerist culture that forces women to extend their youth (Jankowski et al., 2016). It has also been reported that some women associate their age-related bodily changes with a loss of identity, control, and physical and mental health, and, therefore, they struggle to find themselves in an ageing body (Cameron et al., 2019).

The use and development of the concept embodiment in medical, epidemiology, psychology and other research areas come from discussions initiated in social sciences. Some of the prominent theorists who have significantly shaped the discourse on embodiment are Arthur Kleinman (1981, 1984), Maurice Merleau-Ponty (1962), Nancy Scheper-Hughes and Margaret Lock (1987). Their perspectives have influenced research and understanding across multiple disciplines and have helped me to think about the experiences of these women. From a phenomenology perspective, Merleau-Ponty emphasised the body's lived experience as fundamental to understanding the world. He argued that our perception and understanding of the world are grounded in bodily experiences and environmental interactions. For Merleau-Ponty, the body is not just a physical entity but the medium through which we engage with and make sense of the world. His work underscores the inseparability of the body and lived experiences, highlighting the embodied nature of consciousness (Merleau, 1962).

From a medical anthropologist perspective, Arthur Kleinman, a psychiatrist and medical anthropologist, has contributed significantly to understanding embodiment within the context of health, illness, and healing. His work focuses on the cultural construction of illness experiences and emphasises the importance of considering the social and cultural contexts in healthcare practices. Kleinman's approach highlights how cultural meanings, social interactions, and care systems shape bodily experiences and expressions of distress (Kleinman, 1981; Kleinman & Kleinman, 1994). These theoretical frameworks have informed research across disciplines. In medicine, they have influenced approaches to understanding patient experiences, the social determinants of health, and the influence of culture on health-seeking

behaviours. In epidemiology and psychology, these perspectives have contributed to exploring the complex social, psychological, and biological interactions that shape health outcomes and well-being.

Following Scheper-Hughes and Locke (Scheper-Hughes & Lock, 1987), embodiment is the relationship between the social, cultural, and individual dimensions of human experiences, particularly in health, illness, and the body. They emphasise that the body is a biological entity and a medium through which larger societal and cultural forces are expressed, experienced, and negotiated. This discussion also includes how disability could produce social exclusion and isolation. In addition, Scheper-Hughes research emphasised embodiment's social, cultural, and political dimensions (Scheper-Hughes, 1993). She explored how social factors, such as poverty, inequality, and power structures, shape bodily experiences, health outcomes, and perceptions of the self. Scheper-Hughes' work draws attention to how societal forces become inscribed on the body, influencing health disparities and experiences of marginalisation (Scheper-Hughes, 1993).

When discussing embodiment and ageing, several aspects come into play when examining the lives of older women. First of all, society often constructs specific ideals and stereotypes about ageing, particularly regarding women (Cameron et al., 2019). These perceptions might influence how older women perceive their bodies, capabilities, and societal roles. Cultural norms, media representations, and societal expectations can impact self-image and bodily practices among older women (Cameron et al., 2019). Regarding health and well-being in general, the embodiment concept acknowledges that health outcomes and experiences are not solely determined by biological factors but also by social determinants such as access to healthcare, socioeconomic status, social networks and support, and cultural attitudes towards ageing (Gilleard & Higgs, 2014; Tulle, 2015). These social factors can influence older women's health and well-being, impacting their embodied experiences. The embodiment perspective also considers the intersectionality of identities, recognising that experiences of ageing are shaped by multiple factors such as race, ethnicity, class, gender, and sexuality (Rajan-Rankin, 2018). Older women from diverse backgrounds may have distinct embodied experiences influenced by these intersecting identities and societal attitudes towards them.

Women are in an unfavourable position concerning the ageing process because this experience confronts them with changes in key elements of their gender identity (physical changes, social roles). According to Tirado (2017), women read this experience as the loss of the qualities that gave them meaning in life and constituted them as socially valuable people. Since society interprets ageing as a process of uprooting, women read their own experience in

these terms: the loss of qualities that make them socially valuable. Thus, women perceive and are perceived in a situation of loss as a devalued object; they feel in a vulnerable position (Tirado Ratto, 2017).

As Ghillani (2021) points out, ageing women's bodies have been studied mainly from a biomedical perspective, or at least they occupy a privileged and dominant position. Therefore, ageing has been mainly seen as decay, a physical and social decline (Şoitu, 2020). The ageing body is represented in terms of another, the youthful body. So, the old body is defined, from a biomedical approach, as the gradual deterioration of mind and body, the unfortunate temporary consequence of a body that has gone through an ageing process, and of which death is envisioned (Tirado Ratto, 2017). The ageing body cannot escape the label "old", the negative stereotypes and prejudices. Old age becomes a stage of loss (Ghillani, 2021). Hence, in socialising with others, individuals are perceived by their bodies. The body is a surface, a field where the self and culture meet. Therefore, the body will be affected by how others perceive it.

For instance, in her classic ethnography about menopause in North America and Japan, Lock (1995) discusses the difference in approaching menopause between those two societies. In Japan, menopause has a different meaning and approach. The Japanese use two words to indicate menopause: "hekei", referring to the end of menstruation and "konenki", which describes a life passage and can be related to men. Lock explains that "konenki" is polysemic, encompassing many symptoms and embodied processes (Lock, 1995). In Western medical discourses, menopause is predominantly linked with physiological changes and complexities.

The body mediates the relationship between the individual and society. Indeed, everyone is, or owns, their body. However, the meaning of that body is embedded in a social process within social relations. The body can serve as a political space where the struggle for representation is positioned (Tirado Ratto, 2017). However, even when there is no doubt that the body is the core of an individual's relationships, it is also essential to recognise that the body is socially constructed (Clarke, 2018; Lorber, 2018); therefore, examining the body under the lens of culture is crucial.

As women navigate the journey of ageing, the interplay between gender, societal expectations, and the socialisation process significantly influences their experiences, opportunities, and perceptions. From an early age, girls and women are socialised into gender roles that often encompass caregiving, nurturing, and maintaining social relationships (Saewyc, 2017). These roles can impact how women experience ageing, as they may continue fulfilling

caregiving responsibilities while facing expectations of graceful ageing and appearance (Lindsey, 2020).

Simone de Beauvoir, in her classic book 'The second sex', discusses how women are identified as the other. She points out that women are seen as related to immanence, to nature, to reproduction, to the lack of transcendence, that is, to the body. Moreover, the body is the place of feminine identity, not only as "the inferior" but as "the other" (Beauvoir, 1949). "Woman? Very simple, say the fanciers of simple formulas: she is a womb, an ovary; she is a female — this word is sufficient to define her. In the mouth of a man the epithet female has the sound of an insult" (Beauvoir, 1949, p. 3).

Another contribution to this discussion from Simone de Beauvoir is portrayed in her book 'Coming of Age'. There, she highlights the pervasive gendered attitude of society towards old age. She argues that the subject of old age is considered regarding men, and women are left behind, mainly because men are the ones who can express themselves in books, public debates, laws, etc. (Beauvoir, 1975). Gender roles reduce women's chances and have shaped their possibilities mainly within their homes. In Western societies, as Jennings points out (Jennings, 2017), old age has become an outsider, an abject final stage of life shaped by negative prejudices. They are reducing their participation mainly in private spaces.

These private spaces, where women are often neglected, are shaped by domestic and caring tasks and particular connections with family members. As Clisby & Holdsworth (2014) point out, women continue to experience gender discrimination in the public sphere, but discrimination is also experienced in the private sphere. The authors highlight that women continue to take responsibility for most of the household's reproductive and community management work. Furthermore, it is noteworthy that women often bear the brunt of emotional labour and caregiving responsibilities. These responsibilities extend across a broad spectrum, encompassing the care of children, the support of disabled or ill family members, and the provision of care for elderly relatives. This landscape underscores the unequal distribution of labour within many societies, where women disproportionately shoulder the weight of these critical caregiving tasks, often without due recognition or support.

On the other hand, not all public spaces are appropriate or accessible for older individuals, potentially limiting their community engagement and participation. This dual challenge—negotiating the complexities of both private and public domains—underscores the multifaceted nature of women's experiences of ageing. Nevertheless, as Anderson (2019) suggests, there are arguably better opportunities for older women in professional and public life than ever. Social changes and more awareness about women, their rights, and their

capacities could have pushed back chronological boundaries, but of course, not everywhere and not as expected.

As Ghillani (2021) points out, socialisation is accomplished throughout life, from childhood to old age, by diverse spaces and agents, such as school, family, peer group, the media, religion, etc. Therefore, individual's identities, their behaviour, and how they understand and acknowledge the world are constructed historically and culturally by society. Understanding socialisation in old age requires acknowledging both the positive and negative changes that occur in later life, recognising the accumulated knowledge from previous experiences, and considering gender when discussing ageing experiences (Ghillani, 2021).

1.2.4 Capital

To connect to women's experiences, I will draw upon the concept of capital as the central theoretical framework. The concept of capital will contribute to discussing the different types of accumulations in women's lives, which could lead to loneliness. Capital encompasses various resources or assets that individuals, groups, or societies possess and utilise within social structures and interactions. Understanding capital in social science frameworks is multidimensional and often incorporates economic, cultural, and sociological perspectives (Field, 2016). Hence, capital is seen as embedded within social contexts, shaped by cultural norms, institutional structures, and historical processes (Field, 2016). Its value and significance can vary across different cultural or societal contexts. Capital is instrumental in resource allocation and societal power dynamics (Tzanakis, 2013). Different types of capital afford individuals or groups varying degrees of advantage or disadvantage, shaping social hierarchies and inequalities (Tzanakis, 2013).

Discussing loneliness in older women requires an analysis of the ageing process and how these years are being made and have been made. Pierre Bourdieu's (Bourdieu, 1986; Tomlinson, 2004) conceptualisation of capital provides a comprehensive framework for understanding the distribution and utilisation of resources within social systems. In Bourdieu's theoretical perspective, capital extends beyond mere financial wealth. It encompasses a broader range of resources individuals possess and can leverage to gain an advantage in various social, cultural, economic and symbolic fields (Bourdieu, 1986; Tomlinson, 2004). The following

i) Social Capital:

Social capital refers to the resources embedded within social networks, relationships, and social structures (Bourdieu, 1986). It encompasses the trust, norms, and obligations facilitating cooperation and collaboration among individuals and groups. Social capital provides

individuals access to social support, information, opportunities, and social integration, which are fundamental in shaping their experiences of ageing and loneliness (Bourdieu, 1986). In this study, and following women’s narratives, I have identified several aspects related to this capital:

Table 1.1 Aspects related to social capital

Aspects	Definition
Friends and social network	Narratives about friends and community network that represent different kind of mutual support, ways of socialisation, etc.
Family network	Narratives on family ties, bonds, issues and dynamics in general.
Widowhood	Life challenges, emotional, material and social experiences since widowhood.
Difficult relationship with partners	Emotional and financial issues within a romantic relationship.
Marriage experiences	Different experiences of life within a marriage.
Feeling ignored	Narratives of the importance of feelings of belonging and the scenarios where women could feel invisible.
Recreational activities	Activities and spaces of social interaction.
Motherhood	Relationship with children.
Divorce	Challenges and experiences after divorce.
Life abroad	Social networks created abroad.
Feelings of loneliness	Narratives of loneliness related to the lack of social capital.
Regrets about a family	Narratives related to the lack of a strong family network.
Company at home	Household composition and the importance of family member’s company.
Death of family members	Experiencing and coping family members deceased.
Pets	Pets as important elements to feel company and to socialise.

In addition to Bourdieu’s framework, I have included the contribution of Putnam (1995) regarding social capital. Putnam's concept of social capital encompasses social norms, interpersonal networks, trust, reciprocity, and community involvement that facilitate coordination and cooperation for mutual benefit (Putnam, 1995). Putnam's proposition suggests that active participation in social groups and communal activities leads to

accumulating social capital. Consequently, a community or neighbourhood characterised by abundant social capital can be socially cohesive, cooperative, and compassionate—where residents collaborate for their collective well-being.

Cultural Capital:

Cultural capital is related to the knowledge, skills, education, and cultural practices individuals acquire through socialisation and education (Bourdieu, 1986). Cultural capital plays a significant role in defining one's social status and can serve as a source of distinction and advantage. Individuals with higher levels of cultural capital often have access to cultural networks, prestigious educational institutions, and cultural resources, enabling them to navigate social contexts, engage in meaningful activities, and maintain social connections in ageing (Bourdieu, 1986). In this study, and following women's narratives, I have identified several aspects related to this capital:

Table 1.2 Aspects related to cultural capital

Aspects	Definition
Disruption in education	Stories about dropping school due to financial issues a childhood.
Professional achievements	Narratives on challenges to pursue a career for women.
Marriage, family and education	Raising a family while studying.
Gender roles	Narratives about how families and women themselves consider the participation of women in education.
The revaluation of education	New meanings of education and women's roles nowadays.
Technology	The necessity of being updated with technology to socialise, to learn and to cope with loneliness. Also, the prestige that people put on the usage of technology.

Economic Capital:

Economic capital refers to individuals' financial resources, assets, and material possessions. It encompasses income, wealth, property, and other economic indicators of social status and power (Bourdieu, 1986). Economic capital shapes individuals' access to goods, services, and opportunities, influencing their ability to participate in social activities, maintain independence, and counteract loneliness. Disparities in economic capital can contribute to social inequalities, limiting social participation and exacerbating the risk of loneliness among

individuals with limited financial resources (Bourdieu, 1986). In this study, and following women’s narratives, I have identified several aspects related to this capital:

Table 1.3 Aspects related to economic capital

Aspects	Definition
Financial issues	Financial problems over women’s lives and their impact on currents lives.
Financial arrangements	Financial management at individual and family level.
Living arrangements	Description of household features and changes overtime.
City’s infrastructure	City’s geography and infrastructure that contributes to tackling loneliness or whether it reproduces spaces of discrimination for older women.

Symbolic Capital:

Symbolic capital refers to the prestige and recognition individuals and groups receive based on their social position, cultural practices, or symbolic markers. It is a form of social currency that can influence an individual's or a group's status, reputation, and access to resources in each social context. It encompasses personal integrity trustworthiness, is vital in maintaining ethical relationships, fostering trust, and nurturing social bonds. In this study, and following women’s narratives, I have identified several aspects related to this capital:

Table 1.4 Aspects related to symbolic capital

Aspects	Definition
Taking care of others	Includes women’s narratives about their volunteer experience and their support to their community: neighbourhood, women older than them.
Women as carer	Narratives of women as family protectors and the importance of this role.
Importance of being busy	Discourses of self-perception as the opposite discourse of feeling lonely.
Loneliness and courage	Narratives on how ‘important’ is to avoid loneliness. How that feeling is people’s responsibility and how being lonely could represent weakness.
Duty of being strong	Narratives on how women as mothers and family carers cannot be weak, cannot feel sad as they need to ‘be there’ for their families.

1.2.5 Ageing in place

To explore how means to age as a woman in the city of Hull, also required an exploration on their capacities and opportunities to age in their surroundings. In the United Kingdom, Germany, France and Finland, around 90% of individuals aged 65 and over reside autonomously in their homes (Pani-Harreman et al., 2021). According to studies, most older people value their self-reliance and prefer familiar surroundings because living independently fosters a sense of autonomy, self-care, and dignity (Dobner et al., 2016; Stones & Gullifer, 2016; van Hees et al., 2017; Pani-Harreman et al., 2021). The fundamental principle of ageing in place is to assist older people in maintaining their residence as their primary place of living, which ultimately significantly improves their overall well-being, independence, social engagement, and healthy ageing. Moreover, providing care at home is frequently considered a more cost-effective alternative to relocating fragile seniors to assisted living facilities, such as nursing homes (Sixsmith & Sixsmith, 2008).

However, ageing in place is not reduced to the relationship between older people and their domestic places. It also relates to their communities and landscapes (Sixsmith & Sixsmith, 2008; Wiles et al., 2012; Pani-Harreman et al., 2021). As Wiles et al. (2012) say, ageing in place involves a multifaceted process in which older people constantly adapt to their surroundings by reconnecting with places and redefining their identity and sense of self in response to ever-changing social, political, cultural, and personal landscapes. Moreover, Van Hees et al. (2017) recently adopted a new approach that distinguishes place into social and physical aspects. The social aspects refer to where people live concerning their emotions, memories and experiences. In contrast, the physical aspects are related to its functionality and complex, tangible components. That suggests that ageing in place also involves the capacity to navigate within one's living environment. That could include either the social surroundings, where individuals may prefer to live closer to their social network, or the built environment, where individuals may relocate to a place that enables them to live a more self-sufficient and autonomous life (van Hees et al., 2017).

Butcher and Breheny (2016) investigated various theoretical frameworks to determine the meaning of ageing in place for older people. According to their research, Ageing in Place encompasses social, environmental, functional, emotional, and psychological elements of a location, and this attachment tends to grow over time. Hence, ageing in place encompasses more than simply staying in one's home; it also involves remaining in a secure and familiar environment where individuals feel a sense of belonging (Pani-Harreman et al., 2021).

According to Wahl et al. (2012), the primary objective of ageing in place is to maintain the highest possible levels of autonomy, well-being, and personal identity, even in the face of significant competence loss (Wahl et al., 2012). These authors mention that two key concepts influence this process: "belonging" and "agency." Belonging, as discussed, refers to an older individual's sense of connectedness with others and their environment and sustained sense of identity over time. Agency, conversely, refers to an individual's ability to control their surroundings to maintain their independence. Belonging is essential as people age, mainly as they develop functional impairments (Wahl et al., 2012).

What are the challenges that people face to be able to age in place? According to the scoping review made by Pani-Harreman et al. (2021), ageing in place is related to two kinds of support: formal and informal. Professionals and service providers typically provide formal support, while informal support is provided by informal networks, including family members, neighbours, friends, and the broader community. Formal support often encompasses the infrastructure, amenities, and services available to older people, such as public transportation, grocery stores, pharmacies, meal services, and personal care (Dobner et al., 2016). Pay staff often provide personal care and heavy housework assistance (Wilkinson-Meyers et al., 2014). As Pani-Harreman et al. (2021) conclude, inadequate amenities, such as limited access to grocery stores, pharmacies, and poor public transportation options, can create significant obstacles to ageing in place, particularly in disadvantaged neighbourhoods.

Lewis et al. (2022) discuss the role of infrastructure related to ageing in place. Social infrastructure refers to the physical locations and institutions that shape social interactions. These places are crucial as they allow individuals to interact with others in their community, including those they may not know. Using an infrastructural approach allows examining how a place's meaning changes for older adults living in a neighbourhood. By focusing on the facilities and amenities that enable social interactions, it is better to understand the kinds of social connections that can be fostered and how these contribute to a vibrant public life (Latham & Layton, 2019; Lewis et al., 2022). According to Latham and Layton (2019), an infrastructural approach helps us consider the types of facilities that enable social life, the kinds of social interactions they facilitate, and how these can contribute to the public sphere.

From an anthropological point of view, ageing in place includes a holistic and culturally sensitive understanding of the experiences and challenges older people face (Iecovich, 2014; Milligan, 2016). That said, anthropology includes the cultural and social factors that influence how older people experience ageing. That also relates to the community dynamics in which older people interact. Communities where people live could support or hinder ageing. The aim

is to investigate the social networks and relationships that older adults rely on for support and the cultural norms and values that shape those relationships. Intersectionality is also fundamental to discussing how women age in their communities. Anthropology adds to understanding how ageing intersects with other aspects of identity, such as race, ethnicity, gender, sexuality, and class. Older adults from marginalised groups may face additional barriers to ageing (Iecovich, 2014; Milligan, 2016). Therefore, it is crucial to explore how those barriers operate and how they can be addressed.

1.3 The city of Hull

To understand and connect with women's situated experiences, it is helpful and necessary to share part of the city's history and to present its main sociodemographic indicators. Hull is very particular if we want to discuss loneliness. The city lies upon a river that runs through the middle of the city from north to south, dividing it into two halves. The leading economic centre of the region is 60 miles away. The city of Hull is located at the end of the train line; there is no other destination after it.

On the National Census 2021 (Census 2021, 2021), the size of the usual resident population in the city was 267,100. Compared to the last census in 2011, there are now more women (133,800; 50.1%) than men in the city (133,300; 49.9%). Regarding the population 65 years and over, compared to 2011, there has been an increase of 14.2%. While the city's population is not ageing at the same rate as nationally, the population aged 65 years and over is currently at its highest. The 2021 Census shows that the life expectancy of someone born today in the city is 78 years. Split by gender, a girl has a life expectancy of 80 years, and a boy has a life expectancy of 77 years. Life expectancy for both men and women is lower than the England average (76.8 years for males and 81.0 years for females).

The city is one of England's 20% most deprived districts/unitary authorities. Furthermore, 13% of the population in the most deprived areas is aged 65+(Public Health England, 2019). Employment in the city region is one of the lowest out of all regions. A third of the population still needs to reach the minimum income standard. People's health in the city is generally worse than the England average (Census 2021, 2021). According to the Office for National Statistics (ONS), low back pain and headache are the top causes of morbidity in the city (ill health) for females aged 65 and over. In addition, hip fractures and cardiovascular diseases are among the leading mortality causes in the older population.

The ONS estimates personal well-being annually, scoring anxiety, happiness, life satisfaction, and feeling worthwhile. Scores are based on surveying a representative population sample and are cut out of 10 (for instance, for happiness, 0 is 'not at all happy' and ten is 'completely happy'). Of the 363 areas in England, the city is the 350th happiest area in England. However, some indicators have positively increased. Life satisfaction scores for 2021 are 7.6 and were 7.4 in 2012. For the feeling that things done in life are worthwhile, the 2021 level is 7.8 and was 7.6 in 2012 (Well-being - Office for National Statistics, 2021). This must suggest that while happiness levels may be lower compared to other areas, there has been progressing in life satisfaction and the perception of life's worthiness in the city over the years. However, it is crucial to consider that personal well-being is a complex and multifaceted concept influenced by various social, economic, and environmental factors. Therefore, the ONS well-being scores provide a snapshot of overall well-being but may only capture some of the city's dynamics and individual experiences.

Historically and financially speaking, this city was very famous for its shipping and port industry, fishing and maritime industry, something essential to include in the discussion as it is connected to particular spaces within the city where many of these women grew up and strengthened their sense of belonging to their city. According to the City History Centre (2017), fishing was the most important economic activity until the second half of the 20th century. It represented a significant part of the city's economy and was a massive regional employer. Within the city, the fishermen and their families were located in specific neighbourhoods, particularly around H Road, the centre of the fishing trade. That area was characterised by its many terraced houses and a very familiar atmosphere among the fishermen's families who used to live there (The City History Centre, 2017).

However, as the industry started to decline, so did the area, and the demolition of the properties was inevitable. In 1956, the first slums were cleared, and people from the area were moved to estates built on top of where other fisherman slums used to exist. The fishing community was scattered around the city (Starkey et al., 2017). Some older women who lived and worked there remember that area as a very familiar and friendly community. For other ones, the new homes changed the face of a mythic and representative neighbourhood as H Road and going there now inspires nostalgia and melancholia. During the latter half of the twentieth century, the city experienced economic decline, accelerated not only by the collapse of the fishing industry but also because of the reshaping of the international port industry towards automation (Starkey et al., 2017). As previously discussed, the decline of its industrial and maritime significance and the city's relative geographical isolation within the UK increased

a negative national image linked to poverty and socio-economic deprivation (Ploner & Jones, 2020).

However, in 2017, during the year of my fieldwork, and after beating fourteen cities within the whole country, the city won the right to be the city of culture. The city of culture aims to encourage the use of culture and creativity to promote the confidence and pride of the city's inhabitants, to get media attention, and to promote tourism (Ploner & Jones, 2020).

Furthermore, the city envisioned this event as an opportunity to boost economic growth and increase feelings of pride among its citizens (Hastings, 2018; Starkey et al., 2017). Regarding its broader impact on the local business landscape, there was an estimated £676m of new public and private investment that was partly attributed to the UK City of Culture since 2013, contributing to the longer-term legacy of the UK City of Culture for the city's economy (Ploner & Jones, 2020; Tommarchi & Bianchini, 2022). On the other hand, the culmination of Season One of the City of Culture in 2017 marked a peak in personal well-being among the residents (Ploner & Jones, 2020; Tommarchi & Bianchini, 2022).

In addition, there was always something new happening in the city: new buildings, cultural events, and public space improvements. It was an excellent opportunity to explore the role of older women within such an important and collective event, their thoughts and expectations about it, and how those different events could be related to strategies to cope with experiences of loneliness. It was also a mirror to visualise how older women are included in the public sphere, how they are part of a community and how society reinforces feelings of citizenship for the whole population.

1.4 National policies and services for older people in the city

In October 2018, the UK government achieved a historic milestone by becoming the world's first government to unveil a comprehensive strategy to alleviate loneliness (Government of the United Kingdom, 2020). One noteworthy initiative involved the promotion of "social prescribing" by primary care physicians, empowering them to refer patients experiencing loneliness to local group activities and befriending programs (Government of the United Kingdom, 2020). By May 2020, the UK government had already allocated over £20 million to support many initiatives on loneliness reduction (Government of the United Kingdom, 2020). These efforts extended financial support to charitable organisations dedicated to combating loneliness and innovative projects spearheaded by technology companies and grassroots community groups (Government of the United Kingdom, 2020). This multifaceted approach demonstrated the government's commitment to addressing the pressing issue of loneliness in society.

In the UK, health services are provided by the National Health Service (NHS) and accessible at the point of delivery (except for co-payments on medications, and eye and dental care from which older people are exempt) (NHS, 2023). The National Health Service (NHS) in the UK is a healthcare system that offers a range of services, including primary care provided by family doctors, hospital-based acute care, intermediate care to aid the transition from hospital to home, public health initiatives like screening services, and some forms of long-term care (NHS, 2023). The NHS's funding stems directly from the government's general taxation.

However, despite increased investments in adult social care in recent years, as evidenced by a survey conducted by Age UK (2022), these financial boosts have yet to result in an increase in care for older individuals. An analysis of 2017 to 2021 reveals a concerning trend: the number of older people benefiting from long-term care provided by local authorities has dwindled by more than 36,000 (Age UK, 2022). This discrepancy highlights the gap between funding allocation and actual service provision, raising questions about the effectiveness and equitable distribution of resources within elder care.

Age UK's (2022) research sheds light on health services' challenges during the pandemic. The findings highlight that, despite substantial financial allocations to improve the well-being and care of older individuals, many seniors need help with the essential social care they require. Furthermore, there was an increase in older individuals being admitted to hospitals and staying there for long periods when alternative paths could have been pursued. Consequently, it compromises the older population's ability to achieve a comprehensive recovery and also places additional strain on hospitals, hampering their capacity to admit new patients promptly (Age UK, 2022, 2023).

Other services for older people are primarily the responsibility of local authorities (councils, municipalities) (Local Government Association, 2022). These services include sheltered housing (small flats in grouped developments with a resident warden), specific housing for older people without warden services, and community warden schemes (Oldman, 2021). There has been a noticeable shift in the landscape of service provision, with local authorities increasingly opting to engage in contractual partnerships rather than directly delivering services themselves (Local Government Association, 2022). These collaborations often form contractual arrangements with voluntary organisations, which operate on a non-profit basis, and with private entities functioning on a for-profit basis (Local Government Association, 2022). Local authorities receive most of their income from the Central Government and local taxes, subject to central government controls (Oldman, 2021). Apart from these services, older (and younger) people with disabilities are eligible for income support (Nidirect government services, 2016).

In the city of Hull, there are different services and plans to provide good coverage to the older population and address loneliness issues. For example, there is a service called 'Extra care Housing' (City Council, 2023) that aims to help those in need of care and support but simultaneously allows a more independent life compared to residential homes as they provide people with individual homes designed and adapted to their potential needs. There are also 24-hour emergency services for people with mental and physical needs (NHS Humber teaching, 2023).

In civil society, some NGOs specifically work to support the older population by providing recreational spaces, workshops, and physical therapy. Other civil society organisations, although not focused on older individuals, provide meals and recreational activities for a minimal price. In addition, the city received 2022 funds from The Know Your Neighbourhood Fund (Two Ridings, 2022). This fund is a partnership between the Department of Culture, Media and Sport, The National Lottery Community Fund, Arts Council England, and The National Lottery Heritage. It funded up to £30 million to create volunteering opportunities across the UK. An amount of £1.3 million will be distributed in the city. Up to date, £135,333 has been distributed to 11 projects in the city. Further funding rounds will follow in 2023 and 2024 (Two Ridings, 2022).

The city also provides a sound system of transport, buses, taxis, and community transport services for older people and older people with disabilities. The infrastructure that contributes to people undertaking their main activities and duties exists. In addition, it is essential to mention that, in the city, there is a unique health service for older people called an Integrated Care Centre (ICC) in the city. It provides health and social care support for older people instead of going to the hospital (NHS, 2022). The ICC is an alternative approach to accessing primary healthcare services and can reduce the time older people need to spend on appointments at the hospital (NHS, 2022). It can also help reduce the risk of accidents requiring hospital treatment by assisting people to stay safe and independent in their homes (NHS, 2022).

The economic situation in the city might shape a complex structure to navigate for some people. It is a city still trying to face historical and economic challenges to provide a better life for its inhabitants now and in the future. These issues increased due to the pandemic, affecting social and healthcare services (Radwan et al., 2020; Giebel et al., 2021). Loneliness could be permeated or impacted by some of these city's aspects. The interplay between economic factors, historical legacies, and older women's expectations contributes to a dynamic backdrop against which the experiences of loneliness unfold, revealing a nexus of influences worth exploring and understanding.

1.5 Overview: The structure of the thesis

This research presents the stories of loneliness of women in the city of Hull. The first chapter is the introduction, which introduces the topic and its methodology. Moving forward, a section examines key concepts that will contribute to unfolding deeper discussions throughout the research. Following that section is a description of the context and place where this study took part, the city of Hull.

After the introduction, chapter two presents the conceptualisation and the different approaches when assessing loneliness. The aim is to review the other studies on those topics and to clarify how loneliness is understood throughout the study. The following section of the chapter presents the theoretical framework for this research that connects to the experiences of loneliness in older women: belonging, ageing body and ageing in place.

Chapter three is about the methodology of the research and my fieldwork experience. First is a section about ethnography and my fieldwork, about the different stages of community involvement. Here, I present how my fieldwork started, my first encounters with the city, and how I met the women who were part of this research. Next, it describes and discusses the two spaces where I could start my encounters with these women: the knitting group and the lunch club. Then, a section discusses how the data was collected, managed, and analysed. This chapter also includes the process of ethics approval from the university and the aspects that I found as potential barriers to pursuing my study. Finally, I discuss the limitations of this study.

The following three chapters explore those aspects that shape feelings and experiences of loneliness for the women who shared with me their stories and with whom I spent those nine months in Hull. Chapter four discusses how social connections and relationships could impact loneliness. Here, I present how widowhood, the departure of children or the so-called "empty nest" stage, and the lack of close relationships affect women's lives regarding loneliness.

Chapter five discusses how health impacts women's identity, capacity and mobility and how those aspects trigger loneliness. Chapter six focuses on ageing in place and specific features of the city. These aspects that women have considered essential to show me and to discuss for the research about their experiences of loneliness. Chapter seven presents the strategies and forms these women find to keep belonging to their city. The chapter aims to reflect on the possibilities of women to overcome or intend to overcome situations of loneliness.

Chapter 2 Understanding the complexities of ageing and loneliness.

For this study, loneliness is understood as a subjective, disturbing sensation of not being part of a place or community not belonging to (Smith, 2012; Sullivan et al., 2016; Kemperman et al., 2019). This chapter draws upon different studies and approaches to provide the conceptual and theoretical underpinning for discussing the ethnographic data in later chapters. Through a literature review, there is a deeper discussion about loneliness and how this research understands it. By doing so, the chapter will present how loneliness helps us know experiences in the lives of some older women. Moving forward, the second section of this chapter focuses on the relationship between belonging and ageing well, in general. It explores in depth how belonging is the opposite of loneliness and a basic, but not necessarily easy, attempt to cope with it.

The third section of this chapter discusses the connection between loneliness and capital in the lives of older women. By discussing this concept in depth, I present several aspects that contribute to accumulating advantages and disadvantages throughout women's lives, such as widowhood, health issues, marriage, maternity and companionship and migration.

2.1 Developing an understanding of the concept of Loneliness.

Loneliness has recently been increasingly recognised as a public health concern. In the literature, it is commonly found that loneliness is also social isolation. However, social isolation refers to a metric, a frequency of connections and interactions that could trigger feelings of loneliness and challenge people to leave their homes, move around the city, and get support (Luanaigh & Lawlor, 2008; Price, 2015; Sullivan et al., 2016; Fakoya et al., 2020). Nevertheless, this study focuses on more than just the interactions as a metric or a number.

Drawing on the work of several scholars (Cornwell & Waite, 2009; Ha & Ingersoll-Dayton, 2011; Zavaleta et al., 2017), it includes a more meaningful presence in an individual's life. In other words, not only the number of interactions but a relationship or relationships that provide emotional connection like trust, empathy, and reciprocity, where people involved contribute to and benefit from each other. These meaningful relationships are usually long-lasting, providing ongoing emotional and material benefits and supporting (Hwang et al., 2019; Wigfield et al., 2022).

Loneliness is also associated with mental health problems, including increased chances of mortality, depression, anxiety, and cognitive disorders like dementia (Donovan & Blazer, 2020;

Kanbay et al., 2023). Several studies have found that feelings of loneliness represent a significant risk to human health, causing weakness in the physical body (de Jong Gierveld et al., 2016; Beutel et al., 2017) such as obesity or smoking (Cacioppo et al., 2011; Chawla et al., 2021). A scoping review (Courtin & Knapp, 2017) found that across 128 studies, only two did not find a negative association between loneliness and health. Moreover, the most studied outcome was depression and cardiovascular health.

Feelings and situations of loneliness may be transitory and can be experienced differently. However, numerous studies in psychology and social sciences have highlighted the significance of belonging and recognition as fundamental human needs (Cacioppo & Patrick, 2008; Shevellar et al., 2014; Allen et al., 2021). According to Maslow's hierarchy of needs (Maslow, 1971), widely recognised in psychology, belonging and esteem are considered psychological needs that lie above our basic physiological needs (Hale et al., 2019). Likewise, a classic study by Baumeister and Leary (1995) titled "The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation" explores the need for belonging. The authors argue that humans have an innate drive to form and maintain meaningful social relationships, and the absence of these relationships can result in feelings of loneliness, sadness, and emotional distress (Baumeister & Leary, 1995). Moreover, the need for belonging is rooted in our evolutionary history, as social connections were crucial for survival and reproduction.

Loneliness can directly affect these needs for belonging, leading to adverse psychological consequences. Furthermore, these needs are deeply ingrained in human nature and are crucial for well-being (Shevellar et al., 2014; Hale et al., 2019). In addition, loneliness is experienced in different ways; both are shaped by the individual's experiences and expectations and their dialogue with the environment and cultural aspects that make sense to what people understand about social connection and how they want and expect to connect (Tesch-Roemer & Huxhold, 2019; Bundy et al., 2021). These practices of connectivity are not static. They are influenced by history, politics, economics, drought, disasters, war, violence, poverty, policing, discrimination, displacement, and migration (Ozawa de Silva et al., 2020)

In the UK, a third of those people aged 80+ years reported they feel lonely daily (Thomas, 2015), and research has confirmed that Britain is the loneliest country in Europe, which has increased concerns regarding the impact of this fact on individuals' health (Forward et al., 2022). Among the literature, loneliness seems to be a subjective negative feeling as it is unpleasant and distressing; it can be experienced regardless of the number of social interactions, and it is connected to feelings of belonging and real connectedness (Ozawa de

Silva et al., 2020; Price, 2015; Tzouvara et al., 2015; Yanguas et al., 2018). Belonging, as it will be expanded in further sections, is a subjective feeling of value and respect; it involves gaining acceptance, attention, and support from members of the group or to whom one chooses, wants and feels permission to belong but also implies providing the same attention to other members (Mahar et al., 2013).

Yanguas et al. (2018) affirm that loneliness is a natural and personal phenomenon that may arise at certain moments, affecting people regardless of gender, age or other socio-demographic characteristics. The author also discusses that loneliness could have been seen as a feeling people should eliminate; it is rooted in weakness and self-pity. For Yanguas et al. (2018), loneliness is related to feelings of emptiness or abandonment associated with the lack of relationships or intimacy. There is the individual's subjective evaluation regarding people's relationships. This evaluation is related to the individual's life and experiences (identity, personality, expectations, life events, interpersonal engagement, socio-economic variables, household, etc.).

Another interesting work is the one from Dahlberg (2014). After interviewing 26 participants, the findings show that one can feel lonely even if there are many people around, or one can be utterly alone without feeling lonely. Again, the fundamental feelings and sense of belonging are highlighted in this study, suggesting that it can make feelings of loneliness disappear. For Dahlberg, the experience of loneliness is diverse, and it could be described in different ways even for the same person, it will depend on when loneliness is experienced, depending on the circumstances.

Despite the epistemological differences between the self-rates loneliness scale and the approach of this ethnographic approach study, the concept that the UCLA loneliness scale uses about loneliness is aligned with the aim of this research. It encompasses the concept of loneliness as an individual's subjective perception of their social relationships and the adequacy of their social interactions (Penning et al., 2014). The scale does not focus only on the objective presence or absence of social connections but on the individual's feelings and perceptions related to those connections (Ong et al., 2015). The UCLA Loneliness Scale suggests that loneliness involves a sense of dissatisfaction or discomfort arising from the perceived discrepancy between an individual's desired and actual social interactions and relationships (Penning et al., 2014; Ong et al., 2015).

For this study, I understand loneliness as a negative emotional condition that arises when people feel that their social relationships fall short of their desired ones. It is a subjective experience that can occur regardless of the amount of social interaction one has. For instance,

someone may feel lonely even in the presence of others if their relationships do not provide the desired level of emotional closeness, understanding, and companionship. Companionship is not necessarily the act of being surrounded by people but a unique presence, confidence, a partner, a friend, or someone representing a fundamental anchor in older women's lives.

Loneliness can vary in intensity and duration, from brief and temporary episodes to long-lasting and chronic feelings of loneliness. The experience of loneliness is profoundly personal and can be influenced by many factors, including life circumstances, personality traits, and societal norms. Addressing loneliness requires a holistic understanding of an individual's social and emotional needs, and interventions aimed at alleviating loneliness may involve fostering meaningful connections, promoting self-esteem and self-worth, and enhancing overall well-being.

Loneliness could also result from social isolation (Cotterell et al., 2018; de Jong Gierveld et al., 2006). For some scholars, social isolation is related to metrics; this is, social isolation can be defined as an objective measure of people's interactions with others, such as family, friends, and members of their community (Cotterell et al., 2018; de Jong Gierveld et al., 2006). It is characterised by a limited or complete absence of social relationships, often resulting from physical separation, geographical remoteness, or a lack of social support systems (Tesch-Roemer & Huxhold, 2019).

To understand the causes and consequences of loneliness, discussing the concept of social isolation is essential. Among the literature, scholars suggest that social isolation includes both objective social contact and subjective perceived adequacy of contact (Nicholson, 2012; Wang et al., 2017; Zavaleta ., 2017). Social isolation is inadequate quality and quantity of social relations with other people at different levels (individual, group, community and the larger social environment) (Nicholson, 2012; Wang et al., 2017). The quantity of social relations is related to the number or frequency of interactions with another individual or individuals, and the quality of social relations is whether it satisfies a person's internal expectations and values (Nicholson, 2012; Holt-Lunstad et al., 2015; Taylor et al., 2018).

According to Wang et al. (2017), there are five concepts related to social isolation:

- Network (Quantity) refers to the number of people in someone's social network number or the frequency of someone's social contacts over a period.
- Network (Structure) refers to characteristics of social contacts. How many people in someone's social network also know each other? How many are kin, neighbours, etc.

- Network (Quality) refers to the perceived quality of relationships. For example, if members of social contacts are friends or confidants.
- Appraisal of relationships (Emotional) refers to the overall appraisal of relationships' perceived adequacy or impact. It does not relate to the number or quality of specific individual relationships.
- Appraisal of relationships (Resources) refers to perceived access to resources from someone's social relationships, a tangible social support.

Social isolation could trigger feelings and situations of loneliness, and it is a significant and prevalent health concern amidst the community-dwelling older population, contributing to various detrimental health implications (Nicholson, 2012; Wang et al., 2017; Taylor et al., 2018). Given the escalating numbers of older individuals and the wide-reaching prevalence of social isolation, its ramifications are set to affect the health, overall well-being, and quality of life of older people in the present and the foreseeable future (Nicholson, 2012; Zavaleta et al., 2017; Freak-Poli et al., 2022).

Significant evidence exists about the unfavourable health outcomes correlated with social isolation, from all-cause mortality and coronary heart disease/stroke to incidents like falls, re-hospitalisation, and institutionalisation (Cornwell & Waite, 2009; Nicholson, 2012).

Furthermore, the effects of social isolation reverberate through the health-related behaviours of older adults. Socially isolated seniors become susceptible to negative behaviours, including heavy drinking, smoking, and leading sedentary lifestyles (Holt-Lunstad et al., 2015; Courtin & Knapp, 2017). Moreover, nutritional risks are heightened among socially isolated older adults (Courtin & Knapp, 2017). Beyond the physical realm, social isolation influences older individuals' psychological and cognitive well-being. Those with limited social connections and minimal participation in communal activities face an elevated risk of cognitive decline and diminished psychological well-being (Wang et al., 2017).

It can be said that if an individual feels lonely, there is a risk of becoming more socially isolated at one point during their lives (Steptoe et al., 2013). Likewise, if an individual is socially isolated, feelings of loneliness could rise and affect their lives (Tesch-Roemer & Huxhold, 2019). Loneliness impacts self-perception created by the eyes of others, such as friends, family members, and society (Leigh-Hunt et al., 2017). When individuals experience loneliness, they might internalise a sense of inadequacy or exclusion, influenced by perceived judgments from those around them. This external perspective can shape their self-perception, making them feel uninteresting, unwanted, or disconnected. Moreover, societal ideals and norms can

further exacerbate these feelings, as the pressure to conform to standards of engaging and social interaction can increase the difference between one's actual experiences and the perceived expectations of others (Alpert, 2017; Macdonald et al., 2018).

On the other hand, having companionship, routine, and different community interactions could strengthen how people feel about themselves. A stigma undermines those who might feel lonely or socially isolated (Barreto et al., 2022; Kerr & Stanley, 2021). For example, some studies have shown that those who feel lonely are perceived as socially inept, poorly adjusted, unlikeable and generally incompetent (Barreto et al., 2022; Kerr & Stanley, 2021).

As discussed, personal characteristics also shape loneliness throughout people's lives. Gender is a detrimental aspect to include when talking about the causes and consequences of the experiences of loneliness in older women. Women will carry their personal experiences of being a woman, mothers, daughters, sisters, grandmothers, partners, and students in a particular place and culture. Women could have much in common, but they are not a unique and homogeneous group. To explore these differences, it is important to consider those gender factors that could have impacted older women's lives. Aspects such as education access, career opportunities, gender roles and expectations are crucial to understanding how being a woman could have shaped, provided and limited their options and resources at this stage of life and possible effects on experiencing loneliness (Nicolaisen & Thorsen, 2014).

Experiences of loneliness are also embedded in older women's connection with their bodies, their health, how they inhabit their city, and how the city unfolds for them. Exploring these multifaceted connections provides a more holistic knowledge of the interplay between personal characteristics and the broader environmental context in which women are situated. The following sections provide a deeper discussion about those aspects as they will strengthen and amplify the findings of this research.

2.1.1 Measuring loneliness: the contribution of social sciences

It is necessary to discuss how loneliness is approached and measured from different disciplines to bring a more comprehensive panorama and, most importantly, to justify why the present research contributes to a more holistic approach to those matters. When assessing issues around loneliness, the positivist perspective is still the most established method of measuring, and the primary representation of that is the self-rating scales (Marcille et al., 2012).

There are two that are mainly used. The University of California Loneliness Scale (UCLA) has been designed to measure one's subjective feelings of loneliness. Participants rate each item as either O ("I often feel this way"), S ("I sometimes feel this way"), R ("I rarely feel this way"),

or N (“I never feel this way”). Research findings consistently present a compelling correlation between high scores on the UCLA Loneliness Scale and an intricate web of challenges encompassing various dimensions of social interaction and mobility (Freak-Poli et al., 2022). The second scale is The de Jong Gierveld Loneliness Scale. This multidimensional instrument includes 11 items that resolve into social and emotional subscales, while a shortened version contains six items (Dahlberg & McKee, 2014). This scale understands emotional loneliness when you miss an intimate relationship and social loneliness when someone misses a more comprehensive social network (Giraldo-Rodríguez et al., 2023).

These scales are useful and necessary to address issues around loneliness. However, the reliability of these self-rated measurements is still being determined, and they face specific criticisms (Perissinotto & Covinsky, 2014; Zavaleta et al., 2017; Maes et al., 2022). Some of those critics are related to the stigma that the condition of loneliness could represent; therefore, people may be reluctant to report feelings of loneliness or feel insecure when answering those scales. Critics are also focused on the terms' ambiguity in the scales. Terms such as 'sometimes' or 'rarely'. What do they mean? 'Sometimes' for one person could represent something different for another one. The lack of cultural representation is another aspect that those scales need to consider. Critics argue that the scale was developed and validated primarily with Western populations, which may limit its applicability and validity across different cultural contexts.

The concepts of loneliness and social relationships may be understood and experienced differently in various cultural settings; hence, using only those scales could lead to a bias in interpreting results. In terms of age considerations, the scale may not be equally suitable for assessing loneliness across all age groups, as the experience and perception of loneliness can vary throughout the lifespan (Perissinotto & Covinsky, 2014; Zavaleta et al., 2017; Maes et al., 2022). Therefore, as Adams (2016:6) states, “metrics used today are imagined offering uniform and standardised conversations about how best to intervene, conceptualise health and disease, how best to both count and be accountable and how best to pay for it all”. Nevertheless, it is hard to discuss personal and unique feelings related to people’s lives through metrics that could reduce such intimate and diverse experiences. The risk with this way of measuring subjectivity is that these scales tell stories about what those who produce them and those who rely on them care about the most (Adams, 2016). Metrical forms of accountability as a hegemonic way to understand reality could displace other ways of knowing and understanding the world. This said numbers and metrics must also be culturally adapted; people count and take counting to mean different things (Adams, 2016).

The ambiguity of these self-rated scales could also be observed, for example, in the research of Marcille et al. (2012) about loneliness as experienced by women living with chronic illness in rural areas. They collected from a self-reported (UCL Loneliness Scale) and qualitative data from online forums. An important observation from the researchers was that by comparing self-reported survey results and the speeches from the online forum, concerns about loneliness had a different intensity in the participant's responses. This is, self-reported surveys showed high levels of loneliness among the participants. In contrast, topics about rural factors and health impairments affecting their lives were raised in the forum, but the term and the condition of loneliness were never reflected and admitted.

De Jong Gierveld et al. (2016) discuss new ways of theorising and researching the field of loneliness and its significance, even when they created one of the self-rated scales mainly used nowadays. They highlight the significant contribution of social sciences and qualitative research in the field during the last 15 years for a deeper understanding and contextualisation of the different factors included in assessing loneliness, such as i) in an individual level: age, gender, educational level, work and income, health, migrant status, personality characteristics, marital and partner status, parent-child relationships, non-kin relationships and ii) in the macro level: cultural and norm values, socioeconomic context, societal wealth and welfare. Topics such as migration, society's expectations, and gender roles determine people's experiences of loneliness. The dynamic and multidimensional characteristics of loneliness in older people could challenge the strategies to diminish these issues in the community, forcing a broader understanding and multiple types of interventions (Sullivan et al., 2016).

The contribution of social sciences in the discussion of loneliness gives older people autonomy and meaning to their feelings. It provides opportunities within a context, which is shaped by cultural features as well as possible prejudices and stigmas about being old, being old and alone or being old, alone and being a woman or LGBT, for example (Ferrari, 2015; Greene et al., 2018; Hwang et al., 2019; Ojembe & Ebe Kalu, 2018). For these authors, some individuals may prefer to be alone, or it could result from circumstances (for instance, during Christmas celebrations). They also state that loneliness could be improved over time as individuals adapt to losses in social ties and health aspects.

Keeping on using exclusively a standardised methodology to measure loneliness could be, on the one hand, living aside more essential dimensions of vulnerability and, on the other, underestimating people's decisions and levels of satisfaction in old age. In this research, an ethnographic approach and qualitative methods allowed me to explore in-depth experiences of loneliness by searching not only if older women felt lonely or isolated but also why and how

those feelings appear in their lives and within the city. Considering the topic's sensitivity, emotions and possible stories of loss and struggle, it is essential to point out that there are different ways and methodologies to explore topics around ageing and loneliness. That said, a deeper approach to understanding situations of loneliness in older women and why such situations occur is part of what this study aims to explore through an ethnographic approach.

Ethnography is a qualitative research methodology that involves an immersive and in-depth exploration of a specific group, community, culture, or social phenomenon (Madison, 2011; Kunda, 2013; Safronov et al., 2020). It is a holistic approach that aims to understand the intricacies of human behaviour, beliefs, practices, and social interactions within their natural context (Sharma & Sarkar, 2019; Thajib et al., 2019). The main characteristics of the ethnography, such as participant observation, an emic or insider's perspective, the importance of contextualisation to interpret social dynamics, and the methodological approach provide a rich understanding of human behaviour, social relationships, cultural practices, and the broader contexts that shape them (Kunda, 2013; Sharma & Sarkar, 2019).

Ethnography has contributed to visibilise, holistically, different situations and experiences of loneliness. Studies that explore the experience of those people over 80 years old invite people to reflect on the moral economy of autonomy, challenging stereotypes of old age (Toye et al., 2020); studies that explore how older people with complex health problems experience frailty in their daily lives within their communities (Skilbeck et al., 2018); research about older people living in rural areas facing migration from their relatives and experiencing drastic changes within their households (Rivero Jiménez et al., 2022), explorations on experiences such as feel unneeded: (Ozawa de Silva et al., 2020), and more. As Ozawa de Silva et al. (2020) point out, loneliness's social and cultural nature requires interdisciplinary approaches; therefore, due to these main features, ethnography could contribute significantly to those studies.

Ethnography enabled a profound understanding of women's worlds through extended interviews and participant observations. It contributed to avoiding prejudices and preconceived arguments about loneliness; it helped explore how women feel about living alone, losing a couple, friends, and their health by considering their narratives and life stories. By spending long periods in their city, sharing activities, and strengthening confidence and empathy ties, not only did several topics come to the surface, but I also had the opportunity to challenge ideas of old age and women living this stage of life.

Women shared with me how individual and events and aspects in their lives could contribute to the accumulation of advantages or disadvantages over time, for instance, aspects such as education and professional opportunities, motherhood, social expectations or gender roles

and, body changes. All these aspects could allow experiences of loneliness in women's lives. This study allowed me to explore and have a closer approach to women's lives and understand their experiences of loneliness beyond standardised metrics by listening closely to their voices. As Clisby & Holdsworth (Clisby & Holdsworth, 2014, p.4) point out: "Through listening to women, we can see that women are reflexive and situated knowers who can coherently articulate how processes of gendering can and do have an impact on their sense of self, and the lived realities of their everyday lives".

Clisby & Holdsworth (2014) mention that 'situated knowledge' is important to feminist epistemology. Feminist epistemology is a branch of philosophy that critically examines how gender influences knowledge production, the validation of truth claims, and how knowledge is constructed and communicated (Clisby & Holdsworth, 2014; Wigginton & Lafrance, 2019). It challenges traditional epistemological frameworks that often neglect or marginalise the experiences, perspectives, and contributions of women and other marginalised groups (Wigginton & Lafrance, 2019).

An ethnographic and qualitative approach unfolds possibilities to observe and participate in women's lives, to situate their experiences in place, in their city, listen about their different experiences of loneliness throughout their lives and how they are linked to gender roles, the city, their relationship with bodies and ageing itself. Hence, regarding how to approach the issues of loneliness in older women, it is fundamental to take a holistic and multidisciplinary approach to the methods and how to assess those possible situations of loneliness. While self-scales have traditionally been used to measure those issues, social science is important in providing a more comprehensive understanding of these phenomena. Through qualitative research, social scientists can capture older women's subjective experiences and perspectives, shedding light on the social, cultural, and structural factors contributing to loneliness.

By taking a more holistic approach that considers the social contexts in which older women live, social scientists can help to develop more effective interventions that address the root causes of these issues. Moreover, social science can be crucial in challenging the stigmatisation and ageism often related to the discussions of loneliness in older women. By highlighting the social and cultural factors contributing to these issues, social scientists can shift the focus away from individual deficits and towards a more systemic understanding of the problem.

2.2 The need for belonging to cope with loneliness.

Belonging emerges as a fundamental human need, transcending age and gender boundaries (Leary, 2007; Lambert et al., 2013; Yuval-Davis, 2016). Among older women, a sense of belonging is intricately linked to affirming their roles within families, communities, and society (Gierveld et al., 2015; Askins, 2016; Rokach, 2018). A genuine sense of acceptance and connection can provide emotional nourishment, bolster self-esteem, and cultivate a supportive network that offers companionship, understanding and support. In the absence of such belonging, older women can experience a profound sense of estrangement, exacerbating feelings of loneliness.

Phenomenological approaches have shown how we realise our sense of belonging through historical, social, and material connections and the importance of intersubjectivity embodied encounters and our performance in building belonging (Bennett, 2014). We become conscious of ourselves, our connections through their gaze, and how others see and regard us (Clegg, 2006; Franklin et al., 2019). Belonging means that people relate to others and are accepted. It means the individual is part of a group, surroundings, and environment. The person is an insider, not an outsider. A sense of belonging includes feeling secure and being recognised and valued by others (Mahar et al., 2013).

When reading studies about experiences of loneliness in older women and the general population, discussions on the sense of belonging appear (Ahn & Davis, 2020; Bennett, 2014). As previously mentioned, belonging is a subjective feeling of value and respect; it revolves around acquiring acknowledgement, inclusivity, and backing from fellow group members or those an individual elects, desires, and believes they have the right to be a part of. Nevertheless, belonging goes beyond mere inclusion; it inherently carries dynamics of reciprocity, having the same attention and regard for other group members and lacking feelings of belonging increases, notably, experiences of loneliness. (Fakoya et al., 2020). As Clegg (2006) points out, not belonging has also been identified with rejection, ostracism, loneliness, insecurity, marginality, shyness, unpopularity, and limited group membership.

Feelings of belonging relate to people's connections to their households, neighbourhoods and communities and how individuals can navigate these spaces (Mahar et al., 2013). People can feel that they belong through diverse demonstrations unfolded at a domestic and public level: intergenerational participation, community participation, accessible infrastructures and services, etc. (Carragher & Ryan, 2020; Clegg, 2006). Hence, the sense of belonging is related to the experience of personal involvement in a system or environment and is crucial to ageing well (Nolan, 2011).

According to several studies (Cramm & Nieboer, 2015; Nolan, 2011; Thelen & Coe, 2019), the sense of belonging is affected, particularly during two transitions in old age: widowhood and retirement. Widowhood challenges people's identity and implies different changes in life, making people vulnerable. Furthermore, suicide rates increase during widowhood, especially for men. According to those studies, for some people, losing a special connection with their spouses is not replaced by other social connections, exacerbating the need to belong. Regarding retirement, paid work contributes to people's sense of belonging in terms of feeling productive, independent and economic status. Therefore, transitioning from paid work to retirement may reduce important sources of older peoples' identities and sense of belonging, including their social network, daily connection and interaction with colleagues, and job prestige (Nolan, 2011).

In facing challenges that could threaten feelings of belonging, family interdependence could reinforce those feelings among generations (Carragher & Ryan, 2020; Silverstein et al., 2012). Multigenerational households contribute to intergenerational belonging. That is because the oldest family members are financially and physically dependent, or the younger generations depend on the older family members (Carragher & Ryan, 2020; Nolan, 2011). Likewise, even when grandparents live alone, they can provide childcare and emotional and sometimes financial support. Similarly, adult children can become full-time caregivers for their ageing parents while caring for their children and spouses. That interdependence builds up an intergenerational belonging (Carragher & Ryan, 2020; Nolan, 2011).

However, even in situations when there are strong bonds with family, it does not guarantee that older people will not feel isolated or not part of something (Nolan, 2011). Hence, staying connected with friends and participating in community activities could be helpful. Many studies (Clegg, 2006; Cramm & Nieboer, 2015; Garrett & Poulain, 2018; Torres, 2020) show that church, volunteering, recreational and educational activities provide meaningful social interaction, communication and friendship. Feelings of belonging are also subjective and related to a special connection. To satisfy the need to belong, it is more important to get involved in regular, pleasant interactions with people with whom one shares affective concern and a special connection, but that special connection perhaps needs time to be built up, particularly after the loss of a spouse, a partner, a relative or when recently start a new stage of retirement (Nolan, 2011).

Belonging is a feeling but also a process in which the infrastructures of the place where people live play a main role. Klinenberg (2018) discusses the concept of social infrastructures to describe and analyse the physical places and organisations that shape how people interact and

where social and public life happens. The social infrastructure in libraries, community centres, and cafes is vital for older people, providing environments to meet and develop informal support networks (Klinenberg, 2018). Therefore, the lack of those spaces or changes and interventions to the social infrastructure of a place may reduce social support, belonging and inclusion. Infrastructure is not only about materiality but is something that supports and exists concerning other activities; it provides light on the functional and affective dimensions of ageing in place (Lewis et al., 2022).

Hence, access to family and friends, neighbourhood, and social participation to increase feelings and experiences of belonging implies interventions that include age and gender approaches (May & Muir, 2015). People's sense of belonging is a complex experience; it can be constructed about places, materiality, cultural aspects and people (May & Muir, 2015). Visualising the different challenges that people might experience to increase or reinforce their feelings of belonging throughout their lives could provide, in old age, where health and social roles might experience changes, more possibilities to avoid experiences and feelings of loneliness.

Some studies have demonstrated the critical connection between belonging and ageing well (Ahn & Davis, 2020; Mahar et al., 2013; Nolan, 2011; Thelen & Coe, 2019). Those studies point out that a sense of belonging is closely related to indicators of both social and psychological functioning; the lack of sense of belonging could lead to suicide and depression; a high incidence of suicide in older people was linked to social isolation caused by widowhood, retirement, health issues, and the loss of close family members, friends, and community engagement. The feeling of loneliness is the opposite of belonging (Mahar et al., 2013).

2.3 The connection between loneliness and capital in the lives of older women

The connection between loneliness and later life has been thoroughly studied among different disciplines such as gerontology, sociology, psychology (Cacioppo et al., 2011; Dickens et al., 2011; Lester et al., 2012; Marcille et al., 2012; Mountain et al., 2014; Price, 2015). These studies identify that loneliness could threaten older people, affecting their social life mental and physical health. In general, people moved into and out of frequent loneliness over time. However, studies suggest that loneliness increases with age due to changes in social roles and possible health impairments (Beal, 2006; Victor et al., 2022).

According to several studies (Dong & Chen, 2017; Rokach, 2018; Schmitz, 2015), older women report more loneliness than male peers for two reasons: women live longer and are much

more frequently widowed. However, recent studies (Bergeron-Boucher et al., 2022) have shown that, while, on average, male life expectancy tends to be lower than that of females, and male mortality rates are typically higher across all age groups, there exists a significant probability that some males will surpass females in terms of longevity. These findings challenge the conventional notion that "men do not live as long as women" and highlight a more complex disparity in lifespans between these populations.

Studies (Beal, 2006; Marcille et al., 2012; Nicolaisen & Thorsen, 2014; Steptoe et al., 2013; Theeke et al., 2015) point out that women spend more extended periods with health issues, affecting their mobility. In addition, the leading causes of loneliness are related to widowhood, chronic illness, lifelong singlehood and migration. The intersection of ageing, older women, social capital, and loneliness is a multifaceted topic that explores the complex dynamics of demographic changes, gender disparities, and social networks. As populations worldwide continue to age, the unique experiences and challenges faced by older women become increasingly prominent. Older women often experience distinct social, economic, and health-related issues compared to their male counterparts, influenced by a lifetime of gender-based roles and expectations (Bai et al., 2021; Patulny & Bower, 2022).

Social capital, which refers to the networks, relationships, and norms that shape the quality and quantity of a society's social interactions, plays a critical role in the lives of older adults (Boneham & Sixsmith, 2006; Field, 2016). For older women, strong social networks can be a vital source of support, contributing to their overall well-being and mitigating feelings of loneliness. Loneliness, a significant public health concern, is particularly prevalent among older women due to factors such as widowhood, retirement, and the out-migration of younger family members.

Understanding the relationship between ageing, social capital, and loneliness among older women requires an approach that considers the socio-economic and cultural contexts. Research indicates that older women are more likely to experience social isolation and loneliness due to a combination of longer life expectancy and traditional caregiving roles, which may limit their opportunities to build and maintain diverse social networks (Victor et al., 2009). Furthermore, gendered economic disparities, such as lower lifetime earnings and pension benefits, exacerbate the vulnerabilities of older women.

Regarding the contribution of ethnographies to these matters, the work from Sarah Lamb (2009), explores the experiences of older Indians in both India and the diaspora, focusing on how transnational social networks and family ties contribute to social capital and affect

experiences of loneliness(Lamb, 2009). Drawing on ethnographic fieldwork conducted in both India and diaspora communities in the United States and the United Kingdom, Lamb explores how older adults navigate issues such as caregiving, intergenerational relationships, and cultural identity. One of the key themes of the book is the notion of "cosmopolitan families," which refers to families that span geographical and cultural boundaries. Lamb examines how these cosmopolitan families maintain connections across distances, negotiate caregiving responsibilities, and adapt traditional cultural practices to suit their changing circumstances.

Another interesting piece of work, is the ethnography from Stephen Golant (2015). Golant stresses the significance of social capital, referring to the networks of relationships and support systems available to individuals. He emphasises how social connections can offer emotional support, practical assistance, and a sense of belonging, which become increasingly important as people age (Golant, 2015). Throughout the book, Golant explores how social capital acts as a protective buffer against loneliness in later life. He discusses the ways in which social connections—be it through friendships, family ties, or community involvement—can help older adults maintain a sense of purpose, engagement, and connectedness. By addressing the intersection of ageing, social capital, and loneliness, Golant underscores the importance of creating supportive environments and nurturing meaningful social connections for older adults.

It is essential to acknowledge the critical role of social capital in mitigating loneliness among older women. The complex interplay between ageing, gender, and social networks highlights the necessity for a better understanding of their unique challenges and experiences. As illustrated by the ethnographic insights from Lamb (2009) and Golant (2015), the strength and quality of social connections profoundly impact older women's emotional and practical well-being. This understanding underscores the importance of targeted interventions and policies that promote social inclusion, economic security, and accessible healthcare to enhance the quality of life for this vulnerable demographic. As the global population continues to age, addressing these issues becomes increasingly imperative, ensuring that older women can age with dignity, support, and a sense of belonging.

2.3.1 Widowhood

A national survey in 2017 found that 1 in 4 over 65-year-olds were widowed in the UK, and in over 85, 35% of men and 76% of women were widowed (Office for National Statistics, 2018). The landscape of widowhood in the UK has transformed due to demographic shifts and evolving family dynamics. With longer life expectancies, the number of older women who

experience widowhood has increased, necessitating a closer examination of the support systems available to them (DiGiacomo et al., 2015; Kung, 2020).

Widowhood and its effects on experiences of loneliness are reflected in the increase of concerns about women's new realities and how to face them, including social roles, potential changes in accommodation, social relationships, disruptions in routines and responsibilities, and financial struggles (Schmitz, 2015). Furthermore, losing a spouse or a partner increases their companionship needs. How this stage could be navigated is related significantly to the social and support networks they have accumulated (Isherwood et al., 2017).

Furthermore, in old age, children's departure from home is more common; supporting a partner or a spouse is essential to reduce loneliness. Therefore, for older women who face the death of a spouse, it is crucial to receive more social support from friends, neighbours, and family members (Štambuk, 2019). It can bring about or increase depression, suicidal thoughts, social anxiety and even cognitive decline, the progression of dementia or a recurrent stroke (Hawkey & Cacioppo, 2010). Moreover, physically, it may exacerbate obesity, elevate blood pressure, and cause premature mortality (Holt-Lunstad et al., 2015).

2.3.2 Health issues

The effect of health issues related to loneliness in older women is the most researched topic in the literature (Leigh-Hunt et al., 2017; López et al., 2018; Luanaigh & Lawlor, 2008; Ong et al., 2016; Theeke et al., 2015; Vozikaki et al., 2018). On the one hand, these studies identify that loneliness could threaten older people, affecting their mental and physical health. For instance, as Price (2015) argues, loneliness is associated with different morbidities and has a significant connection to depression and suicide. In addition, blood pressure, poor physical health, and poor diet are also linked with these conditions (Cacioppo et al., 2011; Luanaigh & Lawlor, 2008). On the other hand, physical impairments and poor health in older people could predispose feelings and situations of loneliness. Furthermore, those people with mobility problems are less likely to leave their houses frequently and participate in family or community activities. This reduction of interactions enhances feelings and situations of loneliness (Burton-Shepherd, 2015; Dahlberg & McKee, 2014).

Along the same line, research suggests that health behaviours are related to the type of social network an individual is involved with (Barnes et al., 2022). For instance, individuals with high

social support levels are less likely to engage in unhealthy behaviours, such as smoking or increased alcohol consumption. Similarly, Hawton et al. (2011) examined associations between measures of social networks (including contact with friends/family, marital status and living arrangement), feelings of loneliness and social support, and a range of cognitive outcomes. The outcomes of their study demonstrated that of the social factors considered, loneliness, social support and living arrangements were most consistently associated with aspects of cognitive ability in older people (Hawton et al., 2011).

Chronic diseases could affect lifestyle by affecting mobility and independence. Studies about older women with diabetes and obesity show that mobility difficulties increase depressive symptoms and antidepressant medication use (Shearer et al., 2009). Similarly, research on older adults in rural areas (Marcille et al., 2012; Theeke & Mallow, 2013) shows that older women with anxiety or depression had the highest loneliness scores, followed by those with lung and heart disease. Furthermore, older women with mood disorders, lung disease, or heart disease had higher loneliness scores than those without these conditions. As has been discussed, women tend to suffer more often from chronic diseases. Dealing with a chronic disease while potentially lacking emotional and financial support from a partner or spouse challenges women's opportunities to keep their independence and to navigate difficult moments, including those regarding their health.

When discussing chronic diseases, it is essential also to relate them with chronic illnesses. Chronic illness is a broader term encompassing chronic disease's physical, psychological, and social impacts (Joralemon, 2017). It not only refers to the medical aspects of the condition but also considers the broader implications on an individual's quality of life, well-being, and daily functioning (Ambrosio et al., 2015; Joralemon, 2017). Chronic illness considers the emotional and psychological effects and the social and lifestyle adjustments individuals with chronic diseases may need. While chronic disease primarily focuses on the medical aspect of long-lasting conditions (Grover & Joshi, 2015), chronic illness encompasses the holistic experience of living with such conditions, considering the physical, emotional, psychological, and social dimensions. That said, feelings of loneliness could represent an expression of chronic illness.

Chronic disease and chronic illness are related to long-lasting health challenges. However, chronic illness emphasises the broader impact on an individual's overall life and well-being beyond the medical aspect of the disease itself. The evidence that associates loneliness and health issues is robust. However, people could feel embarrassed to say they are lonely due to the prejudices that might be present in society. Nevertheless, as it is suggested, signs of loneliness in older people could include changes in usual routines, changes to eating and

sleeping patterns, lack of self-care and motivation, nutritional problems, depression and high levels of suicide, rapid weight loss, depression or constant visits to the general practitioner GP for minor health disorders and so forth. For Price (2015:6), 'loneliness affects the experience of illness, treatment and care and the experience of care settings'. Ignoring a condition of loneliness may interfere with the progress to self-care, people could increase their levels of depression, and healthcare treatments for chronic illness could last longer and become expensive.

Health impairments among older women can impact multiple facets of their lives, influencing various forms of capital. Health impairments often pose financial challenges for older women, affecting their economic capital. The increasing healthcare costs, coupled with potential reductions in income due to limitations in employment opportunities, can strain their financial stability. Medical expenses, prescriptions, and long-term care requirements can significantly deplete savings or retirement funds. Moreover, certain health conditions may limit their ability to engage in gainful employment or maintain a steady income, further eroding their economic resources. Health impairments can also influence social and cultural capital by affecting social connections, lifestyle, and access to resources often embedded in cultural norms and practices. Changes in health restrict participation in cultural activities, such as attending social events, religious gatherings, or community meetings. That can lead to isolation and a diminished sense of belonging within their cultural or social groups.

The ageing process, often accompanied by health challenges, shapes the lived experiences and perceptions of one's body, influencing older women's embodiment. Embodiment refers to the connection between the mind and the body (Merleau, 1962; Scheper-Hughes & Lock, 1987). In the context of older women, it involves how they experience and perceive their bodies as they age. This relationship may encompass factors like self-image, health, and societal expectations of ageing women (Hurd, 2000; Clarke, 2018; Cameron et al., 2019). The embodiment of older women and ageing involves the lived experience of ageing within one's home environment; factors such as health, mobility, and the emotional connection to the home play crucial roles in shaping the experience (Hurd, 2000; Clarke, 2018; Cameron et al., 2019).

Given the increasing burden of loneliness and its impact on health and well-being, there has been a growing interest in assessing different interventions to reduce that impact. Scoping reviews (Fakoya et al., 2020) have found that distinguishing between loneliness and social isolation is important to set up strategies to address each of these problems and the intervention's target population and goals. For instance, Fakoya et al. (2020) point out that social inhibition or deficient social skills are linked to loneliness for some people. Therefore,

strategies that work on interpersonal ties might improve how these people relate to others or provide new opportunities and spaces for social contact. On the other hand, when an individual was geographically isolated, enhancing social networks was an intervention that better answered their needs.

Several systematic reviews consider interventions to cope with loneliness (Poscia et al., 2018; Fakoya et al., 2020; Gardiner et al., 2020; Loades et al., 2020; Quan et al., 2020; Williams et al., 2021). These reviews point out that while specific interventions have shown some degree of success in alleviating loneliness, the overall strength of the evidence supporting them needs to be improved. As a result, it raises doubts about their applicability to a broader range of individuals. However, among the interventions that demonstrated more favourable outcomes, several factors were found to be influential. These included adaptability, employing a community development approach, and promoting productive engagement. In those reviews, there are mainly three types of interventions:

- Collaborative community ventures: Aims to coordinate with different services for older people within the community to organise events and activities and to encourage people to participate. For example, day centres or any service designed to help older people get involved in recreational activities.
- Mentoring schemes: Aim to improve personal and technical skills to improve people's independence and participation within the community and their social network in general. A mentor who is also a confident adviser is responsible for this task.
- Befriending schemes: The most popular intervention to tackle loneliness and isolation could be offered face-to-face, by telephone or online. This system relies on volunteers, and their work must continuously be monitored due to the long-term relationship in which many older people could be engaged once they started participating in this scheme.

The study by Burton-Shepherd (2015) also found that group or community-based interventions may be more effective than one-to-one support, mainly due to the possibility that they bring to meet new people and participate in new activities. Nevertheless, for those individuals who cannot leave their homes due to health impairments and cannot participate in those kinds of activities, these interventions, despite their effectiveness, will not represent a solution for their needs.

Interventions to cope with loneliness should meet different requirements, avoiding generalisations about older people's lives. Future research should consider the contexts where

these interventions work. However, reflecting on how to collect this information and discussing reducing the stigma and prejudices around people experiencing loneliness is also fundamental. This process will be valuable in the data collection, planning and implementation of programmes to reduce loneliness and improve the well-being of older people.

2.3.3 Singlehood and childless women

Regarding singlehood, its consequences, such as the lack of companionship, social support, and intimacy, could increase feelings of loneliness (Beal, 2006; Ong et al., 2016; Steptoe et al., 2013). Studies also highlight that fears of being alone allow women to remain in abusive relationships (Beal, 2006; Steptoe et al., 2013). The impact of physical abuse over some time could cause physical damage and disability. Older women who reported being subject to domestic abuse presented higher risks of reporting depression or anxiety (Zink et al., 2004). Fear of reprisals is the main barrier to reporting domestic abuse for older women (Kaur & Garg, 2010; Oliveira et al., 2017). However, the dependency on perpetrators in later life (husband or partner), combined with traditional attitudes towards marriage and gender roles, could also be significant (McGarry et al., 2011).

Similarly, childless couples present higher levels of loneliness and poor health than parents with children. Studies indicate that childlessness triggers loneliness and depression, particularly in older women. Furthermore, childless women are more likely to live alone, and, on the other hand, among older women living alone, the childless were about twice as likely to be isolated than those with children (Reher & Requena, 2017; Wenger, 2009). Conversations regarding ageing and childlessness converge on the premise that women without children will inevitably encounter feelings of remorse and isolation as they grow old (O'Driscoll & Mercer, 2018). In the United Kingdom, there is a prevalent belief that children, predominantly daughters, will assume the role of caregivers during old age, a concept deeply ingrained in social care structures (Hafford-Letchfield et al., 2017; O'Driscoll & Mercer, 2018).

Research by the Institute of Public Policy Research (McNeil & Hunter, 2010) estimated that in the UK, there will be a marked increase in people over age 65 in the future without children (from 1.2 million in 2012 to 2 million in 2030). These projections raise discussion about the later caring and support planning for older people, given that most of it is provided by family members, with an estimated value of £55 billion annually. Within the baby boomer generation, an evident intergenerational disparity has emerged, where the number of older people needing care exceeds those who can provide it. Projections from the International Longevity Centre in the UK indicate that this imbalance will escalate considerably, potentially reaching 1.8 million individuals by 2030 (ILC, 2014). In addition, transformations in familial

structures profoundly influence the landscape of older people's care provision. Fiscal austerity measures have led to a discernible shift in the responsibility of care from the public sphere to the private domain, often falling upon spouses and partners. These nuanced developments collectively engender an impending and unfavourable milieu for those advancing into later years without the presence of familial support networks (Ashcroft et al., 2014).

The gradual proliferation of non-traditional familial configurations necessitates an intricate deconstructive inquiry into the alignment of these conventional social constructs and binary affiliations that have historically underpinned sociocultural paradigms (Farrell et al., 2012). As women enter later stages of life without enduring long-term partnerships and sans motherhood, exploring their diverse interpretations of successful ageing is essential. Following Hafford-Letchfield et al. (2017), their experiences might diverge from the traditional canons of ageing and the corresponding narratives.

Within this context, DePaulo and Morris (2006) have coined the term "singlism" to encapsulate the stereotyping, prejudice, and discrimination that appears to marginalise single individuals while propagating ideologies ingrained in more family-orientated frameworks. The increase in geographical mobility, relationship disintegrations, lone parenting, and the proliferation of multigenerational households has expanded the research avenues focusing on women's ageing trajectories (DePaulo & Morris, 2006; Allen & Eby, 2016). However, two pivotal facets merit attention: firstly, not to underestimate the challenges that a notable faction of older women without family support may grapple with, and secondly, the need to explore positive aspects of later life, reinforcing affirmative aspects in that stage of life (Hafford-Letchfield et al., 2017).

Women without a partner or children could also have decided to do so, or perhaps these situations were consequences of other influencing factors such as the loss of a significant partner, finding the right relationship at the right time, and the impact of infertility or the loss of pregnancies or one's children earlier in life (Ekelund & Ask, 2021; Neal & Neal, 2022). In any comprehensive exploration of the experiences of single or childless women in later years, it is necessary to assume a holistic approach. One that does not highlight only a socio-political burden about older women but one that contributes to a better comprehension of the gendered dimensions underlying the ageing trajectory, transcending the boundaries of being a mere variable or social attribute.

Conclusions

This chapter has discussed the complexities around loneliness, social capital and ageing in older women. Loneliness is complex and multifaceted. As discussed, they are influenced by

various factors, including social structures and norms, social connections, individual experiences of ageing, and the intersectional identities of older women. Therefore, to address this issue, it is essential to take a holistic approach that recognises and addresses these various factors.

The contribution of social sciences to address these issues, as this research attempts to achieve, is to provide a holistic approach to understanding the experience of loneliness lived by older women in the city of Hull. Loneliness is a mobile experience as it moves according to the moment and particular events of older women's current situations or the accumulation of previous ones that might still affect their lives currently.

Loneliness is also linked with feelings of belonging. Belonging encompasses a sense of connection and acceptance within a community or social group, which can significantly alleviate feelings of isolation. When older women in Hull feel they belong, they are more likely to experience emotional support and social engagement, mitigating the adverse effects of loneliness. This sense of belonging can be fostered through community activities, social networks, and inclusive environments that encourage meaningful interactions and relationships.

This research has explored ageing within the community, it goes beyond institutional wards and I find it as a very important contribution. Feelings of loneliness, as presented in this chapter, are not limited to institutionalised people, it could be experienced even when someone is surrounded by plenty of people, the subjectivity of the feeling means that loneliness is influenced by personal perceptions and individual experiences, rather than merely the physical presence of others or the materiality of people's lives.

Finally, this chapter has highlighted the intersection between age, loneliness and social capital for a better understanding on how women experience, cope and overcome situations of loneliness. This holistic examination underscores the critical role of nurturing social connections and fostering supportive networks to bolster the resilience and overall well-being of older women within the community.

This chapter serves as a preliminary exposition to the subsequent discussions, wherein the intricacies and multidimensionality of loneliness among older women will be addressed. Diverse factors influence loneliness. The following chapters will present my approach to the study and the principal themes related to the experience of loneliness among older women in the city of Hull.

Chapter 3 Capturing Loneliness: Methodological Exploration and Fieldwork in a new city

In this chapter, I explore the methodology employed in the study, focusing on the detailed process of capturing loneliness within a new city, a new residence for me. Drawing upon an ethnographically informed approach, I navigate through the various stages involved in planning and executing fieldwork, each step tailored to gain a thorough understanding of loneliness in older women.

Initially, as a Peruvian woman living in this city for the first time, I approached the research with my own preconceptions about older women, their roles in caring and family relationships, and the influence of religion on their lives. I anticipated that religion would play a significant role in shaping women's narratives about morality and life itself, given my understanding of old age in Peru. However, this expectation did not align with the experiences of the women in this study. My outsider perspective was evident at the outset, influencing my research focus and interactions. Over time, as I built trust with the participants and became more integrated into their community, my perspective shifted. This ongoing process allowed me to adopt a more emic approach, where I could uncover the subjective meanings, participants attributed to their experiences. This deeper understanding sheds light on the cultural norms, values, and attitudes shaping their experiences of loneliness.

Additionally, my personal journey of loneliness paralleled the research process, further enriching my emic perspective. This evolving insider view enabled me to see beyond my initial assumptions and appreciate the unique ways these women navigated their lives. Recognising and discussing my outsider perspective is crucial as it provides a rich epistemological contribution. It challenges the traditional Global North researcher/Global South researched binary by highlighting how an outsider perspective, especially one that transitions towards an insider viewpoint can disrupt conventional narratives and offer new insights.

This chapter begins by addressing the ethical considerations inherent in conducting research on such a sensitive topic, ensuring that the methods are not only rigorous but also respectful of the individuals and communities involved. Next, I delve into the significance of immersing myself in the fabric of the community, forging authentic connections and building trust to access the lived experiences of those grappling with loneliness. Through active engagement and participation, I strive to bridge the gap between observer and observed, fostering a

collaborative environment conducive to open dialogue and genuine insights. Finally, I clarify the process of analysing the information collected during fieldwork.

3.1 Loneliness in Context: An Ethnographic Study

Ethnography seeks to build theories of culture and society, theories of human behaviour and attitudes, and to appreciate what it means to be human in particular social and cultural contexts (Madden, 2010, p. 17)

In the pursuit of understanding loneliness among older women in a new city, this chapter presents the methodological approach of the study. Loneliness, as discussed in previous chapters, is a multifaceted experience intertwined with factors such as gender roles, health, cultural backgrounds, capital accumulation and the unique relationships individuals maintain with their surroundings. It demands exploration from various vantage points and lenses that extend beyond traditional quantitative and positivistic methods.

The choice of a qualitative approach is grounded in philosophical underpinnings related to ontology and epistemology. In contrast to quantitative approaches, which often prioritise numerical data and statistical analysis, qualitative research seeks to unravel the subjective, individual, and deeply personal aspects of loneliness. Loneliness, as a subjective and culturally shaped experience, requires a qualitative approach that delves into the intricacies of human emotions, behaviours, and experiences.

An ethnographic approach was adopted to comprehend the experiences of loneliness among older women in this city. This decision was made considering its unique strengths in unpacking the layers of human experiences. Ethnography, as a qualitative methodology, allows me to immerse in the natural settings of the participants, observe their daily lives, engage in in-depth conversations, and understand their loneliness.

I chose an ethnographic approach because it enabled an in-depth analysis of loneliness amongst older women in Hull over a sustained period of time. Ethnography allows me to delve into the worlds of older women, explore how they navigate their relationships, and uncover the hidden dimensions of their experiences. By adopting this approach, I aim to unveil not only the 'what' of loneliness but also the 'how' and 'why' that often remain obscured by more quantitative and positivist methodologies.

This research adopted an ethnographic approach involving nine months of fieldwork in the city of Hull. Doing this aimed to understand possible experiences of loneliness in a broader sense that does not speak of perpetual states but temporary or possibly cyclical experiences, where actors are more active than passive concerning this situation (Ejimabo, 2015). Ethnography

aims to understand a cultural system from the perception of the groups that are being studied. It analyses the different aspects of the phenomenon being investigated in the space where the researcher is immersed (Jamali, 2018).

Observation, although usually associated with the sense of sight, acquires a broader connotation in ethnography (Abramson, 2021; Hopwood, 2013). All senses are fully activated, sight, hearing, smell, taste, and feel, to absorb the different sources of the cultural environment in which they are engaged (Sparkes, 2009). This exercise will contribute to creating new questions and finding unique answers to the reality of the studied community.

Flexibility is one of the advantages of ethnography. Based on permanent reflexivity, the researcher can modify the routes and means to collect the information required to answer the central questions of the research, accomplishing its objectives (Madden, 2010). An extended research period is also a fundamental advantage of ethnography. Collecting women's stories allowed me to get involved in particular experiences of their lives, but it was also significant because of their voices, how they shared their lives, and what they wanted to share. Our conversations were never linear. Instead, the memories navigated to the rhythm of our days together and the circumstances. For instance, if I told them something about my son, many shared similar situations during their youth or said to me about their grandchildren. Then, we explored the challenges of motherhood, the joys, the remoteness of children, and emotional and financial dependence more deeply.

This nonlinear nature of ethnographic conversations mirrors the broader debate within ethnography about the importance of embracing and documenting the messiness of human experiences. Ethnographic research often involves complex, nonlinear narratives that reflect the multifaceted nature of social life. The richness of these conversations, intertwined with the researcher's personal experiences, not only serves as a testament to the dynamic and unpredictable nature of ethnographic fieldwork but also highlights the ongoing discussions surrounding the researcher's role in shaping the research process.

In ethnography, there is a continuous debate regarding the researcher's positionality and how their presence can influence the data collected. The personal anecdotes and exchanges about family life, as illustrated in this study, can provide valuable context and insights. However, it also raises questions about the researcher's influence on the participants and the potential for bias in data interpretation. These debates further underscore the need for constant reflection and reflexivity, as well as the importance of ethical considerations in ethnographic research.

The conversations became threads of an extensive fabric that finally allowed me to amplify my gaze and understand the experience of some of these women regarding loneliness. This metaphor of weaving threads and amplifying one's gaze is reminiscent of the ethnographic process itself, which involves collecting numerous threads of data and experiences to construct a comprehensive understanding of a particular phenomenon or social group. It also aligns with the broader ethnographic discussion on navigating the delicate balance between being a participant and an observer, ultimately enriching the research process and findings.

Ethnography enables researchers to capture the complexities and intricacies of women's lived experiences, shedding light on the interplay between individual circumstances and broader societal dynamics. Ultimately, the ethnographic approach offers a holistic and in-depth exploration of how loneliness manifests and impacts women's lives, contributing to a more comprehensive understanding of this critical social phenomenon. The following sections will detail the preparation for the fieldwork stage, moving into a new city, and how I approached my participants and collected information.

3.2 Collecting and analysing data

In this section, I present the methods used: participant observation, non-participant observation, informal conversations and in-depth interviews. Participant observation in this study included attending the knitting group and lunch club in the city over seven months. The core group of participants from the two clubs were interviewed.

The intention in this chapter is to describe how I use these methods, their justification for this study and how they contributed to amplifying my knowledge on the topic, which resulted in a permanent reflection on what to observe, what to explore and how to do it. Finally, I briefly present the analysis process, how I organised the information collected and explain the different outcomes and interpretations of this research.

3.2.1 Participant observation

Participant observation is a qualitative research method that involves the researcher immersing themselves in the social context they are studying to gain an in-depth understanding of the experiences and perspectives of the participants (Bernard & Gravlee, 2014). In a study focused on loneliness among older women, there are several justifications for using participant observation as a research method (Bernard & Gravlee, 2014; Spradley, 2016; Shah, 2017):

- **Contextual Insight:** Participant observation allows the researcher to directly observe older women's daily lives, interactions, and environments within the cultural and geographic context of Hull. This approach provides contextual insight beyond self-reported data, helping uncover how loneliness manifests within this setting.
- **Rich Descriptions:** By immersing themselves in the participants' lives, the researcher can gather rich, detailed descriptions of their experiences. This method enables the researcher to capture what participants say about their loneliness and nonverbal cues, gestures, and interactions that provide additional layers of understanding.
- **Emic Perspective:** Participant observation allows the researcher to build up an emic perspective, meaning they gain an insider's viewpoint of the participants' world.
- **Nonintrusive Approach:** Older women might be more comfortable sharing their experiences in natural settings than in formal interviews. Participant observation offers a less intrusive way to gather data, as participants may be more likely to open up and behave naturally when the researcher is present in their daily lives.
- **Exploration of Unanticipated Findings:** Participant observation enables the researcher to notice and explore unexpected aspects of loneliness that might not have been initially considered, thus enhancing the depth and breadth of the study.

With that framework in mind, I started my fieldwork by considering two levels of observation: the city and, the knitting group and lunch club. Observing the dynamics of the city was the first task. I had contacted several organisations, selected some neighbourhoods of interest for my research, and was aware of the city's history and social and cultural events. Observing and participating in community dynamics allowed me to join a local routine. My face was familiar. I was not visiting; I was part of a little landscape within the city. These dynamics contributed to having a closer idea of what living in the city was like as a local and to performing and feeling part of the city. Therefore, it also contributed to adding or excluding aspects in the research that should have been considered at the previous stage of my fieldwork. For instance, regarding the relationship between women and their public space. Once in the field, I realised that women who were part of this study, regardless of their age (60-80) and means of transportation, preferred to stay and hang out close to their homes and neighbourhoods.

Participant observation was a permanent action that allowed me to see discussions that sometimes were harder to verbalise. For instance, when discussing loneliness, many women felt ashamed of admitting these feelings publicly. Therefore, for some of them, when directly

asking about experiences of loneliness, the answer was that those feelings come and go, or they are swamped and have no time to get stressed about those issues. Nevertheless, when observing the interaction among these women in their conversations, loneliness was a matter of concern or sadness for some of them.

Participant observation provided me with permanent material to reflect on how to do my interviews and shape my conversations. It was a method used throughout the nine months in the field. It contributed to having constant feedback between what I observed, the interviews and the conversations I intended to undertake. It was crucial to creating stronger bonds between me, women and the community. Furthermore, as a researcher, actively participating in several activities within the city provided me with a valuable opportunity to immerse myself in the local culture and community and also into women's lives. Their narratives about themselves when we were alone compared to those that happen when more people were around; a better understanding of what they mean by not feeling to cook anymore when I visited some women's places and saw their kitchen or almost empty fridge; the display of some family pictures around their homes and why the bigger picture was the one of a daughter or a husband.

3.2.2 Informal conversations

Regular attendance of a knitting group and a lunch club, as discussed further in previous sections, allowed me to engage in informal conversations, leading to more open and authentic discussions during interviews. Through these informal interactions, I was able to observe and participate in the natural flow of conversation among the women, which provided valuable context, personal experiences, and nuanced perspectives on loneliness among older women in the community. For instance, during a knitting session, one of the women, Mary, shared her struggles with feeling isolated after the death of her husband. This conversation not only highlighted the personal impact of loss but also emphasised the importance of community activities in providing social support.

Another example occurred at the lunch club, where I had a spontaneous conversation with Joan, who expressed how attending the club helped her cope with her feelings of loneliness. Joan mentioned that the regular social interactions and the friendships she had formed there were crucial in maintaining her mental well-being. These conversations revealed that for many of these women, the knitting group and lunch club were not just hobbies or social gatherings but lifelines that offered a sense of belonging and purpose.

Actively participating in their lives and the city contributed to my adaptation and comfort within the community, which in turn enriched the data collection process. Being present in

these informal settings allowed me to witness first hand the dynamics of their social interactions and the ways they support each other. This immersive approach provided a more comprehensive and better understanding of the topic, as it captured the subtle, everyday moments that are often missed in more structured research settings and even in formal interviews.

Informal conversations tend to be more natural, leading to more genuine and spontaneous responses. They took place in bus stops or while sharing some meals or walking around the city with those who could do it. Participants, for what I could feel, were likely to share their true feelings and experiences without the pressure of a formal setting. They allowed me to capture from another perspective, the everyday realities and social dynamics that shape participants' experiences.

Figure 3.1 Diary and field notes April-May 2017

18TH of April

Asking me questions back; Old Margaret asked me where I am from and how I got to the UK.....she has a daughter in Vancouver People looked very interested in what I had to say.

27th of April

After many mail to the OPP (Older people partnership group) finally Kevin got my message and we started discussing by email about my topic of research. I met Kevin from Health Watchers and Older People Partnership group, we met to share breakfast and even though I insisted he pay for mine. Gave me a ride to Uni as well. Very nice person and interested in my research. He invited me to the OPP meeting on the 10th of May

3rd of May

I visited Emma, at the Hull Community Church to pick up the book "Untold Stories", a book about prostitutes in Hull. One of the women who participated in the book live in my neighbourhood.

Figure 3.2 Diary and field notes May 2017

10th of May

Although at the beginning some of the participants do not look so keen in talking to me, then suddenly people want to talk to me and share some of their experiences in life. They also have many questions for me. One example is Margaret and Christine, who is suddenly much more open to me. We started talking about her life from today. She took her time to previously read about my project and she even told me she wrote something about her life that want to share. I talked with Anna, Margaret and Christine. Lili was a little sad today. I shared with her my incident of the fire and couldn't help it but started crying, she was very supportive and kind. She said, don't worry about me asking questions, worried about yourself.

Today was the first time I used a recorder and people felt quite comfortable.

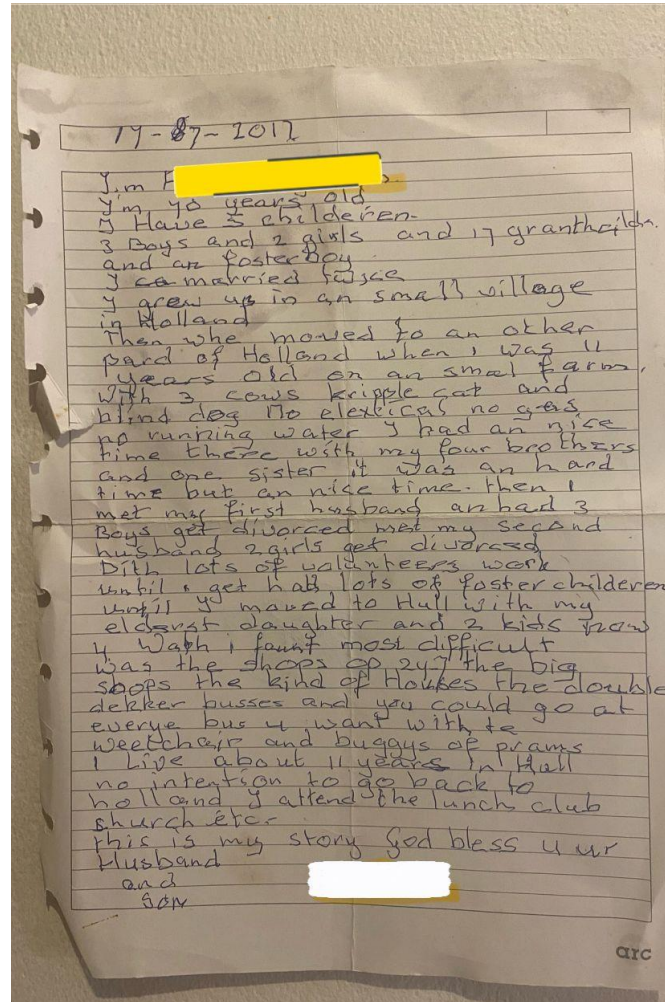
I went to the OPP meeting, presented informally my research in front of 15 people managers of organisations working directly or indirectly with older people. At the end I got very interested in the [Ing](#) plus activities and its daily lunch groups. Also in the reading groups (central library and hull city council)

16th of May

Today in the bus I found the Women centre and started searching about their activities. Not sure if older women go there but will try to see.

There was an exciting encounter with one of these women, Angela. She asked me to write a letter to share her story. We never had a formal interview, and our conversations were part of a regular encounter with the rest of the women in the lunch clubs. Here I share her letter.

Figure 3.3 Angela's letter



3.2.3 In-depth interviews

The interviews and conversations were conducted face-to-face with the participants, the interviews with the core group of participants, the ones recruited from the knitting group and lunch clubs. These interviews were sometimes in a private and comfortable setting, such as their homes or close to the lunch club or knitting group, a restaurant or in the external areas of both buildings. Most private interviews and conversations were audio-recorded, with the participants' consent, and transcribed verbatim for analysis.

There were, in total, eleven formal interviews. From them, nine women agreed to sign a consent form, and I was allowed to record our interviews. The consent form was read when inviting them for an interview and signed before starting with the recording (see appendices). The recorded interviews were saved on my mobile and then delivered to a file on my personal

laptop. After the transcription and the organisation of my data, I changed my file names and named them after numbers and letters.

With those women who refused to be recorded, I used a small notebook to register the main ideas from my encounters with them. Immediately after the interviews, I used my phone to record my voice about what I wrote and the primary information collected from my participants. I transcribed my annotations and audio to include them in my further analysis.

Over nine months, my engagement with the women in the community evolved. I had the privilege of conversing with them formally and informally. As our relationships deepened, I invited the women to partake in interviews in settings of their choice. Initially, most preferred to conduct these interviews near their respective organisations, whether the knitting club or the lunch club. This familiarity offered a comfortable starting point for our conversations. However, as trust grew, the exchange of information extended into more informal settings. Beyond the structured interviews, I could explore other methods to gain a more comprehensive understanding of their life journeys and experiences, engage in dialogues on the bus, and discuss life stories while shopping and sharing meals in their homes or visiting local charity shops.

The questions of my interviews and during my regular conversations with these women also aim to attempt the recreation of their biographies. Life stories contribute to the recapitulation, interpretation and analysis of life. Life stories allow us to understand other persons' experiences in life or their relations to others; they let people's voices be heard, speak for and about themselves first and see their life as a whole (McAlpine, 2016). Life stories in this research can illuminate the 'inner' side of ageing and give older women agency in defining their thoughts and needs. They help establish a self-definition and provide visibility. The main objective here is not to prove or justify the narration or the reconstruction of a biography accurately (Holstein, 2015). On the contrary, their subjective essence constitutes the individual's reality of her world. How they construct and interpret their lives is, ultimately, the information valued for this research.

I shared with the participants the intention to create short biographies highlighting those particular issues or events that have shaped their current lives. In the beginning, I expected that only positive accounts would show up. However, most women shared their good and challenging moments in life. Putting together all this information and analysing it facing women's current lives allowed us to understand some women's situations of loneliness. As McAlpine (2016) points out, the narrative provides a means for individuals to construct a story about their lives; the story includes a beginning, middle, and end – a past, present and future.

The story provides a way of integrating the experience into a current situation and, at the same time, foreshadowing the future (McAlpine, 2016). As in the case of these women, their narratives and life stories incorporate at the same time temporality, a social context, complicating events, and self-assessment about their current lives or a particular situation (Myerhoff, 2019). In-depth interviews and life stories in this research aimed to allow women to tell their own stories and to be protagonists by providing a window to let them show me how they identify themselves and how they experience possible situations and feelings of loneliness. The initiation of these approaches was a collaborative effort, with the women's comfort and willingness being paramount.

During some interviews and after asking for permission, I used a little recorder, the informal and regular conversations required me to use a small notebook, which was used discreetly to write down the main points discussed during these encounters without losing the fluency of the moment. Regardless of where these conversations took place (private or public space), the strategy used was to have some notebooks or books in my hands and my pen ready to write down specific field notes (Safronov et al., 2020). These field notes supported my conversations, observations, and daily experiences while visiting these women, during my walks, and exploring the city. Later, at home, every night, I passed my field notes to the computer to keep track of my research more systematically. I also had my thoughts recorded on my mobile as a way to back up some of my observations and notes.

3.2.4 Analysis

Qualitative research provides rich insights into people's real worlds, experiences, and perspectives in ways utterly different to, but sometimes complementary to, the knowledge and information obtained through quantitative methods (Braun & Clarke, 2019). Analysing narratives and voices also requires a systematic and robust framework for coding qualitative data and identifying patterns related to the main aims of the study. As mentioned, the research design for this study was a qualitative, adapted ethnographic approach that utilised thematic analysis with the support of the software Atlas Ti version 9. Atlas ti is a software tool for qualitative data analysis. It aids researchers in organising, coding, and interpreting textual, graphical, and multimedia data. However, it is worth mentioning that in this research, most of the coding and generation of themes were done manually by me, without the software.

The thematic analysis comprehensively explores the experiences, perceptions, and meanings of loneliness in older women (Braun & Clarke, 2019, 2023). It enables the uncovering of underlying themes that emerge from the participants' narratives. It is crucial to emphasise the importance of transparency in the research process. While we use the term 'emerge,' it is

essential to clarify that identifying themes is not solely a result of participant narratives. Instead, it is a collaborative process where the researcher actively engages with the data. This involvement includes reading, interpreting, and coding the narratives. The researcher's expertise, background, and theoretical framework are vital in shaping the thematic analysis.

When I refer to themes that 'emerge,' I acknowledge the synergy between the participants' stories and the researcher's interpretive role (Byrne, 2022). The themes are constructed through a reflexive and iterative process that respects the richness of the data and the researcher's active involvement in the analysis. By explicitly recognising this dual agency, the aim is to ensure the transparency and credibility of the thematic analysis, allowing for a more comprehensive and nuanced understanding of the experiences of older women concerning loneliness.

Thematic analysis is a flexible method that can be adapted to various data sources and research designs. It can accommodate different types of qualitative data, such as interviews, focus groups, or even written materials (Braun & Clarke, 2019, 2023). This adaptability allows the capture of a wide range of perspectives and experiences related to loneliness among older women, enhancing the richness of the findings. This type of analysis focuses on the voices and experiences of the participants themselves (Braun & Clarke, 2019, 2023). It prioritises the lived experiences and subjective interpretations of loneliness in older women. By giving prominence to participants' perspectives, the thematic analysis provides an opportunity to amplify their voices, acknowledge their unique experiences, and highlight the impact of social and cultural factors on their sense of loneliness.

The thematic analysis provides a structured framework for organising and categorising data. It allows researchers to identify common patterns, recurring themes, and connections across the collected information. In addition, while analysing the data, besides considering the main aspects of thematic analysis, I also emphasised on a reflexive and self-awareness process throughout the analysis stage. Reflexive thematic analysis (Byrne, 2022) helps to ensure a rich and contextually grounded interpretation of qualitative data, making it a valuable method for understanding complex social phenomena and human experiences. It prioritises transparency and trustworthiness in research. This analysis requires clear documentation of the analytical process, including how themes were derived and how the researcher's reflexivity influenced the analysis. (Byrne, 2022). This transparency enhances the credibility of the research findings. The analysis process is typically iterative and recursive, which involves going back and forth between the data, the emerging themes, and the researcher's reflective insights (Byrne, 2022). This iterative approach allows for a deep exploration of the data.

Following Braun and Clarke (2019) and reflexive thematic analysis, these were the steps involved in the process of my analysis:

- Familiarisation with the data: The transcripts were read and re-read to gain familiarity.
- Contextualise my transcripts with the information on my field notebook and diary
- Coding: The data were coded line-by-line, identifying and labelling key concepts and ideas. I did this process several times in different moments.
- Development of themes: The codes were grouped into potential themes and reviewed for coherence and consistency.
- Refining themes: The themes were refined and reviewed for accuracy and validity.
- Defining and naming themes
- Analysis and interpretation: The themes analysed and interpreted the research questions and literature on loneliness in older women.

Figure 3.4 Some extracts of data codification

A	B
Volunteering experience	Taking care of others
Taking care of family members	women as carer
Helping older ladies and or more vulnerable ladies	Taking care of others
Keeping own's independency	Women's independency
I want to be more independent but I can't.	Women's independency
taking care of brother in law	Taking care of others
Sharing care duties with siblings	women as carer
Physical stress of taking care of husband	women as carer
Emotional stress of taking care of husband	women as carer
0 I am always for my family	Importance of being busy
1 I still want to help people	importance of being busy
2 The big change was to be lonely, on my own.	life after widowhood
3 I need to have a project, otherwise I feel lonely.	coping strategies
4 "Do you feel lonely?. I don't know, because I have a busy life now"	importance of being busy
Margaret 72 "I am very busy during the week helping my daughter, working as a volunteer in the shops of age UK, taking care of the dogs"	
5 She is good at cooking but now she barely cooks, at least not	importance of being busy
▶ Operationalising Usefulness embodiment capital +	

3.3 Moving and getting involved in a new community.

Everything on the paper was sharp and ready to unfold in the field. However, to start collecting information, it was necessary not only to get in contact with organisations and individuals, but I also needed to explore a new city, locate my body in a new space and routines, and get familiar with a new community and feel confident and safe to begin my fieldwork. Doing fieldwork is not only an academic journey, but it is also a personal one: moving to a new place, being far away from family and closest friends, dealing with new challenges on your own but also just living a new life, learning from new people, embracing new dynamics (Lareau, 1996, 2018; Bashir, 2018; Simmons & Smith, 2019).

A couple of weeks before going to the city, I found a beautiful place to live close to a historic street where fisherman and their families used to live and work. Fishing has been a crucial activity, and there are still symbolic remains of a golden fishing era all over the city. Feeling comfortable in my neighbourhood was the first step to starting the fieldwork. My integration with the community was easier, friendlier and more productive than I expected. I thought that everything was going to be more challenging, that not belonging to the community was going to represent an important barrier for my research. However, identifying faces, shops, and public spaces around my new home was essential. By doing this, I started to connect with a new place, with the city, I made connections to improve my social network, and found participants for my research. People were often outside drinking or gathering together in my street, watching over the children playing in the neighbourhood. I always felt safe; every morning, I took my son to the nursery and found friendly faces on the street, "good morning, love" was an expression that I got used to hearing during my time there.

I set up a routine. Every morning, after breakfast, my son and I stopped by the shop next to the bus stop to get some fruits and snacks for the day. When the time to wait for the bus was longer than expected, we used to get inside the shop and we normally had a chat with the people in the counter or with some neighbours who also were waiting for the bus with us. Some of them asked where I was from, about my son and I took that opportunity to also start a random conversation and make myself more visible within the neighbourhood. Routines create a sense of familiarity and comfort. When you follow a routine, you establish a sense of predictability and stability in your daily life. In a new community, where everything may seem unfamiliar, having a set routine can provide a comforting anchor (Dittrich, 2021).

Having well-connected flatmates was also crucial. They were a couple very much integrated within the community; they both organised fairs and recycling workshops, and they also had dinners at our place with some neighbours. I took advantage of their social networks to introduce myself, to spend time participating in all of their activities, and to get familiar with the different faces of the city. Engaging in local routines and traditions was a gateway to understanding the culture and values of the community. By participating in community events, I tried to demonstrate my commitment to being a part of the community.

Around my neighbourhood, there was a woman who practiced yoga regularly. She invited me to visit the Buddha Centre, which was located a 5-minute walk from my place. It is a space where you can find meditation and yoga lessons. I enrolled in yoga, twice a week. I added this activity to my routine. I wanted to keep on having routines to help me to interact with people in the community regularly. I started seeing familiar faces and connecting with others who

shared my routine. After a couple of weeks, I met a young woman and started sharing my research topic. She found it exciting and mentioned that a 70-year-old woman, who had a hard life close to my place and that she might enjoy sharing some time with me.

A week later, I met that woman; she lived four houses away from my place and was keen to talk to me and share her story, but she always did it when her children were not close by (she had two daughters and three sons). She told me about the development of my neighbourhood over the years, several activities close to the sea, and cultural aspects of the city, such as symbols and events that represent essential aspects of its history. I shared with her my routines. I talked about places in common that we visit, such as the fairs or the shops, and I was even able to talk about some people that we both know. Consistency in routines helped me to build trust with community members. When people see you as a regular and predictable presence, they are likelier to open up and trust you as part of their community (Dittrich, 2021).

3.3.1 Joining Community Groups

I was interested in exploring places women like to inhabit within the city, public spaces where they unfold their daily routines, and places with a particular meaning and role in their lives. So, as previously mentioned, I got involved in the local community, an essential step in understanding the city and the lives of its inhabitants. This immersion comprised both casual and purposeful contact with residents. These interactions served as the foundation for my ethnographic research, offering valuable insights. In those interactions and conversations with different people, I learned about specific activities such as mental health fairs, and other gatherings that were organised by NGOs working with older people. From those structured events, I learned about other spaces, including a knitting group and a lunch club. In these two spaces, mainly women participated. Some men used to go to the lunch clubs, but their levels of participation were low.

I started visiting these two places every week and presented myself and the research. In addition, I helped with some activities and participated in some of their other events. For instance, I helped set up the tables for lunch, cleaned up the places where they got together, and signed up for some lessons and activities they also participated in (gymnastics, dance lessons, and handcraft sessions). This participant observation contributed to creating empathy among women, and I also got a better idea of the dynamics within these organisations and the role of women who go there. With some women, we even shared some routines, including doing grocery shopping and walking to the bus stop. My routines and the opportunity to be close to these women made me realise that every woman needed a different approach to discuss some topics, that using a recorder was not even an option for some of them, and that

some of the participants needed more private spaces to be able to talk to me about their lives. Other participants preferred to meet me within the organisations; some women chose to share their thoughts and life experiences when having a walk or enjoying lunch together.

3.3.2 The knitting groups

The knitting group welcomes every woman; usually, the participant's age ranges from 50 to 90. This space is a large table in a room on the fifth floor of an NGO building working on ageing topics. Around ten women met every Wednesday to knit and share a cup of tea. The NGO provide some of the materials and all the coffee and tea. The room is well-illuminated; high ceilings and glass walls surround the large table. The knitting group gathered once a week. However, the room on the fifth floor was exclusively used for that purpose; during the other days of the week, it was empty, waiting for the next week for the women to return.

Next to the knitting room, there was an indoor swimming pool. I asked if some of the women in the group also took the chance to do some swimming, but they did not. Some were not informed if they had permission to go; they had no information about the swimming pool. Something I found awkward due to the proximity of the knitting room and, as I was going to realise later, the willingness to do more activities of some of these women.

The display of the big table in the knitting room allows every woman to find a comfortable space. The space is wide and safe and is an inclusive place where every woman can get access easily. However, I found out that the places closer to the main entrance were saved for those women who got more involved in the NGO and its several activities, particularly fundraising-related ones. Those women were the face of the NGO in some of its pamphlets and advertisements and were undoubtedly more popular within the NGO. Regarding this, only one woman shared how 'disrespectful' it was for the NGO to demonstrate a particular appreciation for some women compared to the rest of the group.

A smaller table full of cups, teapots, and a box of black English tea, milk and sugar is in the corner. There is a lift and restrooms right next to the room. Women arrive at the group around 10:00 or 11:00 a.m. Some stayed there for two or three hours. Others preferred to stay longer and have lunch at the building's restaurant. Inside the building was a charity shop where some women voluntarily participated in the knitting group work. They did not get any payment, and all the profits went directly to the NGO's activities.

At the beginning of my visits, I felt intimidated. I went to the group for the first time with a manager; she introduced me, and then I presented myself and why I was visiting the place. I remember the silence; nobody asked me a question, and they barely kept eye contact.

Fearfully, I approached a couple of women knitting using brightly colourful yarns; I told them these colours are widely used in traditional Peruvian fabrics. From there, a curiosity window was opened. That strategy worked better to start getting involved with this group of women. Every week, I went there, helped set up the place and started talking with two or three women sitting together.

My presence became part of several women's routines, and we spent time together in the knitting group and within the city, doing some shopping and walking around with some of them. As the weeks went by, the knitting group evolved from a research site into a genuine space of shared creativity, camaraderie, and exchange. In these shared moments, our bonds strengthened, and the women generously shared their stories and perspectives, providing invaluable depth to my ethnographic understanding. The fluidity of our interactions, seamlessly transitioning from formal research settings to informal, everyday encounters, enriched my research experience. They all agreed to be part of my research.

3.3.3 The Lunch Clubs

Lunch clubs were spaces run by an organisation that provided food for a small amount of money. As well as providing food, lunch clubs provided food and were a space where older people could go, share a meal, play some recreational games and be part of a network where several activities took place within the same venue during the week: gymnastics and reading groups. The lunch club I visited was located 15 minutes by bus from the city centre. The place had a big garden and a lovely house in the middle. Inside the house, a kitchen and a spare room were used for a gymnastics group and a reading club.

The club was situated in a house adjacent to a well-placed bus stop, facilitating accessibility for those who relied on public transportation. The house also has a big car park, ramps and benches. Some women arrived at the club by bus or on foot, while others opted for the convenience of arriving in their cars, often driven by a family member. Compared to the knitting group, here, there was always someone at the entrance of the club ready to wave hello or goodbye. There was a list of all the participants hanging from a pin board next to the main table.

A woman from the organisation was in charge of coordinating the lunch clubs; they called her "a guardian". She had a list of the people who could assist every week, and when someone was absent without any notification, she called them to verify that the person was safe. Women who went to the lunch clubs also had a role in setting up the space. Some oversaw fixing the table, others distributed the food, and others washed the dishes afterwards.

There were around 12 to 14 people per lunch. Participants were mainly women, most of them in their 70s. They all met there around noon and stayed for two hours, eating, chatting, and playing bingo and quizzes. It was easy for me to get involved in this lunch club; the women were amiable, talkative, and curious about my life, nationality, and family. They also enjoyed spoiling me with food, as they knew I was a student and a mother; they all spoiled me with food and small gifts for my son. We discussed motherhood, education, family, partners, loss, and coping challenges between these caring interactions.

The beautiful garden outside the house became a place for longer chats between some women and me. While having lunch, we used to talk about different topics: the weather, the food, their domestic routines, their family, my family, etc. Our conversations got intimate; I had the chance to discuss some of their main challenges in life, such as taking care of their partners, facing personal health issues, widowhood, financial issues, etc. Sometimes, we were so into these conversations that we skipped the board games and the quizzes as women were interested in sharing and listening to what we all had to say.

Interacting with these women allowed me to observe their group dynamics and explore spaces shaped particularly for older people who feel attracted to this space for different reasons. However, it was also the beginning of future encounters with these women in their cities, neighbourhoods, and homes. I met them in the lunch club, and from there, we created bonds of trust that allowed me to explore their experiences of loneliness in different moments of their lives.

3.3.4 Participants

Despite trying to get involved with a broader community of older women, such as in my neighbourhood and charity shops, the knitting group and the lunch club allowed me better access to people, as they were part of a group supported by a specific institution and a manager or authority from those institutions introduced me, women felt safe and confident with my presence. In addition, older women from my neighbourhood and those who volunteered in the charity shops used to need more time to talk to me during their activities or routines; my presence was probably interrupting their daily activities. As my intention and methodological approach was to have closer and more sustainable contact with my participants, those aspects were crucial to inviting people from those places to be part of the study.

Ethnography implies a face-to-face encounter with the participants; it is hard to know how personal interactions will be developed during the fieldwork or how challenging it can be to

engage people in the research. After understanding the information about the research project, women who felt comfortable with my presence were invited to participate in the study. In ethnography and qualitative studies in general, the decision on how many participants should be included in the research depends on several factors, such as the focus of the research, the research question, time and budget, institutional committee requirements, the nature and features of the selected group, the accessibility to the research setting, the experience of the researcher with qualitative research, and so on (Sim et al., 2018). In this research, the participants are those women who accepted my invitation, most of them from the beginning of the study.

Older women experiencing loneliness may not be easily reached through random sampling, as they might not be connected to specific institutions or organisations. Recruiting participants through convenience, snowball, and purposive sampling can save time and resources compared to more complex sampling methods (Parker et al., 2019). These sampling methods allowed me to quickly identify and recruit participants within their available networks or local communities. However, it is crucial to recognise this sampling method's limitations and potential biases. For instance, in the case of this study, possible bias, limited diversity, and lack of representativeness (Sim et al., 2018; Parker et al., 2019; Stratton, 2021).

During my fieldwork, I was supported by several people who introduced me to older women around the city. Regardless of not having the chance to have a closer connection with them, their presence, our conversations and the insights I got from them, particularly at the beginning of the fieldwork, were fundamental for the ongoing of my research. Likewise, NGO managers, council authorities and university colleagues not only helped me to find a north to pursue my studies but also, during our encounters, I found an anchor to reflect on the importance of supporting networks amidst a particular stage of life, in this case, my location into a new city. I also reflected on my subjective feeling about the unique connectivity and specific skills that women might have to participate in socialisation activities, regardless of differences such as age or nationality.

Regarding the study participants, I worked with 13 women between the knitting group and the lunch club. In the following lines, I will present a synopsis of the thirteen women who participated in this research. I decided to include a brief presentation of each of them for two main reasons: First, as a demonstration of respect and gratitude for what they gave me and what they shared for this research. I did not want to end up presenting themes related to loneliness without, at least, attempting to show a life, a story of someone. Finally, by

describing parts of these women's lives, I also introduce part of the preliminary information that shaped the main thematic chapters and findings in my research.

The comprehensive exploration of the characteristics and distinctions among older women who participated in this research underscores several pertinent themes. The persisting neglect of educational opportunities for women continues to reverberate within their experiences, reflecting deeply rooted gender disparities with historical and systemic origins. The prevalence of traditional gender roles, particularly in caregiving responsibilities, continues to exert a significant influence on the lives of older women, shaping the contemporary landscape where, from some of them, reliance on material and financial support from family members becomes imperative.

On the other hand, the intersection of health issues and supporting networks remains a fundamental concern for these women. Limited social interactions represent health challenges. The absence of comprehensive social interactions leaves these women vulnerable to experiencing loneliness. The parallels between these findings and the broader national context within the UK highlight shared patterns and challenges (Centre for Ageing Better, 2021; London School of Economics, 2021). Gender disparities that permeate education and caregiving roles mirror larger societal narratives.

The same cultural and structural forces that underpin the experiences of the researched women echo throughout the nation, reflecting systemic inequalities. Moreover, the interplay between health, social networks, and the prevalence of loneliness is a trend across various demographic groups in the UK (UK Health Security Agency, 2015). The presentation of these women's characteristics serves as a microcosm, mirroring the broader UK context and emphasising the importance of acknowledging and addressing gender-based disparities, caregiving roles, healthcare access, and the creation of supportive social networks.

Andrea

I met Andrea in the knitting group. She is highly skilled in that matter and was always ready to teach and help those women who found knitting difficult. Andrea is 65 years old; besides joining the knitting group, she volunteers in a charity shop in her free time. Andrea is married. During her 46 years of marriage, she has had two sons and three grandchildren. During her days, she is dedicated to caring for her husband as he suffers from cardiovascular disease. Andrea manages the bills and payments, cooks and cleans the family house, and takes her

husband to regular medical appointments. In addition, once a week, Andrea and one of her sisters (the only one out of six siblings with whom she has a good relationship) visit their 90-year-old mother, who lives alone in sheltered accommodation.

Andrea grew up in the 50s and had a difficult childhood. To support her family's economic situation, Andrea left school at 15 and started working to put money into the house. She never got along with her mother and admitted she was looking forward to getting married to leave the family house. At 19, Andrea married and started a new life with her husband in a new home. After getting married, a couple of years passed, and she and her husband were raising two children. The first years were challenging for her as they lived in a European country due to her husband's job. Andrea spent most of the time alone with her two children and had no family or friends nearby. Feeling lonely and isolated, she discussed possibly moving back to the city with her husband. They came back to be close to their family and friends, and since then, the family settled down in the city, where she could also work as a cashier after her children started going to school.

Melany

Every time I arrived at the knitting group; Melany waited for me with the knitting sticks as she decided to improve my poor skills at creating anything with my hands. Despite some eyesight issues, she enjoys knitting very much. Melany is 72 years old, and most of her time is dedicated to supporting her daughter in caring for her children, walking her dog and cleaning the family house. Her free time is dedicated to knitting, crochet groups, and volunteering in a charity shop. Since Melany lost her husband in 2010, she has lived in a small annex with her daughter's family in the family's backyard.

She and her husband Charles have had four children, one daughter and three sons. To contribute financially at home, Melany eventually used to work cleaning and helping with the laundry for some families. However, most of the time, she was dedicated to caring for her children while her husband worked in a hotel. When her husband passed away, Melany admitted that only her daughter supported her emotionally and financially. Nowadays, she does not have a good relationship with one of her sons due to a family conflict about a supposed inheritance from her husband.

Sara

Sara is one of the youngest women I met in the knitting group. She is 64 years old and recently stopped working as a nurse. She says retirement has given her more time to take care of

herself. Sara has osteoporosis in her knees, causing her walking troubles. The doctor suggested that she lose weight, so she tries to be careful with her diet. Despite feeling blessed to have more time to care for her health, Sara feels proud of being a nurse. She shared with me that when she was at school, her dad got seriously sick when she was still at school, and as her mother needed financial support to deal with her husband's disease, Sara left school at 16 and started working. She admits that she preferred to stay at school but needed to support her family to pay the bills. She did a correspondence course to be a nurse and then studied in a college to be a nurse.

Sara is currently divorced. That event and moving from the family home with her daughter was a challenging experience; her ex-husband left them homeless and financially unprotected. However, she got support from her family, and as soon as she got a job, she moved with her daughter to a new home. They lived together there for many years. When her daughter married and left the house, Sara felt lonely, but she found her way by sharing more time with her siblings and former colleagues.

Karla

An animal lover and a storyteller with an explorer spirit. Karla always has something to share: a picture of her dogs, a former family trip or a story about her days in a European country. She is 66 years old, happily married, as she says, and one of the most enthusiastic participants of the knitting group, despite her recent mobility issues due to pain in her legs. Karla would like to go out of the house more often, but because of her pain, she cannot; this is why she depends on her husband to drive her around the city.

After finishing school, she joined the army and travelled to a European country to work as a cleaner. Over there, she met her husband; he was the cook. They have been 46 years married. Currently, they live together with two dogs. Karla has two children, a daughter and a son. Unfortunately, she says, her son does not want to have a relationship with the family due to personal reasons related to his wife. Nowadays, Karla enjoys visiting the knitting group and the countryside with her husband and the dogs. She likes to explore new things and tries to be creative, considering her challenges with transport. However, most of the time, she is at home and depends on her husband's availability to drive her around the city.

Laura

Laura goes to the knitting group every Wednesday. Besides, she rarely goes out due to her right leg injury, which has been with her since she was eight. Her daughter, Mel, visits her once

a week and helps with the house cleaning, food shopping and doctor's appointments. Laura does not have a good relationship with her family; Mel is the only one of her five children who keeps in touch with her. Family issues started when Laura's husband, the father of her children, became violent and possessive. He did not allow Laura to take care of them, and, as Laura says, they grew up alone, and she feared him.

Laura, after 50 years of marriage, is now a widow. Her husband's last years were difficult as she needed to care for him when he got dementia and Parkinson's disease. According to Laura, caring for him required too much emotional and physical effort; her leg got worse, and she found it impossible to recover. In addition, the absence of her children and the realisation of not caring for them when needed are aspects of her life that submerged her in deep feelings of loneliness and guilt.

Laura told me that she always did what others wanted for her. She dropped school to help with the family's financial situation, married earlier than expected and did not raise her children as she wished. However, Laura mentions that she met a woman who encouraged her to overcome her fears, and that is when she began to go to the knitting group. There, she helps women with physical impairments move around, go to the toilets or wait for their transport. Once a week, at least for an hour or two, as she mentions, she can see new faces and forget about her physical and emotional pain.

Mary

Mary admits to visiting the knitting group exclusively to meet new people as she does not have family or friends in the city. She is 72 years old and single, and since her other passed away, she lacks the presence of someone close to her heart, a meaningful company. Since she goes to the knitting group, her routines are slightly different, and she has had the chance to make some friends. Nevertheless, fears about her socialising capacity are increasing since she is losing her hearing. Sometimes, she wakes up and cannot hear anything. Because of her hearing problems, she feels people think she is stupid as she cannot understand what they say well.

Mary left school when she was 15 to help her mum at home. They were always together. Nowadays, Mary lives in the small flat they used to share in the city. Her place is close to a hospital, which was very convenient for her due to her breast cancer and regular treatments during the 15 years she navigated the disease on her own, making her emotionally and physically weak. Nowadays, she is very close to a woman from the knitting group named Kathy. They visit each other often, and Mary attends her friend's family reunions. Kathy will be the first person she will contact if she feels sad or sick.

Sonia

I met Sonia at the lunch club. She goes there together with her brother-in-law, who has dementia. Sonia is 78 years old, a former lawyer, and a crochet lover. After her husband's death, her three children were concerned about their mother's health. After many conversations and situations, Sonia left the family house and moved to a smaller place with Bella, her puppy.

The loss of her husband still feels like a raw pain for Sonia. She struggles to adapt to a life living on her own despite her caring family. They were married for 36 years, had an excellent relationship and were good friends. At the moment, twice a week, Sonia goes to the lunch club and spends a couple of hours having lunch and sharing some moments with the other assistants. She is very close to her siblings; twice a week, she gets together with her younger sisters and less often with her brothers, but they call each other every week.

Vanessa

Vanessa is an excellent listener but prefers talking about herself more intimately. I met her in the lunch club, and after the end of the group activities, we enjoyed talking and sharing a snack in the back garden. In each of our encounters, Vanessa has smoked. She admits that she enjoys smoking alone, a habit she has adopted since becoming a widow. Her son Joe, the only one she has, is the one who supports her in life. Although they do not live together, Joe and his wife oversee Vanessa's finances, health and food shopping. They also drive Vanessa to the lunch club or wherever necessary, although Vanessa prefers to spend most of the time at her place, smoking alone.

Vanessa is 78 years old and is diabetic, a condition that she seems to underestimate as, according to what she shared with me, quitting smoking is not in her plans because it brings her company, despite the doctor's recommendations. She admits that losing her husband has impacted her life, so she is not motivated to travel with her son or see many people. In the lunch club, she goes with one of her closest friends, who pushes her to go out and socialise.

Rose

Rose is one of the prominent supporters at the lunch club; she sets up the table, helps to wash the dishes and is very enthusiastic during the activities in the club. Rose is a widow and has two children and three grandchildren. They are all very close to each other and spend most of the weekends together, and sometimes, during the week, Rose picks her grandchildren up from school. When not spending time with her family, she calls Carmen, her close friend who

also goes to the lunch clubs. They have been friends for many years and have supported each other during critical times.

Rose is 78 years old and considers herself a very active person. However, her right arm and back sometimes are in pain, but Rose says it does not impede her from walking around on her own. Her children invited Rose to live with them. Nevertheless, after her husband died, she moved to a bungalow, a small two-bedroom flat that she found comfortable. She admits sometimes feeling lonely, which is why she does not like to cook just for herself; Rose prefers to eat outside as cooking at home reminds her of specific dynamics with her dead husband.

Like most women who participated in my research, Rose dropped school early and started working to support her family home financially. She got involved in jobs for a short period. However, since she married, she stopped working, and her main tasks focused on the family and home. Despite her family and friends and the support she receives from them, Rose misses a life with her husband, a different way to inhabit her days. She thinks of that when she spends a long time alone at her place, and feelings of loneliness embrace her.

Carmen

Carmen is 68 years old, although when we met, she vigorously told me how younger she feels despite her age. Indeed, she is very active and has daughters, sisters and friends to whom she plans trips, dinners, and weekends off from the city. Her family and friends are her main supporting network since she got divorced from the father of her children and, later on, separated from a second partner. Carmen lives alone in a small bungalow close to her children and has always found emotional and financial support from her family and close friends.

Regarding her health, Carmen has gone through challenging moments. In her 50s, she got breast cancer, started chemotherapy and afterwards, a mastectomy. During those difficult periods of her life, her partner broke up with Carmen and left the family house and broke up with Carmen. Amidst deep feelings of loneliness and sadness, her family support was crucial to her. Despite the sorrows of remembering those days, Carmen is the most joyful person in the lunch club; she always shares something funny and makes everybody laugh.

Carmen has two daughters, and they are close to her. She enjoys taking care of her grandchildren and spending weekends with the family. As she could not finish school, Carmen likes to encourage her grandchildren to be good at school so they can be independent and professionals. Besides spending time with the family, she goes to the lunch club with one of her best friends and has a small group of friends with whom she goes on annual short trips.

Vivian

When we met with Vivian initially, she asked questions about my motherhood and was curious about my relationship with my son. Later on, I realised that due to her violent relationship with her mother when she was a child, Vivian has grown a feeling of protecting and spoiling children. She does it with her grandchildren; she did it before when she was an auxiliary teacher in a local school, and she did it with me, giving me gifts for my son whenever she could.

Vivian is 79 years old and has been married for 58 years. She lives with her husband, who has recently had two strokes and cannot walk. In the family home, she is in charge of managing the bills and house maintenance. She admits that it is emotionally tiring sometimes being the one who needs to deal with everything at home; there are bad days when she feels isolated and lonely and finds herself asking for a break, which is why she started visiting the lunch club.

Vivian has a good relationship with her family and neighbours. She feels protected by her family and considers that her house location is perfect for people her age, as everybody lives close to each other; people leave her doors open and are very supportive. Her children help with domestic tasks; for instance, they occasionally care for the garden. Her neighbours spend time at her place, or she visits them regularly.

Angela

Angela grew up in a small village in a European country. At 11, she lived on a small farm with four brothers and one sister. She remembers the cows, cats, and blind dogs. There was no electricity, no gas, and no running water. Angela admits it was hard, but she considers it a pleasant time. She told me that she never thought a life abroad could be possible. However, after her second divorce and with four children, her eldest daughter suggested that she move to England to explore new possibilities and a new life, as it was challenging and sad for her to get divorced.

Angela is 70 years old, and due to a health condition; she uses a wheelchair permanently. She admits that going around the city and being independent has been challenging since she uses a wheelchair. Angela lives alone, close to her daughter's place, but admits that she cannot leave her home often due to her blood pressure; some pills make her feel dizzy and tired. However, she finds it easy to use public transport; the double-deck buses are perfect for people in wheelchairs, and she feels safe there. Due to her health condition, Angela cannot socialise as often as she wishes. When she tries to explore different places within the city, she depends on

her daughter, which increases feelings of frustration and loneliness. Nevertheless, she attends the lunch clubs and a church close to her place on Mondays and Fridays.

Erin

I met Erin in the knitting group. She is an 86-year-old woman. Our encounters started within the knitting group, and we sometimes shared lunch. I used to walk her to wait for her son to pick her up. However, I wished I could have spent more time with her. Unfortunately, due to dementia and her eyesight and hearing issues, Erin stopped visiting the knitting group and stayed home. She shared with me how much she misses being able to drive a car; she proudly admits she had been one of few women who used to drive a car back in the day when she was in her 20s. Together with her husband, they travelled around the country by car. Since he passed away, she kept driving alone, which helped her reduce the sorrow of her loss. After that, however, the doctor recommended that she stop driving due to her eyesight issues.

Erin's routines consisted of leaving her house once a week with her son and joining the knitting group. Some days, one of her neighbours visits her to watch TV. Sometimes, her son used to take her to his place to spend time with the family. Nevertheless, Erin is at home most of the time at her place; when she needs a quick shop when she feels in the mood, she uses her scooter to drive around her neighbourhood, but it is mainly a short ride as she feels insecure due to her eyesight and hearing issues. Erin admits feeling alone and isolated, which is why at her place, music and TV are always on; she does not like the silence.

Conclusions

I presented in this chapter the academic and professional journey that was navigated to undertake my methodological approach. Ethnography allowed me to be part of women's communities and routines, exploring their lives as women in later life and their experiences of loneliness by listening to them, participating in their everyday lives, and understanding how they inhabit the city and its different spaces.

However, as for my position, being a foreigner, younger and more educated women than most participants raised potential barriers to exploring and discussing such sensitive and possibly personal stories about loneliness. Challenges that required a reflection on my approach and discourse when presenting the study, to learn about the city's history and a permanent sharing of my personal experiences regarding my motherhood and immigration. Those conversations contributed to solid bonds and raised confidence between women and me.

The lunch club and the knitting group were the main spaces where I observed and got involved with 13 women. From those encounters, I could explore their city, walk with them, and see what they wanted me to see. I have shared how I collected and analysed information using in-depth interviews, participant observation, informal conversations, and daily routines. All this information was carefully and systematically organised to proceed with the thematic analysis.

By briefly presenting different aspects of the participant's lives, such as their current activities, their support network, meaningful events for them in life and our encounters during my fieldwork, the aim is that the following chapters, where the main topics that shaped loneliness in their lives are presented and discussed, could be better understood and embraced for the readers. The objective was to connect what would be addressed and whom the women are bringing those discussions alive.

3.4 Ethical issues

In this section, I will present the relevance of being reflexive and aware of the potential barriers and ethical issues that might show up in the field while interacting in a community with people and trying to undertake research. It will also share how I managed those potential challenges. In the preparation stage, before the fieldwork, I realised two potential barriers: my status as a foreigner and my age. I was not familiar with the city's history; my accent was a sign of my foreign status, and I was afraid of not being able to create connections with these women. On the other hand, in addition to that gap, I considered that my age was also an aspect that would deepen that distance and that, perhaps, they would not take me seriously. Once in the city and during my encounter with these women, I discovered a new challenge: the term 'older', 'older women'. When presenting my research, many women complained about it and told me they do not identify themselves as 'old'. This section will expand on these three aspects and the development of my interactions with these women.

3.4.1 Ethics

Before initiating the fieldwork stage, it was fundamental to get ethical approval to pursue the fieldwork. The School of Education and Social Sciences approved the ethics forms of this research on the 16th of May, 2017. The ethic forms included the following information: title of the project, researcher and supervisor contact details, the purpose of the research, aim of the study, duration and different stages of the investigation specifying the actions, activities and strategies on each stage, methodology, sample, recruitment of the participants, communication and information about the research to the participants, analysis and interpretation of data, data management, confidentiality, ethical considerations (involving people under 18, vulnerable population: medical patients, crime victims, disabled people,

prisoners), culturally sensitive issues, potential benefits and inconvenient for the participants, length of people's participation, potential physical or emotional risk for the researcher, setting of the research (outside university campus). Ethics approval aims to contemplate potential risks for the participants, the community and the researcher and to be prepared to overcome them and not affect the research.

During fieldwork, different ethical issues could arise from participants' expectations, misunderstandings, confidentiality and privacy issues. In addition, the sensitivity and stigma often attached to topics such as loneliness could cause ethical challenges for researchers navigating these issues with the participants. I was concerned about what they expected from me and what I was going to be able to do in this regard. As Madden (2010:77) pointed out, 'Being with people in their everyday lives, through all their trials and tribulations, gives a great deal of experience to ethnographers, but it also enmeshes them into responsibilities and obligations to their participants'. Fortunately, those expectations did not represent a serious issue as they were more a demonstration of affection towards me, a desire to keep having me around. Participants were aware of my role and limitations as a researcher, but no less importantly, they also knew about my commitments.

Discussing ethical issues in this study brought to my mind, besides the methodological concerns and potential risks for the participants and myself, the objective possibilities to be able to, as Spivak (2004) argues, give voice to these women. Am I capable of making their stories visible? A foreigner, a younger and educated woman trying to share their experiences of loneliness. Spivak (2004) discusses the risk that intellectuals, when trying to give people a voice, could portray their thoughts as, for Spivak, people's voices will always be co-opted and secondary. Research about older women, the diversity of the ageing experience, images of women and loneliness, and challenges for older women are topics that, as Shuman (2005) suggests, could be fraught with representational and ethical struggles. However, it is necessary to continue to engage in it, with hope and willingness to learn from the telling of "untold stories" (Shuman, 2005, p. 162).

This ethnographic research allowed for critically examining power dynamics, voice, and representation. It called for a reflexive stance, recognising my position as an outsider and the potential for my research to inadvertently relegate participants to secondary roles. The feminist lens underscores the importance of ethical responsibility in research, the need for transparency in the representation of participants' experiences, and the dedication to amplifying the voices of those traditionally silenced or overlooked (Davis & Craven, 2022).

In my research, I aimed to understand women's gendered experiences, inequalities across the life course. (Chambers, 2018). It explores how societal norms, roles, and expectations impact women as they age, including issues related to social roles, caregiving, economic disparities, and access to healthcare (Chambers, 2018). This approach empowers older women by amplifying their voices and recognising their agency (Davis & Craven, 2022). It challenges ageist and sexist stereotypes and strives to showcase older women's resilience and strengths and avoid focusing only as passive receivers.

Ethical decisions must be considered in every research stage: made when designing the research structure, during the fieldwork activities and when writing up the text and deciding what to include. Moreover, as Madden (2010) suggests, even after finishing the ethnography and leaving the place of fieldwork, ethnographers might find ethical issues regarding the nature of their departure and future relationships with their participant group. That said, I organised farewell dinners with the participants. These gatherings served multiple purposes. They provided closure to the research relationship, allowing participants to express their thoughts and feelings about the study and allowing me to express gratitude for their invaluable contributions. Additionally, these farewell dinners established an open and welcoming space for ongoing communication and potential collaboration in the future. The farewell dinners not only marked the conclusion of the fieldwork but also facilitated the continuation of dialogue with the participants, promoting a more sustained and respectful relationship.

In considering the "field" of this research, it extended beyond physical interactions. The field encompassed the physical spaces where interactions took place and the emotional, social, and intellectual dimensions of the participants' lives. These dimensions were equally vital in comprehending the experiences of loneliness in older women. Dealing with friendships and the associated risks of being a listening ear to individuals characterised as lonely was indeed a complex aspect of the research. Friendships naturally developed during the research process due to our ongoing interactions. It was crucial to navigate these relationships with sensitivity and transparency. While the participants shared their experiences and feelings of loneliness, it was essential to maintain professional boundaries and ethical integrity. Acknowledging the potential emotional burden and risks, I offered participants to keep virtual contact on Facebook with me (as most of them use it) and have a list of contact numbers from several organisations that could be helpful and interesting.

The potential challenges and risks for the participants and the researcher have mainly reflected in the methodology: the approach to participants, the questions to ask, how and

where these questions and topics were discussed and how they were collected and stored to guarantee security and confidentiality to the participants. In-depth interviews and participant observation were the methods used in this research. Participant observation allowed me to have a broader view of the spaces where I wanted to get involved in learning about the dynamics and relationships among women. I also contributed to including more aspects to explore to achieve the aims of my study.

Regarding the interviews, after my first month in the city, they took the shape of informal and long conversations with most of these women due to our frequent encounters and increasing levels of empathy and confidence. Some interviews and conversations were recorded with the permission of these women, while others were not. Those that were not recorded represented a challenge in saving the information collected. As presented in the ethical approvals, I permanently used a field notes notebook and my mobile phone to do some annotations. Those notes provided the anchor to unfold my participants' main testimonies and thoughts afterwards. All of the women's names in this study have been changed to protect the identity of the participants. Andrea, Melany, Sara, Karla, Erin, Laura, Mary, Sonia, Vanessa, Rose, Carmen, Vivian, and Angela shared their experiences growing old in that particular setting.

3.4.2 Reflexivity

Engaging in a constant process of reflexivity is essential, particularly when discussing stigmatised topics, such as loneliness. However, as researchers, this importance relies on avoiding post-interview harm by bringing back potentially painful memories (Melville & Hincks, 2016). During this fieldwork, participants did not show, at least explicitly, their discomfort. However, there were moments when I realised that my presence disturbed some of them. For instance, in one of the groups, a woman did not feel well and had stomach problems. My presence made her feel uncomfortable; she was embarrassed to go continuously to the bathroom and ask for help from her friends. My presence caused an interruption in her activities. Again, even though nobody told me anything about it, I left earlier and skipped my work at the organisation that day.

Doing research and fieldwork is challenging because of different factors that could affect the researcher, for instance, lack of social networks, new settings, language, finance, etc. However, the primary challenge is to realise the researcher's physical and intellectual presence and subjectivity. The ethnographer should continuously reflect on their presence in the field. To what extent could my gender, age, cultural background, and experiences affect my fieldwork's development? (Nencel, 2014). The researcher's positionality should be part of the thick

description of an ethnographic report providing cultural context and meaning that people place on actions, words, and things (Geertz, 1973).

Along the same line, reflexivity in ethnography means always thinking about the different steps of the research: who is doing it, what the conditions are, how the text needs to be written and how all of these impact the researcher. As O'Reilly (2012) points out, the reflexive turn refers to a changed perspective in the 1980s that affected social anthropology, particularly its primary method, ethnography. From political and philosophical perspectives, the criticism of the method was that outcomes from ethnographic researchers were unreliable as different scientists presented different ideas and results about the same phenomenon (O'Reilly, 2012). In addition, personal experiences and ways of seeing the world will affect interpretations, understandings and approaches. In other words, there is a potential danger of being comparative by relating the research with what the ethnographer already knows and believes (Nencel, 2014).

Reflexive ethnographers think carefully about the people involved in the study, their influence throughout the research, and how it is presented. They also reflect on what they write and read and describe the context of the study and their positionality there; they consider their informants as research participants rather than respondents to interviews (O'Reilly, 2012). For me, discussing widowhood or health impairments and how these aspects affected women's experiences of loneliness were more accessible to visibility as an "other experience". As a young and healthy woman, such events and issues were not part of my concerns. On the other hand, when discussing gender roles, family issues, and motherhood, I always needed to consider how much of my experience was involved when transferring what women shared with me in my writing. I connected with some of these women who participated in my study by sharing similar experiences and challenges as women and mothers, such as feeling guilty when working far from our children and being primary carers.

That connection allowed me to create stronger bonds with some participants. However, it also forced me to disentangle my subjectivity when organising the information, analysing and finally writing this document. For instance, it was more beneficial for the aim of the study to start the transcripts two or three days after undertaking the interviews and having some conversations. It allowed me to reduce some emotions and feelings that could have permeated my writing and interpretations. Likewise, when carrying out the analysis I discussed in detail in the following section, I coded the interviews and field notes several times and was meticulous. The analysis process involves balancing empathy and personal connection with the rigour and integrity of the research process.

Regarding the process of the data collected, this study's rigour is based on different strategies (Darawsheh, 2014; Johnson et al., 2020; Silverman, 2020). I undertook the triangulation of different methods. In this case, interviews, participant observation, and literature review. I also shared the process of my analysis with some colleagues. This external perspective can identify potential biases, errors, or alternative interpretations, reinforcing the credibility of the analysis. My field notes had a detailed description of the context, the community and my participants. This strategy allowed the reader to be more informed and embedded in the study and better understand the research findings and interpretations.

Finally, documenting my reflections, assumptions, and biases throughout the research process promotes reflexivity. Reflexivity was a process of thinking about what I did during the day as an observer when collecting information when approaching people, the words I used, and so forth. After finishing my encounters with my participants, I arrived at my place and included in my field notes those moments and events that made me think of the direction of my fieldwork. I also had some actions to undertake about them in the methodology or when referring to them in my writing. Immersing yourself into a new city and new study needs a reflection on what we bring with us to this stage, what we are learning in this new context, and how we are performing (Braun & Clarke, 2019; Silverman, 2020)

As Madison (2011) states, our position as ethnographers is to understand that we bring our belongings into the field and how we belong to what we know. We develop embodied knowledge when we start doing things that our participants do in their daily lives; we are training our bodies to fit somewhere else, we are attempting to acquire another's habitus, but we also bring with us our habitus, our embodied history to navigate new places (Bourdieu, 1986). Therefore, my foreign status and age could represent challenges for myself and the aim of the study. I could navigate the fine line between personal involvement and objective analysis by employing these strategies.

3.4.3 Positionality

I arrived in the city in a particular context: Brexit. I perceived throughout the UK a hostile and chaotic atmosphere. Although Latin America was not part of this political situation, being a foreigner made me identify with those the referendum results did not represent or made them feel not wanted. Furthermore, despite this result's political, financial, and social outcome, there was a sensation that a harmful dichotomy was in the spotlight: British versus 'the others'. These events strengthened my fears about my capacity to develop a fluent, empathetic relationship with the participants and how I would deal with it.

It was inevitable to think and fear the willingness of women to be part of the research. If creating empathy between us was going to be difficult, convincing them to share their life stories and recent experiences of loneliness would require considerable effort. Nevertheless, women in this study opened the doors of their houses to me and shared personal and intimate experiences despite my country and non-native English. Most were unfamiliar with Perú, its language, and its tradition. Nevertheless, their curiosity unfolds a range of possibilities to connect and start building a closer relationship, allowing us to discuss more sensitive topics related to experiences and feelings of loneliness.

Some encounters with these women occurred while sharing a meal, prolonging an intimate moment while enjoying food together. Studies (Julier, 2013; Marovelli, 2019) have focused on how sharing meals and cooking bridges possible gaps between the researcher and the participants. The study from Marovelli (2019) suggests that food expands the possibilities to engage with people and concludes that food is a conduit for interpersonal engagement, proposing that it catalyses diverse connections, transcending only the culinary realm. The study contends that communal spaces around food possess a remarkable aptitude to embrace social differences. They emerge as fertile grounds for disseminating ideas, care, and hospitality.

Likewise, studies (Julier, 2013; Veen, 2019) suggest that sharing meals allows a contextualised understanding that extends beyond verbal discourse, enabling researchers to grasp the essential dimensions of social life and communication within the studied community. As a communal activity, sharing meals cultivates a shared space where participants feel at ease, encouraging candid interactions and fostering mutual understanding. This relaxed ambience paves the way for unguarded conversations and the disclosure of personal narratives that might otherwise remain concealed in more formal settings. Moreover, sharing meals enables researchers to observe and comprehend the unspoken rituals and gestures encapsulating cultural norms and values. Such observations enrich the researcher's interpretation of the community's social fabric and illuminate the symbolic significance imbued in culinary practices.

Through the sharing of meals, researchers also gain access to the sensory aspects of the researched environment, providing insights into how individuals engage with their surroundings and how the sensory experience contributes to their identity formation (Julier, 2013; Veen, 2019). Food's aromas, flavours, and textures can evoke memories, emotions, and connections to the heritage that shape the participants' narratives and collective memories. Furthermore, preparing, presenting, and consuming food becomes a gateway to understanding economic, ecological, and infrastructural realities (Julier, 2013; Veen, 2019).

Sharing meals elucidates the availability and access to resources, shedding light on the socioeconomic context in which the community thrives.

Another of my concerns was my age. Again, a young, foreign woman was trying to discuss their issues. On the one hand, I was afraid of being considered too young to be a serious researcher and, on the other hand, to be seen as incapable of relating to some of their historical events. By showing myself as a young, educated woman, I wanted to demonstrate that a university supported my research and that I would not disrespect them and their time. At the same time, I did not want to create any hierarchical relationship between the women and me or the possibility for them to believe that I was there to make a point and not learn from their experiences. Some scholars, (Nagar & Ali, 2003; Pillow, 2015; Kaaristo, 2022), cast a critical gaze upon the application of reflexivity, asserting that its utilisation is a privilege of some (Pillow, 2015). Within the narrative, the researcher wields reflexivity, thereby consolidating power dynamics. As described by Pillow, this act is only practised by the researcher, potentially enhancing colonial relationships masked beneath a veneer of authority (Pillow, 2015).

Nagar (2003) accentuates this discourse by pointing out the need for transformative shifts in the power hierarchies ingrained within knowledge generation. (Nagar, 2003, p. 360) “[i]f our goal is to transform the power hierarchies embedded in knowledge production, it is not going to happen merely through a discussion of ‘how we represent others and ourselves.’” This potential issue was approached daily as my encounters with the women in this study became a regular event. I had the chance to be there with them, observing and participating in their daily routines within the city and even in their own homes, allowing us to create a bond of trust and a horizontal relationship, trying to delete any potential hierarchy relationship between us. I felt a connection in our similar experiences as women, which was more potent than our age differences, my foreign status or educational levels. We could relate to each other when sharing our challenges as women at work, on the streets, within our families, people's expectations towards us, maternity, marriage, personal and intimate expectations and frustrations.

In addition, as studies suggest (Knight et al., 2014; Silverstein et al., 2020), intergenerational relationships among women allow me to fight stereotypes and prejudices that I had at that moment, such as, for instance, the importance of religion in their lives. However, that was not the case. Most did not even mention religion's place in their lives and desires. I was the one who started to discuss the topic due to my personal experience when interacting with older people in my hometown. The interaction with these women also challenged my ideas about motherhood, family, privileges, independence, commitment, and courage. Those aspects

shaped loneliness from their own experience, and it was inevitably like a mirror experiment for me at some moments. There were significant gaps between their lives and mine, but also connections. These angles made me reflect on how much space we have won as women nowadays and how there is always a threat of falling into patriarchal structures.

Regarding the potential gaps in understanding their main historical and social events, I prepared myself by exploring some of the main historical events of the city. When topics related to this arose, the conversations flowed; when not, I felt comfortable asking more about it. For instance, when discussing how normalised it was to leave schooling before completing it. Without being disrespectful, I started asking about political agreements and their opinions. It was always highlighted how crucial it was for me and the study to put their voices first, that no matter how much I had read, the best way to learn was from them. It brought me confidence and opened an essential window between us.

Connections between us were shaped by the possibilities of being neighbours and women. Despite the difference in age and nationality, we shared similar moments and events faced and experienced in particular ways: motherhood, feelings of discrimination by being a woman, marriage, decisions between our desires versus society's expectations, and similar needs. This connection allowed me to explore their lives and various experiences, strengths, routines, necessities, and contributions to their families and the community. When this is not observed, individuals are invisible; this is not the whole person but only the problematic aspect of the person's life to which a response will be addressed, leaving aside the multiplicity of experiences concerning ageing (Oxlund, 2018).

Nevertheless, as ethnographers, we must reflect on how we will always keep a sense of being outsiders, regardless of the connection developed in the new place we are involved in. This perpetual sense of being an outsider is a fundamental aspect of ethnographic research, and it involves a delicate balance between engagement and objectivity. In conducting research with older women, the question of what to share or withhold about oneself becomes a critical consideration. The decision regarding self-disclosure can impact the quality and depth of the data collected. Ethnographers are not blank slates; they bring their identities, experiences, and subjectivities to the research field. The challenge lies in navigating the disclosure of personal information while maintaining the integrity of the research.

Reflexivity plays a pivotal role in managing this delicate balance. Researchers must engage in continuous self-reflection and self-awareness (Darawsheh, 2014). That involves questioning how their experiences, beliefs, and biases may influence the research process. When interacting with older women, I had to consider what aspects of my life and experiences were

relevant to share and what could potentially hinder the data quality. For example, when discussing specific topics like gender roles or motherhood, I recognised that my experiences and beliefs could potentially influence the direction of the conversation. When discussing my educational background, I deepened that matters only with a few women with higher education levels compared to the rest. I tried to avoid a hierarchical relationship with these women or that they might see me as someone hard to relate with. In such cases, I used reflexivity to critically assess how my subjectivity might impact the relationship with these women and my data collection. I reflected on when and how to share or withhold my experiences to ensure that the participants' voices remained central to the research.

3.4.4 Potential barrier during fieldwork: Loneliness and older women? or Loneliness and women?

When recruiting participants and during the first encounters with women, I experienced a challenge when inviting participants to the study and exploring some of my questions. Some women showed discomfort or dislike that a stranger called them older women. Then, I questioned myself about the eminent power of language, words, and meanings and how these represent the way we belong to a space. Judith Butler (2004) discusses the power of language. She asks, if speaking is acting, what are its consequences? Her work focuses mainly on racist speech, pornography, and army politics. However, it also allows an understanding of the creation and relation of people's identity to words and predominant narratives in society. Butler reflects on the limits of the subject, the function of language, not only in a descriptive way but also in a performative way, the constitution of subjectivity and its articulation with power (Butler, 2004)

I realised that my approach and speech to invite women to participate in the research needed to be different. Without using the term older, I directly expressed my desire. Women over 60 could share their life experiences, such as childhood, education accessibility, motherhood, marriage or partnership, family and social networks, health issues, job and retirement, and widowhood. The intention was to let them know some of the topics I tried to observe and discuss from the perspective of a woman who had lived and experienced these different stages and moments in life without labelling them as older women. This approach worked much better; women identified themselves with the presented speech. Some of them had just retired two years previously. Many of them were widows or divorced. Others went through difficult moments in life, such as health or financial issues. Some had a solid social network; others felt lonely and sometimes isolated.

This challenge made me think about the stigma surrounded old age, as discussed in previous chapter. The resistance to the term 'older women' revealed the deep-seated stereotypes and societal biases that can affect how individuals perceive and define themselves as they age. It also highlighted the importance of inclusive and respectful language in research and the need to challenge and deconstruct age-related stigmas. This experience reinforced the significance of adopting a sensitive and respectful approach when engaging with older individuals and acknowledging the value of their life experiences, regardless of age.

Chapter 4 Social capital and loneliness: social connections and disruptions in women's lives

This is the first of three chapters reporting the findings of this study. Here, I present the relevance of companionship and connections and those experiences and events that disrupt women's relationships. Social connections refer to the intricate web of relationships and interactions individuals establish with partners, family members, and friends. These connections form the emotional, psychological, and practical bonds that provide companionship, support, and a sense of belonging within one's social sphere (Ortiz-Ospina & Roser, 2020; Holt-Lunstad, 2021). Social connections encompass close relationships and the broader network of acquaintances and interactions that contribute to a person's overall social fabric. Having support from family and friends is essential for an individual's happiness and health, and it also contributes to sharing information, learning from others and as economic support (Ortiz-Ospina & Roser, 2020).

Disruptions experienced by some women in the present research are aspects that triggered experiences and situations of loneliness. These disruptions touch upon the individual's internal emotional landscape and highlight the critical role of social capital, as discussed by Bourdieu (1986) and Putnam (Putnam, 1995). These disruptions bring to our conversations the intricate dynamics of social connections, moments of solitude, and the influence of their relationships with partners, family, and friends. Additionally, we delve into their experiences of loss within social interactions, shedding light on how losing a partner or a family routine can lead to emotional and material conflicts that these women navigate in later life.

The chapter is organised into four sections. Each of them presents an aspect of social connectivity that is relevant for these women, the place of each set of relationships in their lives and how disruption of those connections and companionships triggers experiences of loneliness. The first section is about loss. Women and their relationship with their spouses and partners, the meaning and representation of this relationship and how widowhood disrupts several aspects of their lives. The second section discusses the connection between women and their families: partners and children, the importance of a family, its dynamics, women's roles. It is also about loss, the effect of situations such as divorce, breakups and the departure of children from the family house. The third section discusses the relationship between mothers and daughters as friends, carers, and protectors and how gender roles could permeate this relationship. Finally, the last chapter presents the relevant relationship between

women, their community and friends to belong, to strengthen their social networks, and to support each other.

4.1 “Until death do us part”: the companionship and loss of a partner

In the UK, by 2020, females comprised 72.6% of the widowed population and males 27.4%. Widowhood is an experience of pain, loss and changes in various aspects of life (Štambuk, 2019). As will be seen in the following paragraphs, how this path is travelled is related to women's lives, their emotional and material support, their relationship with their partners, and their expectations and projects in a new stage of life. Given the accumulation of disadvantages that many women suffer upon reaching older adulthood, women become a potentially vulnerable group in this situation (Streeter, 2020).

In this research, seven women I met were widows. In discussing widowhood with them, I saw how it could fundamentally affect their lives: social life and support, emotional and physical distress, and financial, material and economic support. In the following paragraphs, I share and discuss different stories of women who have navigated the loss of a partner, their grieving process, and the implications of that event in their current lives regarding feelings and experiences of loneliness. When I met these women, most of them shared with me how relevant was their relationship with their partners in many ways: to socialise with family and friends, to travel together, to assist each other.

As individuals age, the importance of having a partner becomes increasingly evident (Wright & Brown, 2017). Studies have shown that having a partner can enhance an older woman's mental and physical health and financial status, reducing the risk of depression and anxiety (Burns et al., 2015). As a social institution, marriage has long been associated with various advantages for individuals across different life stages. In the context of older women, marital relationships take on a particularly significant role due to the complex challenges that ageing brings (Carr et al., 2014; Wright & Brown, 2017). Studies indicate that having a life partner can be a critical source of comfort and understanding during stress, loss, and life transitions (Ayalon et al., 2013; Cohen-Mansfield et al., 2016; Domènech-Abella et al., 2017; Warner et al., 2019). A partner provides a sense of purpose and meaning, promoting a positive outlook on life.

Social support is also a central resource that comes from that relationship. A partner can be a social anchor, encouraging social activities and interactions. The special relationship that represents a spouse and a partner provides companionship during outings and events, promoting social engagement and a sense of belonging (Cohen-Mansfield et al., 2016;

Dabergott, 2021). For instance, Sonia had a good relationship with her husband; they were together for over 35 years. According to our conversations, I realised he was her primary interlocutor, and both enjoyed long talks and discussions. As a former lawyer and lecturer, Sonia used to engage in sophisticated talks that, as she says, were part of her routine with Trevor, her husband. He was her academic partner; they both used to visit groups of couples with similar interests. Likewise, Rose's husband was her best friend; Paul was an essential support in raising Rose's children when she divorced her former husband. According to her, Paul was her rock; he was fun, and they used to travel together to visit family and friends and discover new places. Rose loved to cook for him and the family and surprise them with her exquisite dishes.

Moreover, a partner's emotional support can reduce stress levels, benefiting overall health and longevity. A partner can encourage healthy behaviours, such as exercise and healthy eating, leading to better physical health outcomes (Burns et al., 2015). Rose and Vanessa's husbands used to fix things around their homes and were in charge of driving the family car; hence, moving long distances depended mainly on them. As individuals age, they may experience physical limitations, making it difficult to perform daily living activities. A partner can provide physical assistance, such as helping with household chores, transportation, and personal care.

For some of these women spouses were their main source of social capital. These women accumulated special relationships, memories and connections with their partners throughout their lives. From there, many other benefits unfold. In the social capital framework, the relationships, memories, and connections forged with their partners over the years became invaluable assets that transcended the emotional domain, shaping the contours of their individual and collective well-being. Drawing from Putnam's (1995) notion of social capital as the networks, norms, and trust that facilitate cooperation for mutual benefit, these women's spousal relationships served as intricate networks that extended beyond the dyadic connection between partners. The shared experiences, trust, and collaborative norms within these unions created a robust social infrastructure, enhancing the women's capacity to navigate the complexities of their social environments.

Bourdieu's (1986) concept of social capital, emphasising the accumulation of resources through social networks, is exemplified in the unique relationships these women cultivated with their spouses. The benefits that unfolded from these partnerships were extensive. Economically, the couples often collaborated, creating a shared financial capital that provided stability and security. Symbolically, the partners became sources of support, bolstering each

other's self-worth and resilience in the face of life's challenges. Beyond the immediate emotional satisfaction of companionship, these spousal relationships were instrumental in expanding the women's individual and collective capacities. The networks formed within these unions extended to broader social circles, fostering a sense of community and belonging that further augmented their social capital.

4.1.1 Widowhood and its impact on social life

Experiences, relationships, memories and values encompass the sense of the self, a sense of who we are (Cook, 2018). For many women, widowhood constitutes a key event in the ageing process as it produces economic, social and emotional changes (Streeter, 2020). Widowhood brings, to many women, the difficult task of finding a new self (Standridge et al., 2022). A self that needs or tries to adapt to new routines, places and spaces. A life where planning together as a part of a couple does not exist anymore. This section discusses the impact of widowhood on women's social lives and their interactions as they adapt to a new self, where their routines and roles suffer a significant transformation.

Widowhood unfolds significant changes in an individual's social landscape (Chambers, 2018). A life partner's companionship could represent emotional support and enhance an individual's well-being (Wright & Brown, 2017). In the aftermath of loss, individuals may experience feelings of emptiness, loneliness and a yearning for the shared bond that once defined their lives. Widowhood prompts a reassessment of one's social roles and identity (Dabergott, 2021). The roles of spouse, caregiver, and confidant are redefined, often leading to a shift in how widows and widowers perceive themselves within social circles (Marris, 2013). Adjusting to these new roles can be challenging for some women (Streeter, 2020).

However, marriage could also have represented a challenge for some women, especially when it was perceived as an unwanted union or one that carried burdensome dynamics. In exploring the varied experiences of widowhood, it becomes evident that the nuances of marital relationships significantly shape the aftermath of a partner's passing. For women who find themselves in marriages characterised by discord, unfulfillment, or even toxicity, the loss of a spouse may bring about a complex array of emotions. In these cases, the relief from an undesirable marital situation may coexist with the grieving process. The end of such marriages could potentially liberate these women from emotional distress or even provide an opportunity for personal growth and self-discovery (Isherwood et al., 2017; Panchadhyayi, 2021).

Reflecting on what Laura shared with me, for her, the “unhealthy” but “necessary” relationship with Patrick was related to the disconnection and problems within her family in the past. According to her, the relationship with her parents was always disturbing; she constantly felt abandoned by them. When Laura was 18, she left her family's house and lived alone. She used to work very hard as a seller, 12 hours daily in different shops around the city. One of her clients, Margaret, treated her like "a daughter" and invited her to share dinner with her son. Laura, even though at that time, she enjoyed a close relationship with Margaret, now thinks that dinner was a kind of trap; Laura, after all those years living with Patrick and having daily encounters with his mother, considers that Margaret knew how lonely and poor Laura was and also wanted her son to get married soon. After six months of that first dinner, they got married.

During our conversations in the knitting group, Laura, remembering her relationship with Patrick, once told me that for her, despite many years together, he was like a stranger; she had no chance to be emotionally intimate with him for over 30 years. However, it was the first time she felt she had a home, her place. According to her, Patrick was possessive, silent, and demanding. Laura never talked deeply with him; she was scared of him, and simultaneously, he was her "home" and "stability". This is what she mentioned in one of our encounters:

"Oh, he was possessive; it was not a nice marriage, but I miss him; he was my home; he needed me." (Laura)

Laura comes from a complicated background, feeling she does not belong anywhere as an "outsider". These feelings were strong when she met her husband; his presence gave her a sense of identity and belonging. Her husband became the centre of her world, where, despite its challenges, she could feel protected and, simultaneously, needed; it was her place. Laura and Patrick had five children together. While Patrick was working, she raised her children and stayed at home. When Patrick was diagnosed with Parkinson's, he stayed at home and Laura, she admits, forgot about taking care of her children; they were at home, all together but growing independently most of the time. Her husband was demanding and jealous of them. Patrick's health worsened; he got dementia, and Laura was his carer 24 hours a day, seven days a week. Laura admits to experiencing stress and tiredness; she felt terrified and weak; she only went out to get food and medicines for her husband and barely spoke to anyone else.

When Patrick passed away, Laura remembers how “lost” she felt, how “lonely”. Laura's life was dedicated to him; she woke up and went to bed thinking of his needs. Since he died, Laura feels that something is missing in her life, but most importantly, she says that even now, that she is 85 years old and after many years since Patrick died, she feels like back in the days when

she was young and felt like an abandoned child, poor, lonely, unprotected. Therefore, what is lost when a husband passes away? Beyond the sorrows of losing a partner, what is this loss for Laura?

Widowhood is an individual and social event. Its consequences are shaped by macro-social conditions; hence, the diversity of consequences of widowhood may both be gendered and context-specific (Perrig-Chiello et al., 2016; Schaan, 2013). Being a wife gave Laura an identity, a place to be, and a feeling of belonging; she was helpful to her husband and was part of a routine. Her life before getting married left her aside as an outsider. Marriage brings companionship, intimacy, and material support for some, such as Laura, and the possibility of having someone who represents them and could act on their behalf in a still patriarchal-dominated society (Davies et al., 2016; Jerrome, 1990; Osorio-Parraguez, 2013).

Laura's marriage to Patrick is a complex interplay of gains and losses, highlighting the multifaceted nature of the concept of capital, particularly social capital. Laura's marriage gave her a sense of identity, belonging, and a place in the world. Patrick became the centre of her world, offering companionship and a sense of being needed. The marriage gave her a role as a wife and mother, contributing to her social identity. Despite the challenges in her marriage, Laura experienced emotional connections, even if strained. The feeling of Patrick being her "home" signifies emotional capital, a sense of stability, and a place of comfort. Despite its complexity, this emotional tie provided her with a source of support. Laura's life within the marriage provided a routine and a stable environment. Despite the possessiveness and demands, her life had a predictable structure. The marriage offered a sense of normalcy and predictability, contributing to her overall well-being.

However, Laura acknowledges her marriage's lack of deep emotional intimacy. While there was a sense of home and stability, the emotional connection has been compromised. In addition, her roles as a caregiver and intense dedication to him limited her independence. The demands of caregiving led to her forgetting about her children, and her life centred around meeting Patrick's needs. After his death, the absence of this caregiving role may have left a void in her daily routine. Laura's identity and sense of belonging were closely tied to her role as Patrick's wife. The loss of Patrick meant not only the end of a marital relationship but also a potential loss of personal identity. This is particularly evident in her feelings of being "lost" and reverting to a state of loneliness and vulnerability reminiscent of her youth.

Women of Laura's generation used to be the primary carers of the family even when they also worked outside their homes (Saewyc, 2017). Marriages for the women of Laura's generation represented that men were usually the primary income earners, and the domestic financial support depended on them. Women like Laura, who experienced the traditional marriage model where their husbands were the primary earners, may grapple with a profound sense of disorientation, loneliness, and vulnerability when these dynamics change (Schmitz, 2020; Streeter, 2020). The loss of their spouse can disrupt the financial security they once relied upon while simultaneously challenging profoundly ingrained gender roles and societal expectations. (Davies et al., 2016; Jerome, 1990; Osorio-Parraguez, 2013). Perhaps this is why, when discussing experiences of loneliness with Andrea, a woman who also participates in the knitting group, she remarks that she is not lonely because she does "make an effort" and "has a husband". His presence brings her not only the company but also security.

That company and security is also something that Sonia misses very much. Since Trevor, her husband, died 19 years ago, she has enjoyed and appreciates her family's company and support, but something is missing:

"... but I have a good life, I think but since my husband died life has lost its savour. Do you know what savour means? Is like flavour, life has lost its flavour". (Sonia)

Sonia admits that an intellectual part of her life has gone with Trevor. They used to share plenty of activities together and other couples. Now, Sonia tells me that she feels uncomfortable seeing these friends; she fears how they will treat her or if she will fit in now as a widow. Widowhood also challenges women in adapting to new socialisation (Štambuk, 2019). Adjusting to the loss of a spouse is difficult in many aspects. However, the identity foreclosure that happens where women are no longer treated in the same way as they used to be before, in places that used to seem familiar and by people who belong to their immediate and more intimate network, can make one of the most difficult challenges, as they need to learn how to re-enter what used to be their world and keep moving forward in a new social role (Sasson & Umberson, 2014; Schaan, 2013; Standridge et al., 2022).

Women start a process that implies reinterpretations and thoughts about a place in the world as a widow. Melany and Charles were together for 30 years. Her husband passed away seven years before we met, which, according to her, represented a problematic and challenging turning point in her life. Melany admits that she felt lonely and that widowhood meant a significant change in her life, mainly because she needed to learn to be alone and did not want to socialise with family or friends. It has been challenging for her to carry on with a new life,

and Charles is still part of every random conversation. For instance, one day, when I was arriving to visit her, she stopped me by and said:

“-Do you believe in spirits, Sil?

-Yes, I do

-He is still there; I say my prayers every night. He is still with me. When I do something wrong, I am sure I can hear him saying, oh, you! Stupid woman! He was hard but soft underneath, that is how I describe him”.

Widowhood is about loss. The loss experienced in widowhood is multifaceted, transcending the mere absence of a person (Streeter, 2020). It disrupts established patterns and rituals, leaving voids in the everyday landscape once filled by shared moments, conversations, and responsibilities. The departed spouse, for some women, was an important linchpin around which daily life revolves, a motivation to undertake particular activities. Such is the case of Rose. Rose and I met in the lunch club. She is a lovely and friendly woman who barely stopped moving from one place to another. Rose was in charge of the kitchen, unpacking the food boxes, washing the dishes, and helping fix the table. When people returned home at the end of the day, she stayed to pick up the rest of the food and take it to her home.

One afternoon, we stayed together, and I helped her pack the food boxes to take them to her place. She then told me that, back in the day, when Paul, her husband, whom she had married for over 30 years, was alive, she was the “queen” at cooking. Since he passed away, Rose admits having lost motivation and inspiration to get into the kitchen and cook as she usually used to do. From what she shared with me, it seems to me that, perhaps, cooking is an affirmation of her loneliness, something that she is trying to avoid. Cooking for her is the connection with Paul. In her own words, she cooked for him; they had a routine of cooking together during the weekend. This is why, when she can, she saves the food from the lunch club for her to avoid cooking. When she does not go to the lunch club, Rose prefers to visit a restaurant and her daughter’s place some days.

One day, coming back together by bus, she started crying and said, “I should have gone first than him”. I kept silent for a moment, and then she explained to me that she was not prepared to live without him; he had died eight years ago, but it is still challenging to do what he used to do, she says: fixing the ceilings, dealing with banks, etc. Rose mentioned how her children always take care of her, but “they have a life”. She told me it was difficult to realise that she needed to assume a new life independently. Despite her family support, Rose grapples with the stark reality that her children have their own lives. In this context, loneliness is not merely the absence of companionship but the challenge of shouldering the burdens of life independently, mainly when accustomed to shared responsibilities.

The loss of a life partner not only brings forth emotional turmoil but demands a renegotiation of roles responsibilities, and a restructuring of daily routines. Beyond being a source of emotional connection, Rose's spouse shaped part of her economic, social and symbolic capital — the one who fixes ceilings, navigates the complexities of banks and provides a sense of shared purpose. In contemplating a life without her husband, Rose grapples with the solitude that echoes through the empty spaces left by his absence and with the challenge of assuming roles that were once shared. Loneliness could be a feeling beyond the number of people and networks that people have. Despite family networks or friends, as Dahlberg & McKee (2014) argue, people can feel lonely when a companionship related to a sense of belonging that represents a unique and emotional attachment in people's lives is missed. This emotional loneliness could affect people's identity and disturb their sense of self (Štambuk, 2019).

Nevertheless, without underestimating those feelings of loss and the main changes in different aspects of life, some of these women also shared with me how widowhood is “not the end of the world”. For Melany, there are still things to explore and enjoy. Being close to her daughter and participating in volunteer jobs represent a window of new opportunities and experiences. Likewise, as Sonia pointed out, she finds it essential to pursue a personal project: “I need a project. Being in the house cleaning is not a project; (...) I try to fill my days as much as possible”. From what I saw and heard from these women, there is an intention to fight against the possible representation of a sad and lonely widow. Even in the case of Laura, while not having strong social support and struggling with health, this stage of life allows her to pursue a personal goal, moving to her former neighbourhood. Throughout her life, she admits forgetting what it means to have a personal desire and being able to accomplish it.

For the women in this study, as I have shown above, widowhood challenged their social lives, from the recognition of a new self to their social lives and relationships with friends and community. The transition into widowhood prompts a multifaceted transformation that extends from the emotional realm to the intricacies of daily life. The recognition of a new self, characterised by the loss of a spouse and the reconfiguration of roles, catalyses a profound shift in how these women navigate their social landscapes. The narratives these women share show the complexity of this journey, where broader societal constructs and individual agency are interlinked.

4.1.2 Widowhood and emotional and physical distress

The intense period of suffering experienced by the grief of a loved life partner could directly impact the detrimental psychological effects. Consequently, it could alter individuals' behaviours and biology, increasing health risks among older adults who might also be

experiencing a decline in physical, mental and cognitive health (Stahl & Schulz, 2013; Ennis & Majid, 2020;). Women who have been through the experience of losing a spouse in this study shared with me how they were invaded by feelings of sadness, stress, and pain after losing their partners. They mentioned that, particularly in the first months after their husbands passed away, they were depressed. As a result, they lacked the intention to interact with family and friends and had problems sleeping and experiencing difficulties eating and resting.

Sonia was in tears when she shared with me the last days with her husband:

“He was 59; he had an unexpected heart attack. He was the kind of man who never went to the doctor. But he did go to the doctor because he said he had indigestion; the doctor gave him some pills and told him to return; it was a Friday. On Monday, he had a heart attack, we went to the hospital, and exactly three weeks later, he had a stroke and died”. (Sonia)

Her husband died two days after her 60th birthday, in December; for Sonia, Christmas is a time of sadness even after 19 years. Then, she remembers how lost she felt, trying to interact with her children while simultaneously feeling guilty to be surrounded by them, smiling while she was also suffering for her husband's funeral. Those feelings grew, and she decided to stay at her place, being sad without anybody around to judge her. She barely went out and started feeling pain in her legs; then, she got worried about having an accident or being injured. However, the sorrows were still raw. In addition, because of her leg pain, she was not in the mood to socialise too much. Likewise, Rose decided to stop cooking. She did not care about the food quality or if she got some food. The first months after her husband died, she stayed with her daughter and grandchildren as she lost weight and could not sleep properly.

“I feel pain here, you see, my left arm is weak, it is painful; I think is because I did not sleep well for years, my bones are also in pain. When you are sad everything hurts”. (Rose)

The intense period of suffering, marked by grief and sorrow, could directly impact psychological well-being, setting the stage for alterations in behaviours and biology (Štambuk, 2019). This transformative process can increase health risks among older adults, compounding the physical, mental, and cognitive health challenges that often accompany ageing (Štambuk, 2019). The vivid descriptions of Sonia's husband's sudden demise and Rose's account of her husband's decline and eventual passing illuminate the emotional turmoil that ensues. Feelings of sadness, stress, and pain could hinder their ability to engage with family and friends (Marris, 2013; Chambers, 2018; Kung, 2020). Sleep disturbances and disruptions in eating patterns further accentuate the toll of emotional distress on physical health (Marris, 2013; Chambers, 2018; Kung, 2020).

Sonia's association of Christmas with sadness, even after 19 years, speaks to the enduring nature of emotional distress. The complex interplay between emotional and physical well-being could be seen in the stories of Sonia and Rose as they grappled with bodily pains and weaknesses right after the death of their spouses. These narratives prompt a profound reflection on the multifaceted nature of ageing. The intertwining of emotional and physical distress challenges simplistic narratives about the linear progression of health in older age. Instead, it portrays ageing as a dynamic process where emotional and physical well-being are deeply entangled, each influencing and shaping the other in intricate ways. Sonia's and Rose's stories unveil social and symbolic capital erosion following losing their life partners. The emotional distress experienced by these women, marked by withdrawal from social interactions and disruptions in daily activities, speaks to the diminishing social networks and shared practices once established within the marital union.

In general, adjusting to life after a spousal loss could represent a struggle to find a new balance and new ways to relate to and navigate a world they inhabit with their couples wondering where to go next (Sasson & Umberson, 2014; Schaan, 2013; Standridge et al., 2022). Stahl and Schultz (2013) observed the dynamics of widowhood in older individuals and their changes in routine health behaviours: physical activity, nutrition, sleep quality, alcohol consumption, tobacco use, and body weight in previous studies. They found that the most at-risk behavioural changes were around increased nutritional risk, due to everyday dietary habits being disturbed, like eating alone, missing meals, eating fewer home-cooked meals and eating more commercial meals following spousal loss. Biologically, stress, depression and other emotions that emerge during widowhood have a psychosomatic biological response, as they alter multiple biological systems simultaneously (Hughes et al., 2016).

When her husband passed away, Vanessa started smoking as it gave her company, stopped eating three times a day, and was careless about her diabetes in general. Losing her spouse, as she shared with me, took away her willingness to keep going. Vane told me that as part of her routine, she, "when feeling hungry" eats breakfast and enjoys watching TV while smoking a cigarette. Her son and his family ring her often and spend the weekends together. However, when she shares with me about her routine, she looks hopeless: "it is the same every day" was her frequent answer. Vanessa was the only woman I met who openly admitted she could not overcome the loss of her husband. She sometimes looked angry, other days sad and nostalgic, nervous, lonely.

According to the literature (Sasson & Umberson, 2014; Schmitz, 2020; Stroebe et al., 2007), better health is associated with sharing of life with a partner, whereas the death of a spouse or

partner is one of the most disturbing events that a person could experience. Nevertheless, women will experience emotional and physical differences during this period in life. Some could live a more extended bereavement period, whereas other women could overcome this stage much more quickly. Aspects such as the bond with their spouses, social networks, financial and material dependency, and daily routines shape how women deal with this loss.

Sonia, Rose and Vanessa had a good relationship with their partners, and despite having their families as main interlocutors and sources of socialisation, these women faced and still face difficult moments that permeate their overall well-being, even several years after losing their partners. However, as in the case of Vanessa, who has a close-knit family and regular interactions, she grapples with a profound sense of loss. Vanessa's story is a testament to the enduring nature of grief and the complex ways in which emotional distress can persist, even within the embrace of a supportive family environment. Despite the regular contact with her son and his family, Vanessa expresses a sense of hopelessness, feeling trapped in a monotonous routine that fails to alleviate the profound sadness she experiences. Her admission that she cannot overcome the loss of her husband underscores the profound and enduring impact that spousal loss can have on an individual's emotional landscape, also harming her physical health.

4.1.3 Widowhood and economic situation

When Melany lost her husband, there was also much uncertainty about the future besides her sadness. She was not going to be able to keep the house; she did not have a pension, and, in addition, the idea of staying there on her own was not something she wished to pursue. So, her daughter and partner invited Melany to live in the backyard of their place, where they set up a private accommodation. Melany told me, "She feels she keeps her independence", but at the same time, she is close to her daughter, making her feel "safe and happy". They cared for Melany regarding housing, food, and emotional and health support.

The different consequences of widowhood involve changes in the quality and quantity of available resources (Sasson & Umberson, 2014; Schmitz, 2020). Not being able to pursue a career or keep a job that could provide them with financial and material security might affect how women navigate a life without a main provider and struggle financially. Studies have shown that people dealing with financial crises are more exposed to suffer from loneliness (Schmitz, 2020; Victor et al., 2022). The loss of a partner's income or pension can substantially reduce available resources, impacting the individual's ability to engage in social activities, maintain memberships, or participate in events that require a financial commitment (Schmitz, 2020; Victor et al., 2022).

Among the widows I encountered, Sonia was the only one who received her pension due to her former occupation as a lawyer and her late husband's pension. Conversely, Melany, Vanessa, Rose, and Laura rely on the pensions they receive from their deceased spouses as widows. We only discussed or shared about their income for a short time. However, by talking about their housing, some of the activities they usually practice or like to participate and the main changes or turning events they experienced since the loss of their partners, I realised some of their particular economic challenges. Regarding housing, Sonia, Vanessa and Laura are the owners. In the case of Sonia and Vanessa, even though they moved from the former homes they shared with their husbands; they still owned their new places. As for Laura, she is also an owner but is about to sell the house and move into a new neighbourhood as the location is far from the places where Laura now tries to inhabit, such as the knitting group and the hospital for her regular medical appointments. Moving to a new place is her "life project"

For Sonia, losing her husband made her feel vulnerable. She sold the family house as she needed clarification and motivation to manage the domestic tasks independently. Even though it was a tough decision, during our conversations, I realised that she needed and wanted to be closer to her family. She says her new place is smaller but still has a garden for her grandchildren. Family pictures are everywhere; Trevor's photo is the first one she showed me when I visited her home. In the case of Vanessa, she shared with me how lost she felt when her husband died, incapable of moving and thinking about what to do next. Keeping the family house implied too much work; it had a big garden and two floors. Therefore, she and her son decided to sell it. Vanessa was in tears when it happened; she felt "all her life was collapsing in the blink of an eye". The new place for Vanessa did not seem to cause her excitement; when I tried to ask her how it looked and how she felt living there, she only answered, "It is ok. I am next to my son".

Melany and Rose used to live in a rented house with their partners. These women were financially affected after the loss of their husbands and needed to look for a new place to live. They shared with me, concerning their houses, that it was "hard to keep it on my own", and "it was pricey to keep it (the house)". Rose now lives in a bungalow, and Melany lives with her daughter. Literature has shown that, when experiencing the loss of a spouse or a partner, the connection between individuals, their homes, and their possessions is fundamental (Despres & Lord, 2005; Kirk & Sellen, 2010; Leith, 2006). Attachment to home provides a sense of order to a woman's past roles as a wife. For these reasons, scholars and policymakers also suggest that ageing at home contributes to a better transition to widowhood as it supports self-esteem and self-efficacy (Sheila, 2022; Stones & Gullifer, 2016). However, despite these assumptions,

aspects such as economic possibilities, grieving processes, and caring needs also play a role in women's decisions, as is the case of the women I met for this study.

Regarding the material and financial possibilities, Bourdieu's (1986) cultural and economic capital concepts are pertinent to understanding these dynamics. Sonia is the only woman who could pursue a career. She is financially independent, and in terms of material support, she could navigate this new stage of life from a better position. Education and higher incomes influence the capacity to access material resources to avoid or manage demanding situations (Dabergott, 2021). Cultural capital encompasses non-financial resources such as education, skills, and knowledge that an individual possesses, which Sonia acquired through her law studies. Economic capital refers to individuals' tangible financial assets and resources, which Sonia partly got through her career and financial independence. This economic capital is crucial in offering her stability and the means to manage life transitions more comfortably than her counterparts. The link and intersection among capital accumulation might represent a situation of better stability in old age, as in the case of Sonia. Sonia's educational attainment and professional career have significantly enhanced her economic capital.

Widowhood for these women represents a reconfiguration in her material world. An interruption of their normality impacted their finances and social support. This interruption confronts them with moments of loneliness. Social capital becomes critical in this phase. A robust social network, often comprising family, friends, or community ties, is pivotal in navigating these challenging times as in the case of some of these women. Bourdieu's (1986) perspective on social capital underscores the value of social relationships and networks in providing emotional and instrumental support during difficult times. The shared experiences, mutual aid, and emotional backing from family members or close friends can offer solace and a sense of belonging that attenuates feelings of loneliness and financial concerns. Similarly, Putnam's (1995) notion of social capital emphasises the importance of social networks and community engagement in fostering trust, reciprocity, and collective action. In widowhood, the support and assistance from these social connections can mitigate the adverse effects of loneliness and economic struggles.

Sonia, Rose, Vanessa and Melany have a strong family network; regardless of the intimate process of grieving, they were willing to help them overcome different issues and challenges that events such as widowhood often bring. As in the case of Vanessa, her family always involves her in the family plans, trips and weekends. They also are her primary carers as Vanessa now has mobility problems, and her diabetes also causes her some struggles. Even though Vanessa seems disconnected from her reality, nostalgic, permanently lonely, and

missing the presence of her husband, she has a supportive network that contributes to navigating financial, emotional and health issues.

However, what happens when this is different from the case? When a woman loses her husband, her central family, and financial support, the struggles faced as a widow could be problematic. Laura does not have a close relationship with her children. As she says, that is because she was focused on caring for her husband while they were growing up; he was also distant and indifferent to his children. Nowadays, only one daughter still visits her to help with the shopping and the doctor when she is available. Her husband's pension and the family house remain material and financial resources. Laura is dealing with the paperwork and different procedures to sell the house and start a life in a new setting. Although she did not mention it, having the support of her children could have accelerated that process, reducing time and costs.

Regardless of the problematic situation that widowhood could represent even years after the event, considering these women as passive receivers of benefits and support is not necessarily accurate (Chrisler et al., 2015; Vidovićová, 2018). Traditional social policy and social gerontology paradigms have focused on older people needing help and support. Nevertheless, recent studies have realised how often older people are also a resource, those who provide, contribute, and give (Chrisler et al., 2015; Vidovićová, 2018). Their contribution can be seen in different scenarios: as workers, active community members, and collaborating at home through intergenerational solidarity (care providers within families (Vidovićová, 2018).

Sonia has become an activist to fight for her brother-in-law's rights as a dementia patient; she participates in fundraising activities and takes care of him once a week. She manages her money and her time. Sometimes it is easier, others not. Being a widow represents a challenge and a considerable adaptation, but her capacity to keep a willingness to support other people is intact. Likewise, Melany and Rose help their children care for their grandchildren and pets. Rose even picks up her grandchildren from school once a week, representing an important financial support to her family, as they can continue working on that day. Research indicates a growing trend: an upsurge in the number of women joining the formal workforce alongside soaring childcare expenses, leading to a heightened reliance on grandparents as primary or part-time caregivers for grandchildren (Hunt, 2018; Sadruddin et al., 2019). Grandparents have assumed an indispensable role in assuming full-time caregiving duties for children. Their significance became even more pronounced amid the global health crisis triggered by COVID-19; their fundamental support extended across households, profoundly impacting life's economic, social, and emotional aspects (Cantillon et al., 2021).

The concepts of “vitality and agency in frailty” (Bjornsdottir, 2018) discuss how older people aim to preserve self-identity and continue self-development in later life despite some physical or emotional crisis. Older people are not necessarily passively receiving care; on the contrary, they are active members of their families and communities. As what was found in this study, there is a permanent interexchange of support that contributes to both children and women but also contributes in different ways, financially, emotionally and reinforces the sense of self of these women; it reminds them that they remain as individuals, possibly helping to confront those main issues that arise after the death of a spouse and the conflicts of how to navigate the world on their own (Boelen, 2017; Cook, 2018; Harris et al., 2021).

Widowhood profoundly impacts older women, touching upon multiple facets of their lives. It can significantly diminish their financial capital, mainly if they rely on their spouse's income. Moreover, widowhood may disrupt established social networks and support systems, affecting their social capital and potentially leading to experiences of loneliness. Beyond these challenges, widowhood also has intricate emotional and physical health implications, highlighting the need for comprehensive support systems. However, the extent of these impacts also depends on what other forms of capital, such as cultural and health capital, women have accumulated throughout their lives, as these resources can shape their resilience and ability to navigate these new challenges with greater adaptability and strength.

4.1.4 Processing grief

“Grief turns out to be a place none of us know until we reach it...Nor can we know ahead of the fact...the unending absence that follows, the void, the very opposite of meaning, the relentless succession of moments during which we will confront the experience of meaninglessness itself.” (p. 188–9) Joan Didion. *The Year of Magical Thinking*

As previously discussed, the new life situation as a widow usually means a life without the most important source of love and support. In addition, marriage in older age acquires features that increase the bonds between the couple (Štambuk, 2019), retirement represents a change in routines, and the couple spends more time together than before. As a result, there is more intimacy and feelings of dependency; men start seeking more companionship and support from the family. Therefore, when a partner in old age passes away, overcoming the loss, as Štambuk suggests (2019), involves more losses: an intimate partner, a protector, a trustworthy person, a provider, social status, and a sense of home. The loss of a partner also confronts women with their death and an awareness of their mortality. This is why social support is crucial to navigating this period of life (Štambuk, 2019).

Grief is a normal and necessary process through which people pass after losing someone who has been an essential presence in their lives (Harris et al., 2021). Also, the grief process does

not include a manual or an expiration period; it is an individual process that might depend on the person, social support, relationship with the deceased spouse, etc. Nonetheless, this process is still impregnated with certain prejudices. Studies have reported that participants shared a lack of understanding of their family and friends and the rejection or non-acceptance of their expression of negative feelings (Harris et al., 2021). I found that Sonia experienced that limitation in her process.

Sonia admits that something is missing since her husband died 19 years ago. Her discourse about coping with this loneliness is related to her duty of supporting her family. When we were drinking tea at her place, she also shared with me that a couple of months after Trevor passed away, her family expected her to be “better” and to leave aside her apathy and lack of enthusiasm. It was hard to show her feelings and sorrows, but when her daughter asked her to be strong, as “mams need to be strong for her children”, she decided to restrict her pain to support her family.

“If we talk about loneliness, you know when my husband died, I was unfortunate, and the feelings are still raw. He died, and that was it. I remember when there were times when one of my brothers rang up, and he said to me oh god, aren’t you over that? Moreover, I said, why don’t you sit on my seat or feel my pain? However, my daughter said Mam, daughters go to mams for help, and it is hard to see mothers so weak”. (Sonia)

Studies have demonstrated that gender is essential when analysing how older people generally navigate this stage in life. Studies about gender, age and widowhood show that the perception held by both widows and widowers presented women as emotionally stronger than men and better able to cope with loneliness (Streeter, 2020). Therefore, overcoming feelings of loneliness due to the loss of Trevor was sometimes a process forced by the willingness to be seen as strong, helpful, and present. During my time with these women, I discovered that grieving and coping with widowhood could be permeated by these social expectations that force women to live their sorrows and pain in ways that were not as real as they could feel. Some women felt that sadness or loneliness affected how their family and friends perceived them; they felt weak and socially undermined.

Although men and women miss the person who has died, the way of dealing with loneliness will depend on the person's role and if it is predominantly in the public or private sphere. Widows reported that they mostly miss the social life of being with a couple, whereas widowers miss their wives' emotional support and care at home (Streeter, 2020). Likewise, in the research of Bennett (2012) about coping with loneliness after the death of a spouse, both older men and older women agreed that men showed fewer skills to overcome this issue.

These two groups also agreed that it was because of poorer social and domestic skills. Men are more used to receiving informal care from their wives, whereas women are seen to cope with a sick husband and domestic responsibilities (Bennett & Soulsby, 2012). This view fits into traditional gender roles, where women are the primary trained carers and more sociable people, and showing publicly the necessity for help to deal with sadness is more permitted and expected (Isherwood, 2021).

In the process of grieving, the complexity and individuality of each individual are important. Although adaptation to the death of a spouse or partner in old age is considered a natural stage of life, the loss of a spouse or partner is one of life's most significant concerns and stressors (Da Costa & Labate, 2015). Moreover, the first years after the death of a spouse or partner tend to be the most difficult. So then, besides the support of family and friends, it is essential to create a social climate in which widows can be recognised and accepted in their new role, individually and publicly, for which they need time to adapt (Da Costa & Labate, 2015). Grief is an individual process in which individuals learn to adjust their lives, face new challenges, and be involved in new routines without a partner or spouse. As Štambuk (2019) points out, widows experience several changes, and, despite everything, they find a way to continue with their lives differently from before the moment of losing their loved ones. The grief process is necessary to find those ways of a new living; consequently, support and understanding of the social environment are essential.

Even though it was hard for Melany to experience her husband's loss, she still has things to explore and enjoy: "I do not feel lonely now; that is not true; it is not the end of the world for us". She is the youngest of the widows I met in the knitting group. For her, this space allowed her to meet women of her age who also were part of a volunteer program, and together, they went to spend some hours in the charity shops that also belong to the NGO that set up the knitting group. In the knitting group, she spent some hours knitting, chatting with the women and then, with Anna, her closest friend who was part of the group, they left the place to share lunch outside or go to the charity shops.

Erin spent most of their time alone. Her husband passed away 26 years ago. Erin said they had a lovely marriage and often travelled within the city and abroad to visit the family, especially to a country in North America. Since her husband passed away, Erin admits to feeling lonely. Her only son supported her process of grieving at the beginning. However, as she mentions, as he has a family, she spends much time alone, trying to overcome her sorrows. There, she tried to process her grief by driving her car more often than usual. According to her stories and how she did it, Erin and her car were almost united for approximately ten years after her husband

died. However, I realise that despite what studies and literature suggest, Erin's grief process, at least at the beginning, was a very individual process where driving on her own was something that gave her distraction and enjoyment until she could when eyesight and hearing issues became a serious problem when she was in her 70s that changed.

Then, going to the knitting group for Erin means socialising with other women in the same situation; she can easily relate with them. They enjoy a relaxing morning, share a cup of tea, and chat. Once I arrived, they discussed their favourite songs. Erin mentioned that her favourite was "Blue Heaven" by Frank Sinatra; I played it for the women from my computer, and then she asked me to use my headphones to listen independently. Oh, how she did enjoy it! It brought her memories of her husband, and she returned the headphones to me with a lovely smile. So, for Erin, visiting the knitting group represented expecting something new, listening to other women's routines or stories and relating to them, observing more movement and noises, and getting some company to alleviate, for a moment, her feelings and situation of loneliness.

Laura is a very lonely woman. She mentions how she avoids taking her daily medicine on Wednesday as it makes her feel dizzy and sleepy. She prefers to skip her medication because she wants to leave her house to go to the knitting group. The knitting group is the only space outside her home that allows her to socialise with other people. Once there, she despites her leg injured helps other women who use wheelchairs or have hearing problems. She takes them to the bathroom or offers to serve them tea. One day, I arrived at the knitting group, and my face clearly showed how cold I felt. She immediately offered me a cup of tea, and I told her I could do it independently, but she refused. "I can do it; I will do it." "Do not look at my leg; look at me". Laura in the knitting group was always with a smile, quiet sometimes but always aware of things to do, especially if someone needed some help.

At home, she awaits her daughter's weekly visit to do the grocery shopping or visit the doctor. In addition, her house is far away from the city centre and the knitting group; she planned to move to a new place, much closer to the centre and a neighbourhood where she used to work when she was younger, which brings her good memories. When we discussed this project, she mentioned that it is a way to leave aside the pain; she said she lost her children to her behaviour and being emotionally dependent. Her present home reminds her of this every day. Leaving the house and being closer to the only space she has to socialise and expand herself brings her joy, hope, a sense of belonging and perhaps, considering what she said about her husband and children, redemption. Sara, one woman who also visits the knitting group, referring to Laura, once said: "Her leg got worse, she devoted her life to her husband. This is

why some of her daughters do not want to see her. She does not celebrate her birthday because it is the same day as her anniversary. She is a very lonely woman”.

Rose, Sonia and Vanessa are the same age, 78 years old. Sonia and Rose's husbands passed away several years ago, nineteen and eight years, respectively, while Vanessa lost her husband in 2015. Each of them experiences the lunch clubs in different ways. Rose was actively part of the lunch club routines. Since she arrived there, she enjoyed being in charge of the kitchen, organising the food, setting up the table, and cleaning the dishes. She also participates effusively in quiz contests and bingo games. For the rest of the week, she goes with Carmen, a friend who also goes to the lunch clubs, to do some gymnastics in the same house where the lunch club is located, and they share lunch at least twice a week. Rose shares her time between her family activities, spending time with their children and grandchildren and her friends from the lunch club, particularly Carmen. Rose misses her husband, but spaces like the lunch clubs allow her to navigate this new stage of her life within a supportive network besides her family support. It is an opportunity to build social capital.

For Sonia, although the lunch club allows her to interact with people, she shares with me how much she prefers to visit a restaurant and enjoy political and academic conversations with her friend, who does not live in the city but visits it once in a while and always ring Sonia to catch up. That is why Sonia still feels lonely in that sense; she misses those interaction spaces. She has not filled a gap since her husband passed away, and she has not found a space to interact in that way within the city. During the weekends, as their children are generally busy with their own families, she likes to watch documentaries and walk around her house with her pet, a puppy called Bella. Sonia sometimes discusses politics with Bella and laughs when she shares that with me. The lunch club provides her with a routine and a duty; she takes her brother-in-law, who has dementia and distracts him. She is very respected there, as is the one who pursued a career and was a teacher; when we played quiz contests, the women used to say, “oh, now Sonia will win because she is the smartest!” Sonia likes to hear that and laughs with them.

Although providing emotional support in the early bereavement period is usually very natural for family and friends, the bereavement period in an individual could be longer than people expect. For some widows, social support will be sufficient. Nevertheless, approximately 7% of older adults will develop complications derailing the mourning process and presenting disorders that might affect their emotional and physical health (Shear et al., 2013). That might be the case with Vanessa. She admits going to the lunch club “forced” by her daughter-in-law and her friend, Vivian her closest friend, who also goes to the lunch club. They both enrolled

her there and once a week they share breakfast together, spend some time at her place and from there go together to the lunch club. Vanessa follows them. However, as her husband died three years ago, she tells me that she still misses him. Therefore, besides having family and friends supporting her, she still feels “lost”; as mentioned before, she prefers to stay at her place, smoking. There is no space where she can feel comfortable; loneliness comes from the inside, from her loss and grief. Her recent loss might be what shapes her process of grief. Vanessa struggles to find her way to new routines without her spouse. In the meanwhile, as Vivian, her close friend, suggests, smoking and her lack of mobility are causing struggles with her diabetes, which worries Vanessa’s family.

There seems to be a duty to overcome grief, fight against the stigma of loneliness, and, on the other hand, fulfil social expectations, the role of a carer. A moral duty seems to permeate women’s lives, and it is based on the primary caring role that has become part of their identity, our identity, or so we have been taught to believe (Lopata, 2017). Nonetheless, widows need a space to experience their bereavement and grief without prejudice or social expectations. By doing so, overcoming this stage of life will be a process that allows a new self-recognition without feeling disconnected from the world or their community.

4.2 The importance of being with the family.

This section will focus on other experiences of disruption and loss that women in this study experienced, such as divorce and children's departure from the family home. Among these women, I found that those kinds of loss and disruptions could bring confusion, feelings of grief and loneliness. In addition, when someone experiences a significant disruption, the loss of someone can also be tangible (financial and material loss) or abstract, such as the loss of a life project, a personal dream or a desire (Capuzzi & Stauffer, 2015). Although only two women who were part of this study experienced divorce during their lives, that event invited them to discuss several aspects of their emotional and financial lives, and it was connected to a diversity of challenges to channel their identity and projects in life.

4.2.1 The representation and challenges of a divorce

Divorce, in general, depends on many factors, such as the cause of the breaking up, who decided to finish the relationship and the financial and emotional support of the couple. Above all those factors, aspects such as gender and age could configure that event in particular ways. For a woman, getting a divorce and not having financial resources could be detrimental and have severe consequences for her material security (Lin & Brown, 2020; Sandfield, 2006). The divorce rate in England and Wales has evolved significantly over the past 50+ years,

showcasing varied trends based on the duration of a couple's marriage. While the overall divorce rate stands at an average of 31.8% for marriages between 1964 and 2019, the figures differ concerning the years of union (Office for National Statistics, 2021). For instance, among couples married 50 years ago in 1968, 35.3% had experienced divorce by 2018 (Office for National Statistics, 2021). That indicates a moderately higher prevalence of divorce among couples married in the late 1960s. Comparatively, 43.6% of those who tied the knot in 1988 had gone through divorce by 2018, reflecting a notable increase in divorce rates for marriages formed around that time (Office for National Statistics, 2021).

Divorce can affect older women in various ways. Older women who were financially dependent on their spouse might face significant challenges after divorce. If they have not been part of the workforce or lack individual assets, they may need help to achieve financial stability post-divorce (Thornes & Collard, 2023). Likewise, dividing retirement funds and pensions becomes crucial. If a significant portion of retirement savings is marital property, it might impact the financial security of both spouses in their retirement years (Thornes & Collard, 2023). Another concern after the divorce is the property ownership. The division of property can be complex for older couples who have accumulated assets like homes, investments, or real estate during their marriage (Thornes & Collard, 2023). Disentangling these assets becomes critical, especially when considering housing needs post-divorce.

In terms of health, divorce can affect access to healthcare, particularly if one spouse is covered under the other's insurance policy (Thornes & Collard, 2023). Healthcare coverage becomes crucial for older women, and the loss of insurance post-divorce can represent financial challenges. Regarding their social life, for older women, who may rely heavily on social networks used to interact with their spouses, divorce might disrupt support systems. Overall, divorce can have significant emotional repercussions for older women, impacting their mental health and well-being. As can be seen, not only their economic capital but also the social capital of these women might be affected during a divorce.

Those discussions surfaced when I spoke to some women I met in the city of Hull, Sara and Carmen. Topics such as leaving aside their desires to follow their partner's career, prioritising men's health and comfort as they were the primary breadwinners, doubting about their womanhood, not feeling beautiful enough for someone else, feeling left behind, thinking that perhaps they were not "young enough", "not interesting", "a burden on their shoulders". Those feelings trigger loneliness. When a long-life couple breaks, social life might also end with it, encounters with people might be reduced, and there is a change in the group of people that, as a couple, they used to visit.

Sara, for instance, got married when she was 20 years old. Before getting married, she used to work as an assistant in a shop, but as her husband belonged to the navy, she moved with him to different cities during his career and stopped working to be in charge of the home and family. When her daughter turned six, they all moved to a country in the Middle East to follow her husband's professional path. For over four years, Sara and Cindy, her daughter, spent time together at home; Sara dedicated her time to educating and taking care of Cindy.

Unexpectedly for Sara, when they all returned to their hometown, her husband asked her for a break, ending in divorce after 31 years together. According to Sara, he left them not only hopeless but homeless as well. Emotionally affected and not having a job, savings or a home in the UK, Sara mentioned she felt "humiliated" and "lost".

The first years after her divorce, she moved to her mother's place with her daughter. She needed to get three different jobs to keep her house running until she decided to study nursing. Sara was around 50 when she started a new life from scratch. Sara admits it was challenging; she needed to leave her daughter alone for long hours and felt guilty, lonely, angry and concerned about navigating many things independently. A dislocation, a challenge, a new episode that she did not ask for; therefore, Sara felt unprepared for it. She was surrounded by her daughter and mother but felt lonely and isolated from a life that was not hers anymore. Regardless of relationship quality, an intimate partner, a routine and resources are lost following divorce (Wright & Brown, 2017; Lin & Brown, 2020).

In the case of Carmen, she lost her lifelong partner when he realised she had breast cancer. In that crucial moment, when uncertainty permeated Carmen's and her family's lives, she also needed to struggle with the fact that she was losing her partner. Carmen and her partner used to socialise with a big group of friends; even when he was not the biological father of Carmen's children, he had a good relationship with them and was an important family member. In terms of finances, he also contributed to the household economy. When he broke up with her, feelings of frustration, guilt, and anger surrounded Carmen. Furthermore, as her hair started falling due to chemotherapies, radiations, and, later on, mastectomy, she shared with me how scared she was of being unable to look at herself in a mirror and identify a different person, perhaps less attractive and weak. However, Carmen's strong family network was her primary support in dealing with those challenges. She even made fun of herself now, telling me she has better bobbies after surgery. Carmen shares lovely family moments with her sisters, daughters and granddaughters and is active in her family and community.

Carmen's fear of feeling less attractive and weak aligns with discussions surrounding embodiment, especially in the context of societal norms prioritising youthfulness and good

health (Minichiello, 2016; Cameron et al., 2019). This aspect relates to the valuation of physical appearance within the social field. The bodily changes she underwent due to medical treatments disrupted her perceived identity and self-image, potentially affecting her sense of self-worth in a society that often places considerable emphasis on appearance. In terms of social and symbolic capital, Carmen's case illustrates the importance of social networks as a form of support during challenging times. Her strong family network provided emotional sustenance, enabling her to navigate the emotional and physical challenges she faced.

Carmen's ability to find humour in her situation can be viewed as a way to reframe her experiences and reclaim agency over her changed appearance, using humour as a defence mechanism to cope with the complex emotions and changes she encountered. Nevertheless, I also think her sense of humour comes from how she has faced challenges in life. Always with her family, having the chance to get surgery after a mastectomy, being able to continue having plans with friends and family, and being healthy and "strong". Carmen's journey illuminates how personal experiences intersect with broader societal values and cultural expectations, highlighting the intricate relationship between health, appearance, social support, and individual well-being.

As in the case of Sara and Carmen, while a spouse or a partner may be the most important social loss, divorce is also a loss of shared relationships and responsibilities, particularly among couples married for many years (Manvelian et al., 2018). Sara spent years in a country in the Middle East, focusing on her husband's career. She could not accumulate social networks and new relationships. When the divorce came, Sara lost an intimate partner, kept the whole responsibility of raising her daughter and had reduced social interactions. Likewise, when she lost her partner, Carmen realised that after therapy, she must assume more responsibilities independently while taking care of herself more than in previous years.

However, when I met Sara, at 64 years of age, she told me that her life without her ex-husband looked bright; she felt that her divorce did not affect how she wanted to live. She said those moments of loneliness made her strong. They gave her the energy and motivation to pursue nursing and look for better job opportunities to provide for her and her daughter. For Carmen, losing her partner was difficult, mainly due to her health situation, but, again, the capacity that both women found in their families to overcome those harsh times was crucial, emotionally and in terms of material support.

4.2.2 The Empty Nest

In the section below, I will explore the different relationships that women I worked with had with their children and family. I discuss the diverse experiences these women faced when their children left the family home and how those events triggered some of their experiences and situations of loneliness. This section also reveals the role of care in women's lives in this stage of life, particularly for those who are married and live with their partners. They become their partners' primary carers, which might trigger feelings of loneliness and burnout. The so-called empty nest is a stage where children leave the family home. It is an expected stage that most parents might experience (Kristensen et al., 2021). Nevertheless, how it is experienced is also related to several aspects, such as civil status, financial situation, social networks, etc (Park & Mendoza, 2022).

The phase of the family life cycle that follows after children have left the family home is often known as the empty nest or post-parental phase (Park & Mendoza, 2022). Although it is an anticipated event, for some parents, everyday family life might change as the children are no longer the focus of the parent's lives. The concept of "Empty Nest Syndrome" for some families describes the possible negative reactions to this transition, such as depression, feelings of loneliness, anxiety, and loss of identity (Kristensen et al., 2021; Park & Mendoza, 2022). Some of these women have a solid and close relationship with their children, and the fact that some have left the family home does not represent a distance or detachment. Nevertheless, for others, living far from her children or living alone affects their daily lives or, on the other hand, could have represented a challenge in a particular moment of life.

Among some of these women, those widowed and divorced have experienced difficulties navigating that moment. For Sara, living alone in the family house increased her loneliness and fear about her life as a single adult. Sonia and her daughter, Cindy, became best friends, Sara says; they are very close to each other and used to live together up until Cindy got engaged. Sara never expected to feel lonely again since she got divorced. When her daughter met her now husband, they both bought a house. After the wedding, Sara realised she was going to live alone, which affected her deeply: "I was shocked for two weeks. I was very poorly, did not want to see anybody or go out, and that is not me, because I always want to do something, but it was just a stage".

When Sonia lost her husband, she was already living alone with him; she found herself trying to fill her days with activities and fit into her children's schedules. The first year after her husband passed away, the struggle was divided into two thoughts: where to live and whom to call during those sad and challenging moments of sorrow and loneliness. Nevertheless, after

her husband died, she and her son travelled worldwide. Although it helped her to relieve the pain of her loss, coming back home, regardless of her caring family, she found herself lonely; she had few social contacts and, therefore, as mentioned before, Sonia found in Bella, her puppy, a project to keep a routine and reduce her feelings of loneliness. A strategy to leave her house and, at least, briefly interact with people on the streets.

Some scholars have discussed the overlap between the empty nest and some bodily and social role changes in older women (Abreu et al., 2022; Mansoor & Hasan, 2019.; Mitchell & Wister, 2015). According to these studies, in later life and in the case of women in a post-menopausal stage, some bodily symptoms might represent a challenge for them, for instance, osteopenia or osteoporosis, hearing loss, dental issues, etc. Furthermore, the anxiety and stress in that stage could increase eating disorders, dysfunctional attitudes, beliefs and lifestyle behaviours (Abreu et al., 2022; Mansoor & Hasan, 2019.; Mitchell & Wister, 2015). In addition, together with retirement and, for some women, the death of a spouse or a divorce, the departure of children might become a challenging and struggling period that finds them in a process of inhabiting a new body from a different social position, adapting to a new stage of life (Abreu et al., 2022; Mansoor & Hasan, 2019; Mitchell & Wister, 2015).

Another potential effect of the empty nest regarding loneliness is related to the reduced social support network (Park & Mendoza, 2022). Women may have relied on their children for companionship, emotional support, and assistance with daily tasks (Kristensen et al., 2021). With an empty nest, they may need to actively seek out new sources of support, which can be challenging and contribute to frustration and loneliness. Likewise, some older women may face barriers such as reduced mobility, limited social networks, or a need for more awareness about available social opportunities (Mitchell & Wister, 2015; Abreu et al., 2022; Park & Mendoza, 2022). These factors can contribute to feelings of loneliness. When Laura's husband passed away, as in the case of Erin, these women did not have their children living with them or close to them. Laura does not even have a good relationship with them, only with one daughter, whereas Erin has only one son, and he constantly travels outside the city. As these women age, the need for daily and health support increases, but the presence of their children does not.

Among those women who are married or have a partner, the experience of the empty nest could be less disruptive compared to women who are widowed, divorced, single or living alone (Ablanque & Singson, 2022). Having a spouse or partner provides companionship and emotional support during the transition. The presence of a supportive partner during old age can help alleviate feelings of loneliness and could contribute to keeping different dynamics of

socialisation (Ablanque & Singson, 2022). Karla and Andrea's children no longer reside with them for many years. Therefore, they continue to allocate a significant portion of their time to their respective partners. They maintain a deep connection by engaging in short trips and social gatherings and seeking mutual health and social support. In Karla's case, her husband is her primary source of emotional support and companionship. Consequently, they both actively assume the role of caregiving, reciprocally attending to each other's needs and well-being.

Caring is also an activity that increases at the stage of the empty nest (Ablanque & Singson, 2022; Tracy et al., 2022). The stage of the empty nest often coincides with an increase in caregiving activities for older women, particularly those who take care of their partners. As children leave home and become independent, older women have additional time and resources to dedicate to their partner's well-being (Gao et al., 2017). The absence of parenting responsibilities allows them to focus on providing care and support to their significant other. However, it is also the case that, as children leave the family home and some of them start a new life even in different cities or countries, there are more responsibilities for the couple to take care of each other. This caregiving role can encompass various aspects, including emotional support, practical assistance, and healthcare management. Older women may assume responsibilities such as managing household tasks, coordinating medical appointments, providing companionship, and ensuring their partner's overall comfort and quality of life. Such is the case of Vivian:

“I am a strong woman; I always do the correct thing. I am not arrogant; if I need to learn from my mistakes, I will (...). When my husband had the stroke, I was also firm because it was very unpleasant; I needed to deal with the nurses and doctors and his bad mood. I needed to deal with his medicines, organising his life”.
(Vivian)

Even when she has the support of her children and nurses, she is the primary carer and manager of the family house and her husband's health, whereas she might also be dealing with her health impairments. Similarly, Andrea, even when she and her husband usually socialise and interact within their community, Andrea is his main carer, as he has heart issues and tends to be very emotional. None of her children deals with their father's health. Andrea is in charge.

This increase in caregiving activities impacts older women's daily routines. Although it could be the case that it reinforces their sense of purpose, nurturing their relationships and contributing to their partner's well-being, it is also essential to recognise that the increased caregiving activities during the empty nest stage can put older women at risk of loneliness and burnout. I think of Laura and how she complained to me about how she dedicated her life to caring for

her husband. Her children left the family home, and her health worsened. The additional responsibilities and demands placed on them as they take on the role of primary caregiver can lead to physical, emotional, and mental exhaustion (Gao et al., 2017). The absence of external support, such as children who may have previously assisted with caregiving, further intensifies the burden. Constantly juggling caregiving tasks, household responsibilities, and potentially managing their personal needs can overwhelm older women (Kristensen et al., 2021; Ablanque & Singson, 2022; Park & Mendoza, 2022), leaving them vulnerable to burnout, even if they do not admit or see it.

4.3 Mothers and daughters: bonds and gender roles of caring

The narratives collected in this study highlight a recurrent theme: the profound sense of duty and emotional connection that older women feel towards their mothers, both in the context of current caregiving and in reflecting on their past relationships. This sense of responsibility often surpasses what their male siblings experience. This trend is consistent with established research indicating that daughters are more likely to assume caregiving roles due to societal expectations and gender norms (Haberkern et al., 2015; Ellemers, 2018). These expectations can burden daughters significantly, impacting their personal and professional lives.

Moreover, the emotional and financial support provided by daughters like some of the women's cases in this study, further demonstrates the deep-rooted cultural norms that designate women as primary caregivers (Saewyc, 2017). The consequences of these gendered roles are far-reaching, potentially exacerbating gender inequality in intergenerational care and contributing to the economic vulnerability of women (Calasanti, 2007; Lucy, 2011).

My conversations with these women brought on the surface the vital gender role of women as primary carers of their families and parents. Some of them shared with me how fundamental it was to care for their parents, particularly their mothers, as they lived longer. Some women still include weekly visits to care for their mothers in their routines, and according to some of them, their duties surpass those of their male siblings. For instance, Sara is not only responsible for overseeing her mother's care, who lives in a nursing home, but she also tries to support her younger sister, who is struggling due to a cancer diagnosis. Sara admits that her siblings support her mother; however, her brother, who lives closer to her mother's house, does not go that often compared to her and her sister.

“She has her own home (her mother), a big network, and carers come mornings and nights. She has my brother, who lives up the street and goes once a week to look after her; my days are Thursday and Friday, and I will be all day tomorrow.

My baby sister, who is 55, is also going, although she is currently fighting cancer".
(Sara)

Historically, women have been predominantly associated with caregiving responsibilities within the family, including caring for older parents or relatives (Saewyc, 2017). This can be attributed to traditional gender norms and societal expectations that place a higher value on women's caregiving abilities (Fan & Parreñas, 2018). Andrea and Mary also shared with me how they support or supported their parents financially, emotionally and physically during their lives. Andrea's mother is 90 and lives in sheltered accommodation, safe and protected, but cannot leave her house due to her mobility issues. Andrea and her sisters are the ones who go every week to see her. Andrea's brothers live abroad, and they cut the relationship with their mother due to family issues.

Mary was always attached to her mother. Despite having a brother, they have not seen each other since her mother passed away over 20 years ago. According to Mary, they have had a bad relationship since he married, as his wife had a complicated relationship with her mother. Mary also shared with me that, when she was younger, she travelled to the States and Canada to work as a nanny for long periods. Nonetheless, as she was very young when she made those trips, she always returned home as she missed her mother. Her mother has always been part of our conversations; for one reason or another, her presence was on the surface of her narratives.

Since her mother died, Mary spent long periods alone. She briefly stayed in the family house, then sold it to give her brother part of her mother's inheritance. Nowadays Mary lives in a small flat in the centre of the city. This residence relocation also represented the ending of some habits she used to share with her mother, like playing the piano and enjoying listening to her extensive music collection. Unfortunately, due to the lack of space in the new place, neither the piano nor the music collection is part of her life. Her mother's absence reduced her almost non-existent social network and forced a rearrangement of her material life, increasing her feelings of loneliness. For Mary, before moving to her place, spending Christmas alone was sad, but at least she felt at home. The first year in the new place, she did not celebrate Christmas; she felt like an outsider in her place.

The relationship between mothers and daughters often involves strong bonds and significant roles in providing care, especially if older women require health support. Unlike sons, daughters often assume a more prominent role in caregiving for their ageing parents. This pattern can be attributed to various factors, including societal expectations and gender roles surrounding caregiving (Haber Kern et al., 2015; Ellemers, 2018). Daughters are often socialised

to be nurturing and involved in familial caregiving activities, whereas sons may have been raised with different expectations and responsibilities. As older women depend more on assistance due to ageing-related challenges, daughters frequently step into caregiving roles, providing emotional support, coordinating medical care, managing daily activities, and ensuring their mothers' overall well-being (Haber Kern et al., 2015; Ellemers, 2018). Daughters may also assume the responsibilities of maintaining the household, managing finances, and making important decisions.

Melany and Angela are women who, although having more children, depend mainly on their daughters regarding material, financial and emotional support. Melany lives in the backyard of her daughter's house and spends most of her time connected to activities that her daughter set up for her. Angela lives close to her daughter and depends on her to go to destinations far from her neighbourhood as she is in a wheelchair. Angela only has her daughter close to her as she grew up in a European country and did not accumulate a strong network of friends and support within the city. In many cultures, the expectation that daughters or female family members will assume the caregiving role for ageing parents is deeply ingrained (Ellemers, 2018; Haber Kern et al., 2015).

As a result, this gendered expectation might put women in a position where their personal and professional pursuits might be at risk. As the Haber Kern et al. (2015) study highlights, there is a risk of increasing gender inequality in intergenerational care. According to those scholars, gender inequality in intergenerational care may have three causes: first, daughters and sons have different resources to provide care (education, employment status, etc.); second, daughters and sons respond differently to the same resources (daughters may be more responsive to their parents' needs); third, welfare state programmes and cultural norms affect daughters and sons differently.

Gender disparities in caregiving have broader implications, contributing to increased poverty risks for women. Moreover, societies bear the cost of gender-based care allocation, where responsibilities are assigned according to gender rather than based on skills, talents, and abilities. For instance, highly educated daughters may care for their parents, while less-educated sons remain in the labour market. Consequently, it is crucial to question whether ageing societies can afford to disregard the significant contribution of male caregivers in the future. Gender roles of caring are deeply connected with the concept of capital, as they influence how individuals access and allocate various forms of capital, including economic, cultural, social, and symbolic.

Gender roles often assign responsibilities for earning and managing household financial resources. Traditional gender norms may restrict women's access to economic capital, mainly if they are primarily responsible for caregiving and domestic work, limiting their financial independence and ability to accumulate economic resources (Wood & Eagly, 2015; D'Acunto et al., 2021). The role of carers reduces women's possibilities to pursue education and job opportunities, restricting their capacity to accumulate cultural, financial and material resources that could be fundamental, particularly for late-life (Calasanti, 2007; Lucy, 2011). Women are often socialised as caregivers (Ehrlich et al., 2020), which can enhance their cultural capital regarding caregiving skills and health-related knowledge. However, this can also lead to the devaluation of caregiving work (Ehrlich et al., 2020).

The study conducted by Haberkern et al. (2015) found that parents are more likely to receive care from their daughters than their sons, even when children possess similar resources and live in comparable circumstances. Thus, gender differences in caregiving cannot be fully explained by the gender-specific allocation of resources, such as variations in women's and men's employment patterns. Instead, daughters and sons respond differently to parental needs and opportunity structures. Hence, parents often find daughters more reliable sources of support than sons. Additionally, in cases where affordable professional care services are lacking, parents tend to rely more on their daughters than their sons.

Affective bonds could imply caring and support, but when there is a social expectation and imposition of women's roles regarding duties of caring, there is a risk of accumulating disadvantages in women's lives. There is an economy of morality that represents pressure on women, regardless of its normalisation or not. It affects the ongoing process of a personal, educational and professional path, and it can seriously affect the material lives of older women, potentially contributing to scarcity or poverty and triggering feelings of loneliness.

4.4 Friendship and Community

Among these women, there was a strong feeling about how important it was for them to overcome several issues. Friendship, community and socialisation are crucial aspects of women's lives, and in moments of difficulty, they activate these aspects to navigate through challenging moments of life more than ever. By visiting the knitting group and the lunch clubs and during my conversations with some of these women, I found that, despite their sorrows, some of them are willing to belong to a community and the value of their friends to keep enjoying and living is crucial. Even for some women with fewer social and supporting networks, visiting those spaces was an intent to build social capital, to find a significant

relationship with other women or a circle of new friends, an anchor for their lives and into the world.

For Mary, overcoming loneliness is about courage. "Some people do not mind being alone, but if you do, you need to be brave and look for options". Mary's journey to find people to interact with has been challenging. She used to have a close friend, also in the knitting group. However, suddenly, this friend started changing her approach to Mary. In her own words, this friend became "bossy" and "demanding", she says. When her friend started fighting with Mary and stopped calling her, she felt lonely and depressed. As Dahlberg (2014) also mentions, loneliness as a subjective feeling means to be rejected, excluded, forgotten, unwanted or unnecessary.

Mary experienced an imposed disruption; her friend decided to stop being close to Mary. It took her two months to recover from that disappointing experience. Nevertheless, Mary has become close to Kathy, a woman who also goes there. Mary tries to get involved in her friend's activities; she is getting close to her family and tries to visit her whenever possible. Mary organises her days out according to Kathy's schedule. Furthermore, Kathy is the first person she will call for support. They both help each other, become friends, and share nice moments. On the other hand, when the knitting group coordinates events, Mary always signs up to participate.

Friendship plays a crucial role in the lives of older women, providing them with emotional support, social engagement, and practical assistance to navigate situations of loneliness. Close friendships offer a sense of belonging, empathy, and understanding, providing a safe space for older women to express their thoughts and emotions (Wenger, 2021). Emotional support from friends has been linked to enhanced well-being, reduced stress, and improved mental health outcomes (Wenger, 2021). Carmen and Rose are very close friends; they always mention how strong their bond is. When Carmen got breast cancer, Rose and her family were beside her. Likewise, when Rose lost her husband, Carmen, and her family never left Rose alone; they invited her constantly to the family home and reunions.

The quotes below from conversations I had with them both, indicate something of the close relationship they share and the support this provides for them:

"Carmen is my dear friend, a survivor of breast cancer, and she supported me the most when I lost my husband. She got no hair, but look at her now; she looks fantastic". (Rose)

"Rose asked me if she could join us at Marilyn's caravan (Carmen's daughter). We were happily waiting for her; we are very close. So, she went to the caravan and had a very nice day". (Carmen)

Carmen, Rose and I used to share lunch; we enjoyed walking around the neighbourhood close to the lunch clubs when they did not go there. They both share wider social networks in common. During our conversations, they shared with me how they love going to the pub to meet some friends, play some music, and even sing. They love the song “Humans” from a band called “The Killers”. Once they started singing in front of me, it was delightful to see that kind of conspiracy and honest joy. Likewise, Vivian took care of Vanessa when her husband died; she was the one who brought him to the lunch club and was constantly trying to take care of her.

“When her husband passed away, she felt terrible, and at the funeral, she could not see anybody. I decided to go with her to the lunch clubs to do something different”. (Vivian)

Friendship is essential in helping older women overcome loneliness. Friendship provides emotional support, offering comfort and understanding that alleviates loneliness (Chatters et al., 2018). Trusted companions can lend a listening ear, provide reassurance, and offer encouragement during difficult times. Having friends means having companionship. Spending time with friends makes older women feel connected, valued, and included (Martina et al., 2018). Engaging in shared activities, conversations, and hobbies enhances social interactions. Through friendships, opportunities for group outings, gatherings, and events arise, combatting social isolation and providing a sense of social integration. Friendships involve mutual support, where both parties benefit from the relationship (Dunbar, 2018). Strong social connections and friendships are linked to better mental and physical health outcomes in older adults. The presence of friends reduces stress, boosts self-esteem, and increases life satisfaction (Dunbar, 2018).

Mary has managed life on her own for many years now. However, although she considers herself emotionally strong, she feels her body is weak. From what Mary and I shared in our encounters, I understood that she does not want to go through her days alone; she desires to have routines, share time with a friend, and know she can ring someone who cares about her. Unfortunately, she has few options to fulfil her expectations. When I was about to leave the city, her best friend's health worsened. Kathy stayed most of the time at her place, and Mary was waiting for Kathy's daughters to let her know when to go and see her.

Conclusions

This chapter explores the impact of disruptions on older women and the role of familial capital in mitigating loneliness. Disruptions such as the death of a spouse or partner, divorce, break-ups, the departure of children, and the loss of a friend or community confront some women

with their ageing and the possibility of experiencing loneliness. These events challenge women's identities in terms of social roles, responsibilities, social expectations, sexuality, and shared ageing. Furthermore, these situations might jeopardise personal expectations on life projects, forcing women to navigate challenges requiring new financial and logistical efforts and adaptations.

This research underscores the importance of 'filial capital,' a subset of social capital, in mitigating loneliness. Filial capital, which encompasses the support and resources provided by family members, plays a crucial role in how older women cope with and adapt to these disruptions (Sappor, 2021; Pan et al., 2022). The concept of capital, including economic, cultural, social, and symbolic resources, is essential in understanding how older women navigate these challenges. Access to various forms of capital can alleviate the impact of these challenges and provide sources for adaptation and growth.

This chapter has highlighted that discussions on the lives of older women should not only focus on what they need to receive but also on their contributions within their households and communities during challenging moments. Older women often take on significant responsibilities in managing and caring for others during difficult times. Widowed or divorced, they exhibit immense strength and resilience in navigating these disruptions' emotional and practical challenges. The empty nest, although bittersweet, offers an opportunity for older women to redirect their nurturing instincts towards their communities, providing guidance and support to younger generations.

Furthermore, this research contributes to existing scholarship by emphasising that not all older women experience loneliness; many find strategies to combat loneliness effectively. The resilience of these women highlights their ability to adapt and thrive despite significant life changes. This research adds to the debates by showcasing how familial capital and broader social support networks can be harnessed to foster resilience and mitigate the effects of loneliness. By acknowledging the active roles older women play in their communities and the resources they draw upon, this research provides a more nuanced understanding of their experiences and contributions.

Chapter 5 An ageing body and embodiment: expressions and risks of loneliness in women facing health issues in the city.

*'Body is our medium for having a world'.
Merleau-Ponty (1962, 146).*

Loneliness carries a stigma that deprives women of sociability and presence; there are humiliating and embarrassing (Rokach, 2018). The stigma associated with loneliness is that people are socially inept, poorly adjusted, incompetent, and have poor social skills (Barreto et al., 2022). Furthermore, since Havighurt introduced 1961 the concept of successful ageing, it has been explored by many scholars (Stowe & Cooney, 2015; Umami & Inastasya, 2019). The Rowe and Kahn model (Rowe & Kahn, 1997) is widely used. It defines successful ageing as the absence of disease and disability, good physical and cognitive functioning, and active social participation. Such an expectation adds significant pressure on how people could share their struggles publicly to fit in a society that demands and expects that people can unfold successful, active and social ageing (Bülow & Söderqvist, 2014; Martinson & Berridge, 2015).

Health issues are one of the most significant aspects that trigger experiences and situations of loneliness. Sometimes, health issues could cause embarrassment, fear of being seen as weak and the possibility of being isolated and excluded from the world (Tzouvara et al., 2015). On the contrary, social roles, interactions and activities allow older women to be visible and exposed as active family and community members. This chapter presents the profound interplay between ageing, health, and embodiment. It unveils the multifaceted expressions and vulnerabilities they encounter, focusing on how loneliness intersects with health issues. As women go through the phases of life, the ageing process intertwines with societal expectations, individual narratives, and health adversities.

The chapter seeks to unravel the lived experiences of women whose bodies carry the imprints of health-related struggles and how different kinds of capital are affected to enhance experiences and situations of loneliness. Central to this inquiry is the recognition that loneliness is not merely an emotional state but a complex manifestation rooted in the embodied realities of these women. It is an emotional landscape shaped by societal perceptions, health conditions, and the dynamics of the urban environment. The connection between loneliness and health in later life has been thoroughly studied among different disciplines (Dickens et al., 2011; Lester et al., 2012; Marcille et al., 2012; Mountain et al., 2017; Price, 2015).

This chapter is organised into four sections. The first shows the connection between embodiment and ageing. This section aims to provide a theoretical framework and further discussion of the multifaceted nature of how the body, mind, and societal influences intersect and influence one another throughout the ageing journey. Moreover, the section aims to offer a comprehensive overview of the theoretical underpinnings that help in understanding the complexities and nuances of embodiment within the context of ageing, laying the groundwork for the subsequent explorations in this chapter. The second section is about how health impairments are experienced and perceived by women and the effects on their mobility and independence. The perceptions surrounding health impairments can significantly influence women's ability to move and live independently. I discuss how societal stigmas and misconceptions about disabilities often create barriers that limit the mobility and agency of women with health impairments.

The third section discusses women's self-perception while facing health issues and body changes. I explore how health impairments can trigger shifts in how women perceive themselves, not only concerning their bodies but also in terms of their identities and roles. This section aims to show the emotional and psychological dimensions of experiencing health issues, addressing self-esteem, body image, and personal identity questions. Finally, the fourth section discusses the connection between health issues and how they can challenge the possibility of belonging and reduce feelings of loneliness sharing the cases of two women in particular.

5.1 Understanding embodiment and its relation with women and ageing

The concept of embodiment is crucial as it offers a lens through which we understand the inseparable connection between the body, mind, social aspects and environment, influencing various aspects of human life. It emphasises the interconnectedness of these factors in shaping individual experiences and behaviours (Bergen, 2019). Embodiment explains that our bodily practices, such as our use of language, consumption of food, sexual practices and identities, types of recreation, use and experience of violence, and our experience of emotion, are all contingent upon and affect social conventions and economic resources (Krieger, 2005). Therefore, embodiment is a concept that refers to how we incorporate, biologically, the material and social world in which we live. Hence, embodiment is closely related to social lives because it recognises that our bodies are not just biological organisms but also shaped by the social contexts in which we live. The construct of embodiment emphasises that our bodies tell stories about our lives, including the conditions of our existence, social position, social production, social consumption, and social reproduction (Krieger, 2005).

For instance, in one of our encounters, I mentioned to Mary, after our usual conversations, that she is an inspiration to me. Despite all her struggles, she still tries to stay active, swimming and seeking out physical activities. She looked at me with a strange expression and told me that she never expected to be an inspiration to anyone. She said that, despite having a relatively robust body, she is emotionally weak. To me, that statement reflects how she embodies her current situation. Her body is the sedimentation of years of emotional pain and loneliness, particularly during the worst moments of her life while undergoing chemotherapy and trying to overcome several cancer treatments.

As women age, they may encounter various health issues that impact their physical, mental, and emotional well-being. Chronic conditions, mobility limitations, sensory changes, or cognitive decline can alter their bodily experiences, renegotiating their relationship with their bodies. Health impairments may influence how older women perceive their bodies, fostering a disconnect or dissatisfaction due to changes from their younger selves. These changes may evoke feelings of loss, frustration, or insecurity as their bodies no longer align with prior abilities or societal ideals of health and beauty. The interfaces between embodiments, environments, social and political economies, and culture are where disability and ageing are experienced; it is how loneliness could be understood (Öberg, 2012).

In the following sections and through the story of these women, I could find the main topics to discuss about their physical and social challenges and how these could allow situations of loneliness within the city. These discussions concern identity, public representation and a sense of belonging. Physical challenges like chronic illnesses or mobility issues can have direct economic implications for older women. Medical expenses, assistive devices, and home modifications may strain their financial resources. Access to economic capital, including savings, pensions, and insurance, becomes critical in managing these challenges. Furthermore, physical challenges can limit mobility and participation in social activities, potentially reducing opportunities for social interaction and negatively impacting the building of social and symbolic capital. However, as we will see, strong social networks and support from family, friends, and community organisations can mitigate feelings of loneliness.

5. 2 Health impairments and the loss of independence

A UK's health projection reports (Watt et al., 2023) indicate a significant expected rise in individuals grappling with major illnesses by 2040, projected at 2.5 million. This projection suggests a noteworthy shift in the proportion of the adult population confronting major illnesses, from nearly 1 in 6 in 2019 (totalling 6.7 million) to an estimated 1 in 5 by 2040 (expected to reach 9.1 million) (Watt et al., 2023). The majority of this surge in individuals

dealing with significant illnesses is anticipated to occur among those aged 70 years and above. Additionally, the population is foreseen to grow by 3.5 million between 2019 and 2040, with nearly all of this growth concentrated among individuals aged 70 years or older (accounting for 3.3 million of the increase) (Watt et al., 2023). Furthermore, the health report presents a projection concerning the average duration individuals will spend living with a significant illness. While the age at which people are expected to encounter major illnesses is projected to remain consistent, the anticipated rise in life expectancy suggests that individuals will, on average, live longer while managing such health conditions (Watt et al., 2023).

In 2019, individuals aged 70–74 reported having an average of 2.7 diagnosed conditions, whereas those aged 85 years and older averaged 5.2 conditions (Watt et al., 2023). Looking ahead to 2040, while the population of those aged 85 years and older is anticipated to increase, projections also indicate that they will likely have an average of 5.7 conditions—a notable escalation in the complexity of managing their healthcare needs (Watt et al., 2023). Hence, as the elderly population grows and the complexity of their health needs increases, the burden on caregivers, families, and healthcare systems intensifies. Providing care for individuals with multiple health conditions requires substantial resources, support, and coordination among caregivers and support networks.

Social capital plays a pivotal role in caring for the elderly. Strong social networks and supportive communities are vital for emotional support for elderly individuals and their caregivers, avoiding potential situations of loneliness. During my fieldwork and as I have tried to present and describe throughout this research, social capital impacted the lives of some of the women I met in Hull. Emotionally speaking, we share how, for some of them, limited social capital triggers feelings of loneliness, insecurity, and hopelessness. However, when discussing the effects of the lack of social capital in facing chronic diseases and mobility issues, we can explore the emotional but also practical and logistical side of it in these women's lives.

Karla is 66 years old and lives with her husband, George, in a house located 30 minutes by car from the city centre. Karla and her family have enjoyed many adventure trips together: to the sea and the countryside; they used to go camping and hike every summer. Karla also loved to visit her cousins scattered all over the country. She used to take the train and enjoy weekends with the family. When Karla shares these stories and passages of her life with me, she is also nostalgic and sad. Two years ago, her hips and legs started making her uncomfortable, causing mobility problems and restricting her routines. Over the years, those health issues have increased, and she is entirely dependent on her husband to leave her house.

“I just would like to go out of the house more often, but because of my legs, I cannot. A year ago, it was not like that; I want to get things for myself, I want to be more independent, but I cannot”. (Karla)

Karla feels that her physical problems made her lose independence and the possibility to interact with her family and city. She admits being scared of having an accident and feeling embarrassed if, due to her condition, her body does not respond as she wants or needs. Her body is affecting her social capital; now, it is reduced to the possibilities her husband could offer. Currently, she only sees one of her children, the youngest daughter, who visits her once a week and takes Laura to her place for Christmas or another special celebration. As the story of Karla, the mobility and independence issues of some of the women I had the chance to meet were striking. From being unable to move around the city alone to feeling scared to interact with others, feelings of vulnerability and shame permeated conversations with some women who experienced different health challenges. Social and symbolic capital were at risk, affecting their ability to participate and feel valued within their communities actively.

The stories of some of these women reflect the broader societal barriers they encountered – from physical obstacles in public spaces to the often invisible yet potent stigma surrounding ageing and disabilities. Women's narratives illuminate discussions on how they confront these challenges and their connection with experiences and situations of loneliness. Precisely, the women in this study, with physical impairments that complicate their mobility and independence, lack a robust social and support network. They lived alone and had fewer interactions with family and friends.

Regarding mobility issues and loss of independence, the fact of living alone when, in addition, your social network and community of support are weak represents a trigger for feelings of loneliness. That is something that I came to realise by talking to some of these women. I met Erin during my visit to the knitting group. One day, we spoke of Eurovision, a European musical contest, and how much we enjoyed the show. We shared our favourite songs and TV programs, and she highlighted that noise makes her company. “I do not like the silence”; she must feel that "something is happening".

Every Wednesday, Erin was there, ready to welcome other women or assist you with a cup of tea. She was one of the first women in the knitting group with whom I got along quite quickly. We used to listen to music on my mobile phone and discuss our trips and families. She was always curious about Perú and how I studied and lived in England. Once, she told me: “Sometimes we forget how lucky we are to be here and not somewhere else where women are killed for nothing”. We had plenty of conversations about travelling alone, which she used

to enjoy when driving her car. From our first encounters, she shared how she used to enjoy driving her car around the city, the country, and even Europe. It was a recurrent topic between us; I thought she felt proud and happy talking about her driving stories.

When I met Erin, I noticed her slow walking, her hands shaking, and also how she was experiencing hearing and eyesight problems. However, despite these health impairments, she never fails to assist and fulfil her imposed tasks within the group. Erin is 86 years old and lives alone in a two-bedroom bungalow. Despite being surrounded by friendly neighbours, most of them similar to her age, she is only close to one of them, a widower who likes to watch TV with her once a week, or at least to be together as sometimes, as Erin says, he falls to sleep in the couch. She also speaks with Jane, her close friend from the knitting group, on the phone. I had the chance to meet Jane, but she was not interested in being part of my research.

As her mobility is at risk, her son picks her up once a week to drive her to the knitting group, and on the same day, they do the grocery shopping. Twice a month, he takes her to the doctor to visit her grandchildren and go to the doctor. In the bungalow where she lives, she is assisted by a woman who cleans her place once a week. A manager is also in charge of visiting each bungalow daily to monitor if they are doing fine. However, she enjoys assisting people in the knitting group instead of being assisted. Sometimes, it was challenging to understand what was happening to her. One day, she saw me and immediately told me she did not want to talk; I just said that it was okay that she did not need to speak to me if she was not in the mood.

Another day, Erin was angry; she was observing without talking to anybody, so I preferred to keep my distance. These changes in her behaviour began to show up often after two months of meeting her. One day, she told me that her son would travel and that she probably needed to stay home for a week without visiting the knitting group. It seems that it made her feel furious, sad, and concerned. Despite driving an electric scooter that allows her to move around her neighbourhood, her mobility is challenged by her eyesight and hearing problems; it draws a line between what she wants and what she can do. I was curious to know what she would like to do if she could leave her place more often, and she mentioned that swimming is something that she enjoys. Erin even joked and told me, "Let us go for a swim; I have a bikini".

One day, out of nowhere, she shared with me that doctors had diagnosed her with mild dementia. At that moment, I just asked her how she felt about it, and she replied, "I feel old". After silence, I hugged her, and she hugged me back. Then, we changed the topic and talked with the rest of the women about everything except Erin's health. Before the end of the day, Erin and I shared a cup of tea in the corner of the room, and I asked her what she meant about feeling old. Being old, for her, is "feeling lonelier"; it is when she cannot do what she used to,

like driving her car. The idea of being dependent now worries and frustrates her. Her diagnosis seems to scare her. Nevertheless, Erin admits feeling fine and has not noticed significant changes in her mind but is also aware that these difficulties will progress through time.

Studies indicate that identity remains an essential aspect of ageing people with dementia (Buse & Twigg, 2014; Boyle, 2017; Foley et al., 2019; Lee & Bartlett, 2021). Preserving identity is related to the resources accumulated over life that could mitigate threats to identity (Christie, 2016). However, regardless of this possible resilience, as Christie (2016) points out, people with dementia can still be disadvantaged on an interpersonal and public level. There was much uncertainty around the effect of dementia on Erin's life. Not knowing what to expect, how to prevent the advance of her dementia, and how to keep trying to be herself despite her current health issues, vulnerability, dependency, and the realisation of something worse coming that impacted her mental health, memory, and identity. Her diagnosis might threaten what she knows about herself, how she introduces herself to the world, her symbolic capital. As Erin told me, uncertainty is what she "fears the most".

The lives of women struggling with mobility issues and health impairments are also affected by the accumulation of social capital and the support they can get from it. Still, they are also related to several disadvantages accumulated throughout their lives. In this sense, discussing how gender roles might affect their health contributes to a more comprehensive understanding of their health and well-being. Women remain the main domestic and family carers (Lucy, 2011; Saewyc, 2017; Rossi, 2018). Therefore, when it comes to taking care of their health and making time for regular check-ups, many factors come into play to decide about their health: Do I have the time? Is it a priority? (Travis et al., 2012; Tannenbaum et al., 2016; Shorter, 2017). As I found in this research, these decisions affect women's feelings and loneliness.

Since Laura was eight years old, she suffered from an injury in her right leg, but, according to her, it never caused her any severe troubles, and neither did her family pay too much attention to it. However, when her husband got sick, she dedicated most of her time to taking care of him, and, according to Laura, her leg pain started worsening, and she could never seek medical support to alleviate her discomfort. Nowadays, she needs a walking stick to support her weight and be able to walk; she also takes daily painkiller pills. For these reasons, she barely leaves her house when the pain comes; she admits sometimes feeling "angry" and "out of control"; sometimes, she says, cries, and sometimes she waits for it to pass while trying to fall asleep after taking one of her pain pills.

Laura does not have many social interactions; however, despite her social isolation, she decided to go to the knitting group after a recommendation from a nurse in the hospital where she goes. She wanted an excuse to leave her place, see new faces, and “stop thinking” about her pain, loneliness, and “regrets” about how she did not take care of her children by prioritising what her husband wanted. Because of that, she has no communication with most of them. When I met Laura, I remember how she told me it was good to have my son close to me and how important it was to travel and visit new places. She asked me once about my country and the places I had the chance to see in Europe, after my answer she said: "I have not gone anywhere!". She looked angry. Then, Laura mentioned that due to her familiar and physical struggles in life, she never had the chance to leave the city, something that, as she said, she “deeply regrets”. The opportunity to build her cultural capital was restricted and limited by her family and also physical issues.

In the knitting group, when she is not in pain, Laura tries to help other women and enjoys being part of any conversation that arises when she is there. Some days, the pain shows up when Laura is in the knitting group, and her mood changes completely. When it happens, she is quiet, just observing. The pain starts with cramps; then, Laura needs to stand up and walk to reduce the cramps and afterwards, Laura looks for a place to sit, far from the people's view, generally in the corner of the room. She is angry when it happens and embarrassed to be seen as “weak” and struggling. One day, I tried to approach her in the middle of her pain, and as I had shared with her the day before some personal incidents at home, Laura looked at me and asked me to discuss my concerns. Her intention was clearly to avoid talking about her physical pain.

Frailty could represent a source of social division, a cause of embarrassment, and discrimination a threat for women’s symbolic capital (Gilleard & Higgs, 2017), increasing feelings of loneliness and isolating people, reducing their interactions. Disability is defined by restrictions and limitations in performing daily living activities and activities related to household management, such as dressing, eating, walking, budgeting, cleaning, cooking and shopping (Macdonald et al., 2018). Difficulties in performing these tasks could affect an individual's health and independence. This lack of health or physical capital restricts the person and possibly impacts their identity, affecting their relationship with their different spaces (Gilleard & Higgs, 2017). Studies about falls and mobility issues have reported fear and embarrassment as negative consequences in older adults. These health issues affect their confidence and identity as they are limited to participating fully in all aspects of life (Morgan et al., 2015)

In the knitting group, some women consider Laura a sad and lonely woman in constant pain due to her leg. Most of them get very concerned when she does not go to the group; they try to contact her by phone, but she never picks it up. Laura admits that it is very challenging for her to wake up and leave her place, but, as Laura mentions, she always tries to remember that "she is fine, her leg is not". That gives her the courage to navigate difficult situations. Despite being lonely and having mobility issues, Laura tries to fill her life with life-affirming gestures that offer her an opportunity to live "otherwise" (Povinelli, 2011). She finds a way to make her life liveable within the limits she encounters.

When a woman realises that what she used to enjoy and do are now memories or sometimes challenging projects, fears and frustrations often appear. Limited mobility and lack of independence can fundamentally reshape a woman's self-perception. Identity is intricately tied to agency, roles, social interactions, and personal aspirations. These discussions about older women's health also highlight the often invisible yet potent stigma surrounding ageing and disabilities. Societal perceptions and stereotypes can further isolate individuals with mobility issues, impacting their symbolic capital and how they are perceived and valued within society, and harmful stereotypes can diminish their sense of self-worth and belonging.

5.3 Body changing: self-recognition and social interactions

Health impairments could challenge how women feel about their bodies, their capacities and means of socialisation. In this research, I found out that some health issues represent a threat for these women to recognise themselves and unfold different interactions within their domestic and public spaces. Hence, those experiences triggered feelings of loneliness and caused isolation among these women. However, for some, those feelings are now a story to share about a particular moment. In contrast, for others, their health condition is a permanent hazard to their socialisation and general well-being. Those perceptions are mainly related to women's social capital. Those who can draw upon strong, supportive social networks may easily navigate these difficulties. These networks offer emotional sustenance, assistance with daily tasks, and opportunities for social engagement. Conversely, those with limited social capital may face more significant hurdles in adapting to changing circumstances.

I met Carmen in the lunch clubs. She was among the happiest and funniest women I met there, always trying to help and involve everybody who participated in the lunch club in the regular activities. For example, when we used to play bingo, even if I was not the winner, she gave me a little gift: a cookie, chocolate, and fruit. It was nice to talk to her, always making jokes or sharing stories about her family and European trips in the summer. Carmen was the woman who forcefully commented when I presented my research about "older women", arguing that

she does not feel old, that she is “healthy” and keeps “enjoying life”—a healthy and happy woman as the opposite of an older woman. The stigmatisation of ageing permeated some women's narratives, particularly at the beginning of our encounters. Gender and age intersect, and discourses about older women are filled with ageism and stereotypes on how they should behave, their expectations, what they look like and their societal roles (Cecil et al., 2022; Higgs & Gilleard, 2022). However, as time passed and my presence in their spaces was frequent, personal and more intimate stories of health and emotional events in their lives unfolded.

Carmen got married once and divorced, then had a boyfriend for ten years. She has three children from her marriage: two daughters and one son. They are very close to her, emotionally and physically, as they all live nearby. Carmen loves to go to the beach during the summer with her family, children and grandchildren, organising barbeques at her children's yard or planning a trip with her friends, sisters and cousins. She is very friendly; seeing her angry or sad is hard. She highlights that “she is not bright but not lazy” and laughs about it. Carmen finished school at 11 and worked at 15 or 16 for almost 40 years until she had breast cancer. I clearly remember how, in my mind, it was hard to imagine Carmen experiencing such an episode as she always had a smile on her face; even when she shared that part of her life with me, she said, smiling and proud: “I am a cancer survivor!” It was approximately ten years ago, on a Tuesday, when everything started.

“I was working 2-10 pm on a night, and then I went home around midnight; I used to live in a flat back then. I showered, found a lump, and could not sleep that night. The next day, I rang my friend and went straight to a doctor” (Carmen).

Carmen remembers how scared she was, immediately thinking the worst was coming. However, that day was her boyfriend's birthday, and she decided to keep that fear to herself. The following days were full of uncertainty. As she mentions, her darkest stage of life began when she finally got the doctor's diagnosis. She went through several courses of chemotherapy and radiotherapy, but her family life was also crumbling. After six months of her diagnosis, her boyfriend left their place without explanation. He left her in the middle of cancer treatment, which brought pain to Carmen, guilty feelings, and much insecurity about her role and identity as a woman. She had a mastectomy a few days after her boyfriend left the family house. Her treatment affected her feelings about being a woman, a partner, and her sexual life. She lost her hair, got a mastectomy, lost her strength and lost her boyfriend. Despite being surrounded by her family, she told me that she felt lonely in that moment of her life and could only identify herself as a “patient”. According to Carmen, she got depressed and pessimistic.

Studies suggest mastectomy may negatively affect a woman's body image and self-image (Chua et al., 2016; Koçan & Gürsoy, 2016; Sun et al., 2018). For some women, such a drastic change in their appearance can lead not only to a negative body image and self-perception but also to various psychosocial problems: dissatisfaction with appearance, perceived loss of femininity, feeling less sexually attractive, fear or rejection of seeing their naked bodies (Koçan & Gürsoy, 2016). There is a discussion about the self and the body, a permanent conflict women have learned to carry as society perpetuates expectations of femininity and womanhood (Sun et al., 2018). Women's body image or experience of the body influences their identity and self-image, particularly considering the value that a healthy and young woman's body still dominates the world.

Carmen's experience vividly illustrates the profound impact of embodiment, especially concerning breast cancer, on an individual's sense of self, relationships, and symbolic capital—the social value and recognition attached to specific attributes or identities. Carmen's journey through breast cancer treatment highlights how the experience of illness becomes deeply embodied. Breast cancer, beyond its physical effects, significantly influences one's self-perception and identity as a woman. The bodily changes resulting from treatments like mastectomy and hair loss can challenge conventional notions of femininity and womanhood, impacting self-image and identity. The loss of a breast due to mastectomy can have a profound psychological impact, affecting one's self-esteem, body image, and sense of attractiveness. In societal terms, breasts are often associated with femininity, beauty, and sexual appeal, and the loss of a breast can challenge these conventional ideals. Carmen's experience highlights the societal norms and symbolic capital attached to specific physical attributes, which can profoundly affect a woman's sense of self-worth and desirability.

Ageism comes from that discrimination, causing adverse effects on people's identity and interaction with their community (Levy & Macdonald, 2016). The intersectionality of being a woman, ageing, and facing breast cancer could situate women in a risky and vulnerable place. This said, when experiencing cancer, women's corporeality can be seen to disrupt and challenge hegemonic discourses of femininity and sexuality, with implications for how women practice and make meaning of embodied sexual subjectivity, their relationship with their partners, friends, society (Parton et al., 2016; Polivy & Herman, 2007). Nevertheless, despite that particular situation, globally, we could say that it is still striking how women are still objectified. It has made women wish to fill the society and cultural image standards to belong and remain present within their society (Chua et al., 2016; Koçan & Gürsoy, 2016; Sun et al., 2018).

Carmen mentions that she learned to respect her body. As for what she says, it was almost like a “reconciliation” with herself, valuing being alive after such an event and grateful for her family's love and support. As I mentioned, she even makes fun of herself, saying she now has ‘better bobbies’ as she had reconstruction surgery following a mastectomy. During my time in the city and close to Carmen, I could see how confident she was about herself and her capacities. She was always ready to support whoever was in need, was a leader in the lunch club, took care of her family, and had an active social life. The fears of not finding a partner no longer seem to occupy space in her thoughts.

She is very active within her community; she feels it is necessary to contribute to those in need. It is remarkable her willingness to support people facing health issues. Carmen now compares herself with other patients she met back in the day, 11 years ago. Then, she was supported by her brothers, sisters and children.

"All my family was next to me. When I went to the treatment; I saw people poorly, sometimes I was a bit down as well, everybody is different, I felt much better than them, I was luckier than them" (Carmen).

Studies have pointed out that family support enhances the quality of life of oncological patients in general (Yang et al., 2017). In addition, health interventions that include family support and presence in the different stages of the patient's disease, such as diagnosis, treatments and post-cancer results, are more beneficial for women with breast cancer (Jeong et al., 2014; Salonen et al., 2014; Yang et al., 2017). Her family is an essential aspect of Carmen's life. She always mentions that she has a powerful and lovely family who always supports her brother, sister, children, and grandchildren; she is never alone, although she lives alone. She admits that sometimes she feels lonely, but she immediately goes somewhere else or calls someone on the phone. Family support helped her overcome her disease's different emotional and physical struggles.

Robert Putnam's (1995) concept of social capital refers to the networks, relationships, and social structures that provide resources and support to individuals within a community. Hence, in the context of breast cancer or in navigating a health complication in general, social capital becomes crucial. Individuals with strong social networks often have access to emotional support, practical assistance, and information that can significantly impact their ability to cope with the emotional and physical challenges of the illness. In the context of breast cancer, social capital manifests as access to supportive relationships and networks (Bourdieu, 1986), providing emotional solace and influencing access to healthcare information, resources, and navigation through complex healthcare systems. In contrast, individuals needing more social

capital may face additional hurdles. The absence of a supportive network can lead to difficulty in obtaining accurate information about treatments, managing appointments, or navigating healthcare systems effectively. This lack of support can increase feelings of vulnerability, uncertainty, and loneliness, further complicating the already challenging task of managing their health.

Mary is one of the women I had the chance to meet at the knitting group. Curiously, Mary did not know how to knit—confessed not being interested in learning to do so either. She goes there to meet people, “chat with someone”, and “avoid feeling lonely”. The first time I saw her, she sat in a corner close to the cups of tea, observing the group’s different dynamics. She looked shy and hugged her bag as if she feared losing it. Nonetheless, as the weeks passed, I could notice that Mary was more relaxed and talkative. She used to arrive early at the group and usually stayed there after lunch.

One day, while she was having a conversation with a woman called Diana, I decided to approach them. Diana shared with us that her grandson went to the reopening of an iconic bridge at the city entrance. As part of the event, every visitor was given a pair of headphones that played classical music while crossing the bridge. Mary, a big fan of classical music as I came to know afterwards, got very excited about the story and, at the same time, was concerned and frustrated for not being aware or informed about such events. I mentioned that the whole year was full of cultural activities and special events scattered throughout the city and offered more information.

When Mary and I stayed alone, she gently asked me to go somewhere outside the room as her hearing device needed to be repaired, and she perceived I wanted a more in-depth conversation with her. Surprisingly, our first encounter flew quickly, and she decided to start sharing the story of her physical and health issues. She introduced herself as “someone emotionally strong, not physically”. Suffering from breast cancer, having a mastectomy and being involved in oncological treatments for over 15 years on her own made her feel exhausted, and, far from being a “survivor”, she admits to “trying to be one”. Her loneliness is something that she needs to adapt to her life. Since her mother passed away several years ago, Mary lived alone in the same family place. She does not have siblings; she never got married or had children. So, when she was going through chemotherapies and struggling with her hair falling and body weakening, the pain was not as deep as realising that nobody was next to her sharing that difficult moment.

In light of what has been written about cancer patients and their physical and emotional struggles, and when I think about family and friends who have been through similar

experiences in life, I can understand deeply when Mary introduces herself as “someone emotionally strong, not physically”. She has overcome cancer amidst her loneliness and realises how difficult and sad it was to experience that stage of her life in those conditions. Five years before we met, Mary’s main activities were swimming, playing an old piano inherited from her mother and listening to a classical music collection before sleeping. That routine stopped as the place she used to swim changed its location, and the piano broke. Besides, she started having hearing problems, which she considers more problematic than her experience battling cancer. Her hearing issues represent her public life, the anchor of her sociability and her intentions to avoid feeling lonely and “disconnected from the world”. Mary admits being scared that people could think she is “stupid” if she sometimes cannot hear well. She worries about being isolated, “absent, ” and “left behind”.

Several studies have demonstrated that hearing impairment in older adults is associated with more significant anxiety (Contrera et al., 2017). Furthermore, individuals with hearing loss have been shown to have poorer health outcomes, including decreased cognitive function and mobility (Chen et al., 2014). Her experience of battling complex issues alone and hearing problems could shape her decisions on where she goes and where she looks for information and constructs part of her identity. Experiencing hearing issues is a threat to Laura’s independence. The possibility of being isolated and seen as if she is “stupid” affects her socialisation, identity, mobilisation and capacity to keep living on her own. Studies about ageing in place for older women living alone with a disability (Narushima & Kawabata, 2020) show that some of the main aspects that older women consider essential to age in place are living independently and having social activities to maintain self. To have an independent life is to feel secure and to be part of an environment that enhances safety for its inhabitants. Old age and disability could lead to uncertainty due to the physical and psychological changes they represent.

Nevertheless, studies have shown that older women and men with disabilities might navigate some struggles and maintain an independent life and active role, developing and sustaining relations within their families and communities (Bjornsdottir, 2018). Similarly, those studies demonstrated that frail older persons saw themselves in control of their lives, even when some needed assistance with various activities (Ebrahimi et al., 2013; Nicholson et al., 2013). Independence, then, despite disability and fragility in old age, seems to be linked with the possibility of being part of a supportive network at a domestic and community level. Laura, however, needs more social networks and family support. Without it, she also feels insecure about exploring new and further spaces within the city. She has her hearing device to keep her independence on the surface of her life.

However, for Mary, loneliness is about courage. This is why she started visiting the knitting group despite not being interested in knitting. This group is located close to her home, and as she fears being unable to interact effectively because of her hearing problems, the group's proximity made her feel safe. It is a place where she can go alone without putting herself at risk, and by doing that, she can still unfold her independence as an older woman. However, besides its location, the group does not fulfil her expectations. She believes it is valuable and exciting for some women but not particularly for her. Mary considers that the city does not offer spaces and activities for women "like her" or is unaware of any. A "woman like her" has certain restrictions and fears related to her social and physical history.

Nevertheless, she is also a woman with desires and expectations awaiting to transcend some physical limitations. Unfortunately for Mary, the spaces she wants to find are not around her area. Moving further to get involved in more appealing activities for her may break the barrier of insecurity caused by her hearing problems and feelings of loneliness. During our conversations, she said she prefers staying closer to her home. Dealing with physical impairments could become a life crisis, and it could require learning about these new bodies, the places where we live, and our identity.

Living with disabilities implies a permanent negotiation about everyday living spaces, and it could be a demanding experience. Perhaps it involves significant physical and mental challenges, a confrontation with one's capacities to act, and represents the encounter with social rules and expectations that could portray the disabled body as negatively different and less valuable than other bodies. How does disability situate women within the political economy and living spaces? (Gilleard and Higgs, 2014). This is perhaps why Mary, almost trembling, shared with me how scared she was of being unable to repair her hearing device and thought aloud, "Please, not this now". Being incapable of remaining visible in the world is a perception of fear that Mary relates to her body.

Mary feels she has a weakened body. She is afraid of not being, of being considered "silly", "fool", and "invisible". So why does she think her hearing disability could crack her public identity? The city offers activities in Mary's interest: computing, group trips, free entrance to museums, etc. However, why is she not aware of them? Or perhaps, why is she afraid of them? Assessing the positionality of a disabled body within her community is crucial for understanding infrastructures and their consequences (Harvey et al., 2019). Mary is permanently fighting to deal with a hearing issue that will increase over time. She is perhaps embracing an idea of her agency, of the self, more related to her limitations. Her disabled body

submerged in a specific space could avoid drawing attention to the whole person, focusing only on the problematic aspect of the person's life to which a response will be addressed.

The experiences of older women facing health issues invite us to discuss the complex relationship between physical well-being, emotional resilience, and the social structures surrounding them. Health challenges can act as catalysts for feelings of loneliness, particularly when these women lack robust social networks and support systems. The concept of capital is pivotal in shaping how these women navigate their health issues. Those with extensive social capital often find supportive relationships, access to information, and enhanced emotional well-being. In contrast, those with limited social capital may confront different challenges, including barriers to healthcare access and increased susceptibility to loneliness. Recognising the integral role of social capital in the context of older women's health, the symbolic capital in terms of the prestige and society's roles of these women when facing health issues underscores the importance of holistic approaches that consider medical and psychosocial dimensions.

5.4 Feelings of belonging and health impairments

Belonging may also be linked to resilience. Resilience is a process of adaptation and accommodation with eventual success; it acts as a defence mechanism to overcome adversity (Walker & Cooper, 2011). However, as discussed by Zegarra Chiappori (2022), resilience needs to consider the psychological and behavioural resources necessary to be resilient, as previously discussed. The concept assumes that everyone could have the capacity to overcome difficult situations. Nevertheless, having more resources and accumulated capital allows individuals to be more successful in alleviating their loneliness, for example, good health, financial resources, and higher socioeconomic status (Marsillas & Schoenmakers, 2022). However, what if that is different from the case? I found it interesting to present two cases that made me reflect on these matters.

In this research, for women, as in the case of Laura and Mary, the objective is to find a constructive, hopeful, and encouraging way to deal with a world that limits and reduces their social presence. Belonging, to them, is searching for ways to resist, persist, and navigate times of hopelessness, regardless of success or failure (Vozikaki et al., 2018; Zegarra Chiappori, 2022). Mary and Laura face difficulties such as a lack of affection and deteriorating health. However, these women find some way to cope with adversity, even when there are few alternatives to overcome loneliness. The objective is to find a way to inhabit, as Povinelli

(2011) points out, "alternative forms of life" (p. 10), lives that can be embraced even in hopelessness.

Mary and Laura's lack of affective companionship and health impairments are the social grounds that shape new possibilities of being. Zegarra Chiappori (2022) suggests this is an ontological zone between impossibility and possibility. This ontological zone is what Povinelli (2011, 109) has called "zones of oscillation or indeterminacy": differentially distributed areas of vulnerability and abandonment, maximally intensified spaces in which new ethics of life and sociability can emerge. Mary and Laura have experienced challenging moments during their lives, which are shared throughout the different chapters. Therefore, this section aims to highlight how these women take actions to belong while cohabiting with sadness, concerns, vulnerability, and feelings of loneliness and hopelessness. It briefly recounts their stories, making the actions that bring them to live amidst emotional precariousness and material instability more visible.

Participation in social clubs, such as knitting groups, plays a significant role in fostering feelings of belonging and mitigating loneliness for Mary and Laura. These clubs provide a space for social interaction, support, and a sense of community. For Mary, attending the knitting group helps her stay connected despite her hearing issues, while for Laura, the group offers a rare opportunity to feel "alive" and engaged. Though sometimes brief, these interactions provide vital emotional support and a break from their isolation, highlighting the importance of social clubs in enhancing their well-being. Mary feels that she has lost everything after her last breast cancer treatment. Besides being physically and emotionally affected, her house also started to deteriorate due to her extended stay at the hospital. From that moment, for her, life turned complicated, reminding her of "the consequences of being alone, old, not having children." Mary rarely brought conversations about her feelings and thoughts on motherhood and marriage to the surface. However, when she shares with me, nostalgically, her relationship with her mother, experiences abroad, and opportunities that she would have liked to take, Mary admits feeling sad and frustrated to "not having motivation in life"; she feels lonely and sad. There is when she thinks and verbalizes that having her own family could have made a difference in her life.

According to Mary, she lacks everything that makes her happy: her mother, her health, and good company. She used to be very close with Sara, a woman who used to go to the knitting group, but, according to Mary, she was "bossy and demanding." They both started fighting constantly, but Mary had no intention of stopping her friendship. Unfortunately, Sara stopped talking to her, and for Mary, it was devastating; she felt very lonely and "depressed." It took

her two months to recover from that event. With no savings, family, or friends support and hearing problems, she often described her life as "boring". Nevertheless, despite those feelings, Mary decided to fight her hearing problems and avoid "vanishing" by being unable to interact with her world. It was tough for her to accept using a hearing device. She felt embarrassed, weak, and scared. However, despite those fears, she realized that the hearing device was not simply an instrument. The hearing device encapsulates her struggles to engage in the world, making herself visible despite it all. The hearing device contributes to keeping her desire to endure alive, even when her loneliness seems challenging to overcome. By using the hearing device, although she does not have family or close friends' networks, she keeps the chance to be visible; she is not abandoning herself.

One day, her hearing device was not working correctly. The fear on her face is challenging to forget. She was scared of feeling isolated and "silly." Fighting to keep on hearing and being heard was her driving force to elaborate on community life, trying to be present. While Mary complains about her hearing device and speculates about what seems to be an imminent future: deafness, the table that we are sharing in the restaurant where the knitting group takes part is decorated with informative cubes that encourage older people to invest in their anticipated funerals, evoking anything but the possibility to accomplish any possibilities to improve her feelings of belonging and reducing her loneliness.

Laura Given the poor connection that Laura has with her children; she is most of the time alone in the former family home. In addition, her swollen leg has restricted her mobility and independence. She does not use a mobile phone or a landline. Laura is also new to social networks. Her main socialization space is the knitting group, where she eventually goes. When her leg is in pain, which occurs very often, she stays at her place, alone, waiting for the doctor to go or the medicine to relieve the pain. The medicine, indeed, heals the pain. However, it causes dizziness and sleep. Laura admits feeling lonely and regrets not having more robust bonds with her children. Unfortunately, her surroundings permanently reinforce her loneliness: she does not have contact with her children, and her mobility issues restrict her from exploring any possibilities for more interactions.

For Laura, efforts to increase feelings of belonging include visiting the knitting group. It is one of the few moments she feels connected, "alive." That is why, several times, Laura prefers to embrace her pain, skip taking medicine, and go to the knitting club to see people and to be seen. Although she usually does not miss the opportunity to engage in conversations in the knitting group, she is always ready to help other women, listen and be interested in people's lives and concerns. Efforts to belong also include being enthusiastic about her new project. She

used to live in an area removed during the slum clearance (ex-fishermen's homes). That neighbourhood encompasses bittersweet memories for Laura. It is the place where she, for a few years, was independent and "had few personal dreams." She admits forgetting to think of what she used to like and enjoy.

Conclusions

This chapter explores the relationship between the ageing body, social roles, and the experience of loneliness among older women facing health challenges in urban settings. By examining various facets such as embodiment, health impairments, self-recognition, social interactions, and feelings of belonging, significant insights emerged, shedding light on the struggles and resilience inherent in this demographic.

Throughout the chapter, I emphasise the multifaceted nature of embodiment by exploring how societal expectations and representations influence older women's perceptions of their bodies, highlighting the importance of recognising and challenging harmful stereotypes. This analysis contributes to scholarship by deepening our understanding of the intersection between gender, age, and embodiment, offering valuable insights into the complexities of identity formation in later life.

The chapter also explores the profound impact of health challenges on older women's mobility, sociability, and autonomy. It also highlighted how disparities in access to resources exacerbate feelings of isolation and disconnection. These findings emphasise the urgent need for inclusive policies and support systems that address the unique needs of older women grappling with health-related limitations, providing a clear call to action for policymakers and professionals in the field.

The discussion in this section illuminated the complex interplay between ageing, gender, and self-image by elucidating the tensions between internal perceptions and external representations. This analysis contributes to scholarship by offering valuable insights into the subjective experiences of older women, enriching our understanding of the socio-cultural dynamics shaping their lived realities.

By presenting some of these women's stories, the chapter explored the nuanced ways in which older women navigate societal expectations surrounding bodily appearance and self-identity. Feelings of belonging are crucial to overcoming health issues or physical struggles and the consequent emotional distress that they might cause. However, through the narratives of Mary and Laura, two older women confronting distinct yet resonant challenges, this chapter

shows the profound impact of health impairments, gender roles, and social capital on the experience of loneliness. Their stories are poignant reminders of the resilience inherent in older women's pursuit of belonging and agency, even in adversity.

Chapter 6 Ageing in place: the materiality of the possibilities to belong or experience loneliness in the city.

Ageing in place is not exclusively related to individuals' homes but also to neighbourhoods and communities (Pani-Harreman et al., 2021). The city's configuration shapes how women feel they belong and are connected to a community in terms of its materiality, norms, and policies (Pani-Harreman et al., 2021). These aspects are connected to the importance and necessity of social, symbolic, cultural and economic capital and the essential need to trust and feel supported by a community. In this study, the concept provides the elements to discuss how it is to be an older woman in a particular context. Furthermore, to belong somewhere, a fundamental aspect of reducing feelings of loneliness, it is also necessary to think about the materiality of this possibility. As Larkin (2013) says, the infrastructure of a city, a neighbourhood, is also a way of living in the world, being part of it, and interacting within it. Hence, loneliness could also be triggered by how the city unfolds public services, events, accessibility, information and communication (Jensen & Morita, 2017; Larkin, 2013; Smith, 2012; Ozawa de Silva et al., 2020).

Discussions about belonging arise from the literature (Kharicha et al., 2021, 2018; Marsillas & Schoenmakers, 2022) and my conversations with these women. It encapsulates the different strategies and adaptations to overcome certain moments in current women's lives. Feelings of belonging represent an anchor that provides a place in the world, a sense of community, and an identity. Belonging is about the quality of social relationships people have in their lives, their social roles and their place within a group and community instead of objectively quantifying social relations and groups around the individual (Carragher & Ryan, 2020). Not belonging could also be understood as a lack of social embeddedness, and that feeling triggers loneliness (Koehn et al., 2022). Most of the women in this research have experienced loneliness temporarily. Nevertheless, different elements and events in their lives have improved those situations. Being part of a broader narrative, where family, friends, routines and personal projects are included, builds up a sense of belonging. Belonging is not only a verb; it is an action, an intention to avoid feelings and situations of loneliness, isolation, and disconnection.

This chapter starts by presenting the role of the family and community in the possibility to age in place. Their roles are crucial for avoiding feelings of loneliness by creating bonds of trust and support, allowing them to strengthen their social and symbolic capital. The following section focuses on the spaces where we were involved: the knitting group and the lunch clubs. Here, I

explore what they expect from those spaces, the reasons to go there and how they feel by participating in those two particular recreational activities. Afterwards, the following section discusses the city's transportation system, its relation to mobility opportunities, and the possibility of being safely engaged in more activities within the city. Finally, the last part of this chapter includes a discussion about the representation of these women within the city and the possibilities, strategies or behaviours that they consider pivotal to increase their feelings of belonging and, hence, age in place successfully.

6.1 Family and Community

Belonging to a family and a community is sharing social roles and commitments (Mahar et al., 2013). It is also a reciprocal relationship that provides supportive care that is even more activated when challenging moments arise (Bower et al., 2018). Feeling the support of a family and community visualises individuals as people who are cared for by someone to whom they belong. As Cramm and Nieboer (2015) suggest, belonging to the community and neighbourhood may enhance older adults' well-being even if it does not work for everybody. For example, it could contribute to getting support from neighbours, reducing possible adverse effects of increasing health issues. It also allows older people's social engagement in their communities, interacting with people, being aware of activities, participating and making decisions, etc (Cramm & Nieboer, 2015).

When Melany shared how comfortable she feels living next to her daughter, she also mentioned that it "is wonderful to belong somewhere in the family", referring to her support after losing her husband. Her daughter provided material, financial and emotional care to her. Still, Melany also contributed by caring for her grandchildren and cleaning the house when necessary. Likewise, Carmen's confronting breast cancer treatment with her family confirms their love for her. It makes her think about "people feeling abandoned", not having visits or someone who could attend to their needs and comfort them through that challenging event in life. Ageing in place emphasises the desire of older individuals to remain in their homes and communities as they age. Belonging to a family and community is crucial in facilitating this process. The support, care, and reciprocal relationships within these social circles provide a safety net for older adults. It enables them to maintain their independence, cope with challenges, and feel a sense of security.

Even when, for some women, that realisation could not be enough, having a family and community to rely on brings comfort and the opportunity to overcome loneliness (Carragher & Ryan, 2020). For instance, Sonia misses a special connection she used to have with her husband, the topics they discussed, their home routine, and their family projects. In addition,

Sonia finds it challenging to engage with her children's routine; she wishes to be part of an intellectual group of discussions or find a friend who could feed this ambition. She says life has "lost its savour"; despite having her children and siblings next to her, she sometimes feels out of place, reminding us of the subjectivity of feelings such as belonging and loneliness. Nevertheless, Sonia embraces "what life offers her" when those feelings arise. Sometimes, she calls her sister and goes out to share a coffee. Others, she prefers to spend time with her daughter or her son, who lives abroad. The realisation of being connected, "having someone to ring", people concerned for you, thinking of you, and including you in several plans and routines strengthens feelings of belonging to Sonia and relieves her loneliness.

Studies have demonstrated that feelings of security and safety in older women's neighbourhoods are fundamental to increasing their feelings of belonging and allowing more participation and socialisation (Young et al., 2004). In addition, features of the neighbourhood, such as accessibility to public services, local shops, physical design and layout, and surveillance, facilitate face-to-face interaction and a sense of security and belonging that supported participants' independence as they aged in place (Torres, 2020). Neighbourhoods and their configuration are crucial to trigger these feelings of belonging.

Vivian carefully described where she lives with her husband, highlighting how much she appreciates having a good relationship with her neighbours. She enjoys keeping the doors open in the afternoon and inviting people for a quick chat or tea. Vivian values the solidarity and support that exists in her neighbourhood. She shared the case of a man who lives a 5-minute walk from her place. He has no family close to him and suffers from diabetes. One day, in a crisis, people got together to take him to the hospital and care for him at his place afterwards. Her neighbourhood and neighbours reinforce a sense of belonging for her, reducing possible situations and feelings of loneliness.

"I do not feel lonely because I live in a small street, so we all know each other, there are always people at home, I go to the bingo (...). I am so lucky. John's sister is 85 and has nobody to take her out, just us. She has some friends, but still"
(Vivian).

Community is a space but also an action. It is to participate and interact. When older people experience a change in their social roles that might be restricted or reduced compared to what they used to be in the past, it does not mean that the desire to be respected as valuable and productive members within their social networks and communities is extinguished (Anderson et al., 2014; Carr et al., 2015). While in the city, I found out that older women actively participated in volunteer jobs, especially in charity shops. A large body of evidence highlights the health benefits of social activities in later life, particularly volunteering (Anderson et al.,

2014; Carr et al., 2015). The social aspect of volunteering may be especially beneficial to overcome feelings of loneliness among older women. In addition, the potential meaningful social relationships that women find by doing this activity could provide support to face difficult moments such as the death of a spouse, family crisis and health issues (Hawley & Cacioppo, 2010).

Melany, Andrea, Rose and Carmen proudly shared their participation in volunteer activities with me. Melany and Andrea help once a week in a charity shop. They work at the counter selling and packing products. Melany started her volunteer job because of her daughter. Her daughter is the manager of a charity shop and invited Melany to visit one of the shops to see if she wanted to be part of her team. Melany liked the idea and has been part of the charity shop for over a year. She said she enjoys talking to people and considers that working as a volunteer “is necessary to support those who are suffering in silence.” she once referred to herself as a “soldier”, referring to her participation in the charity shop.

Melany met Andrea in the knitting group and invited her to work in the charity shop. Andrea also works at the counter, and her participation involves being in charge of the mobile phone to coordinate with the manager or other team members when required. Andrea feels very proud when discussing her role in the charity shop and her capability to manage certain technologies that could improve her role in the volunteer job. For Andrea, knowing and mastering the usage of technology makes you “smart” and “updated”. She proudly shows me her business on Facebook, selling wool and knitting patterns. Andrea is satisfied with her Facebook page, which she did on her own; she learned to navigate the new digital platforms and benefit from them. As I will explore in further sections, the materiality and subjectivity of her participation within the community are also related to her technology usage.

“I got my first computer 15 years ago only because I was working in Asda, and I needed to learn before I found myself being silly at work, so I learned on my own. I even have my business on Facebook. I sell wool and knitting patterns, and people love It” (Andrea).

Rose and Carmen are the women in charge of different activities within the lunch club. Rose washes the dishes and coordinates the entrance of the participants. Carmen set up the table and organised the recreational games. They also coordinate with the lunch club guardian to schedule extra activities such as gymnastics. I also helped them during my time in the city. I could see how organised they were and how their dedication and involvement significantly impacted the lunch club. Participants in the lunch club consider Rose and Carmen as the main organisers, after the guardian. When people start arriving, they wait for one of them to fill in the list of participants or to ask for any concerns related to the food or activities of the day.

These women's experiences exemplify the active engagement of older women in shaping their community and fostering successful ageing in place. On the one hand, these activities exhibit strong leadership and coordination skills as key figures managing various activities. Their roles extend beyond mere participation; they involve organisation, planning, and execution of diverse tasks within the charity shops and lunch clubs. That encourages social interaction, promotes a sense of belonging, and fosters a supportive network for those ageing in place. In addition, their contributions positively impact the broader concept of ageing in place. Their efforts create an environment that supports older adults' desire to remain within their community as they age. By fostering social connections, providing opportunities for engagement, and promoting overall well-being, they significantly contribute to the successful ageing of older women in the community.

6.2 Recreational (limiting) spaces.

In this section, I discuss the opportunities within the knitting group and lunch clubs to reduce feelings and loneliness in older women and, also, how they could reproduce messages that end up reaffirming paradigms about women and ageing. Within these groups, the interactions among women were quite diverse. For instance, in the knitting group, the oldest women used to knit without chatting too much. They preferred to observe and listen to other women's stories or conversations. When this group of women requested help, such as going to the bathroom, using the lift or reaching for a cup of tea, the younger ones assisted them. Generally, the younger women led the conversations; they were more outgoing and talkative.

The knitting group is part of a prestigious NGO focused on the older population. For some women, the knitting group provides a space to gather; however, from what I saw and discussed with some women, the knitting group could have also provided the opportunity to connect these women with other activities within the city. Considering the popularity of the NGO, women could have had more chances to be informed and connect with different events in their communities. The lack of willingness to do so that I perceived was also triggered by the realisation of the invisibility of some of these women in the organisation. The manager who introduced me to these women in the knitting group used to pass by to wave hello but never got involved with any women I met. For some of them, that is unpolite.

“Jane (the manager) sometimes goes to the knitting room, but she does not know everybody's names, only one, I feel ignored” (Karla).

That statement came to me abruptly when I joined Mary and other women in the restaurant on the ground floor. It was an open-wide space with eight or nine tables. Every table had centrepieces, which were colourful triptychs promoting special offers on funerals. The main

message was for the older visitors: 'You must think about your loved ones; do not leave them alone in those special moments'. I remember being shocked. I then gazed at the women's faces to see if they felt uncomfortable. Mary looked at me and said, "At the end, this is what we all need to save for". I returned a smile and went to order my food. That day, I could not stop thinking about the intention of those triptychs. Was I over-affected? I ended up with the idea that, perhaps, there is a 'convention' that older people are more used to coexisting with these messages. Discussions about how to deal with death are fundamental. However, on this occasion, my observation relies upon the distribution and contents of particular messages.

That said, the knitting group's design and organisation seem not to explore the space as an opportunity to promote and inform about different activities throughout the city: they were women with no names who were offered to knit and chat despite their age, capabilities, and desires. Whereas around the building, such as in the restaurant, promotions about investing in their funerals were notorious. What are the messages of this configuration? The strength of people's identity relies on their contact with local environments, their community and neighbourhood, and how these spaces talk to and about them (Liu & Gallois, 2021). I found out in the knitting group that it is a space that allows people to share an activity, meet new people, and expand their networks. Achievements to improve older women's lives from the encounters within the group will depend on the relationship among the women but it could also have the organisation's support.

Women who often assist usually have a social network that provides them with at least the means of transport to the group. For some, the knitting group could be an excuse to leave their places and find a space to interact with the world and, perhaps, a way to feel visible outside their homes. However, when physical conditions and lack of social connections play an essential part in these women's lives, triggering feelings of loneliness, this space could be an opportunity to bridge these women and the city. However, this was not the case. For six consecutive weeks, Laura, who used to be a recurrent participant, stopped going to the group. She used to go there every week, and suddenly, nobody knew what had happened to her. Women commented how concerned they were about her as she lived alone, had a bad relationship with her children and suffered from a leg impairment. Some of them tried to contact her, but their attempts were unsuccessful. Eventually, the woman discussed her case less, but the organisation never got involved.

On the other hand, the lunch clubs had a more organised structure. First, people gather to have lunch and, afterwards, to join recreational activities such as bingos and quizzes. In addition, they all could help to fix the table, wash the dishes and decorate the place if needed.

Before starting, one of the members of the NGO in charge of the lunch club checks out a list to see if every person who is enrolled is present. Otherwise, they call their homes to supervise if they are fine. Then, when the activities are about to finish, the same woman shares information about exciting activities that might appeal to the participants, such as reading groups, gym sessions for older people, local balls and more.

The lunch club took advantage of its configuration. It gathered people, provided an affordable lunch, and, at the same time, allowed people to interact with others, participate in activities, and be informed about further possibilities beyond the lunch club. It is also aware if some participants are in need. Participants are visible, even when they are not participating in the activities. They are part of a group that takes care of its participants. During the nine months in the city, the women I met who were part of my research continued visiting the lunch club. In the knitting group, Andrea, Melany, Karla and Sara decided to stop going (Also Erin, but she did it because of her brain disease), mainly because, as they expressed in our conversations, they began to “get bored”, “to look for different things to do”, they “were tired of the same”.

Ageing in place emphasises the importance for older people to remain in their homes for as long as possible without moving to a long-term care facility (Sixsmith & Sixsmith, 2008). However, on the one hand, it does not imply that older people will get stuck in their homes and, on the other, ageing in place also discusses the social connections, security, familiarity and a sense of identity in people’s communities and neighbourhoods (Wiles et al., 2012). As Van Hees et al. (2017) point out, the place is divided into socially and physically related aspects. The social aspects are related to the place where people live concerning emotions, memories, experiences and people. In contrast, the physical aspects refer to the function and physical features of the place (Van Hees et al., 2017).

Achieving the possibility of ageing in place requires looking at the ageing process from different lenses. Women in the knitting group are a diverse group of people with different ages, expectations, capacities and needs. However, the knitting group might reinforce more passive participation from older women; perhaps that approach also reinforces gender roles, expectations and prejudices about women and ageing. Indeed, the knitting group can fit some women's expectations. However, the semiotic permeated in this space should not be reduced to death as in the centrepieces located on the restaurant's tables. Likewise, a manager and the staff of a place where people go to share some time must pay attention to them. Those messages and institutional approaches strengthen identities and provide elements to interact and socialise. Caring is a political and social responsibility also represented in the messages

surrounding a community (Bulmer, 2015; Tronto, 2020). They harm people's inclusion and sense of belonging to age in place.

As presented, those spaces are a fundamental piece of a puzzle that represent women's social and symbolic capital. Hence, while the knitting group and similar spaces can offer a sense of community and belonging for older women, they must not perpetuate stereotypes or limit the potential for active participation. These spaces should transcend conventional gender roles and acknowledge the diverse expectations, capabilities, and aspirations of the women involved. Encouraging active engagement rather than passive participation is crucial in empowering older women and challenging societal norms regarding ageing and gender. Efforts to create inclusive and vibrant spaces must consider the women's various identities, backgrounds, and interests present, emphasising the richness that comes from diversity.

6.3 Transport and mobility in the city

Transport and mobility are fundamental components of the concept of ageing in place, which revolves around enabling older adults to maintain independence and comfort in their own homes and communities as they grow old. Access to adequate transportation is essential in facilitating this goal (Van den Berg et al., 2016; Matsuda et al., 2019). Ensuring older individuals have convenient transport options is not just about accessing essential services and amenities. It is about much more. It is about providing a lifeline to the outside world. By offering reliable transportation, communities do not just enable older adults to remain active members of their neighbourhoods, they also provide a shield against loneliness.

Safety and security during travel are also paramount concerns for older adults. Creating age-friendly transport infrastructure, such as pedestrian-friendly pathways and well-lit streets, ensures their comfort and security while navigating their communities (Van den Berg et al., 2016; Matsuda et al., 2019). Efforts to improve transportation options for older adults contribute to building age-friendly communities and supporting their needs as they age. By facilitating access to essential services, promoting social engagement, ensuring healthcare accessibility, and enhancing safety, transportation is critical in enabling older individuals to age in place with dignity and independence.

In the older population, social exclusion, isolation, and loneliness often result from their inability to use or access public transportation (Matsuda et al., 2019; Shrestha et al., 2017; Wretstrand et al., 2009). The capacity and confidence to use public transport independently represents autonomy and allows wider social interactions (Asplund et al., 2012). According to scholars (Asplund et al., 2012; Park & Chowdhury, 2018), public transport is the key to

providing the older population with the opportunity to have an active and connected life. Furthermore, those researchers also suggest that adequate public transport is not only crucial for the individual well-being of older people; it also contributes to a positive impact on the local economy due to the improvement in the quality of life of people, especially by supporting social engagement and physical activity, improving mental and physical health (Asplund et al., 2012; Park & Chowdhury, 2018).

Transport, trip purposes and mobility patterns in older people are impacted by aspects such as retirement, illness, death of a partner, divorce, marriage, children moving out and the birth of grandchildren (Matsuda et al., 2019; Park & Chowdhury, 2018; Shrestha et al., 2017; Wretstrand et al., 2009). Gender is also detrimental when assessing transport in older women. While in the city, I met only one woman with a car; she was Carmen's sister, and I saw her a few times. Susy was 67 years old, divorced, retired and enjoyed dedicating her time to picking up her grandchildren from school and travelling with friends. Realising the lack of car ownership among older women could reflect lifetime gender patterns and the impact on independence in old age.

To get adequate public transport, it is essential to identify the requirements for older people according to the diversity of circumstances. Within the city, facilities, such as public transport, allow people to be connected even if they live in remote areas. Buses are comfortable, and the council provides free bus passes for older citizens. A private and affordable private transport service also picks people from their homes if required. The cost is between two and four pounds, depending on the distance. The impact of transport on older women's lives in this research covers mainly feelings of independence, belonging and self-perception. Those women who consider transport an essential issue to address were mainly women with mobility impairments.

For instance, Angela thinks that despite using a wheelchair, she can still preserve her agency and independence without constraining her options and wishes to her daughter's schedule, as she is the one who assists her. She feels comfortable and safe using the double-decker buses and the sidewalks in her neighbourhood and the city. Her health condition has challenged her life in different ways. However, she finds pleasure in visiting the lunch club and being part of a routine and a group of people aware of her presence every week. Angela also likes to do some shopping independently. These activities are enjoyable because some means and facilities fit her needs. Also, her place is close to the lunch club, shops, and bus station. Nevertheless, if Angela needs to do her shopping, go to the doctor or visit some relatives, she mentioned that

she feels more comfortable going in her daughter's car for two main reasons: longer distances and having company.

On the other hand, Karla feels that her health issues, particularly leg problems, isolate her. She spends most of the time at home (4 or 5 days a week) and does not feel safe about using public transport due to her condition: waiting for a bus could take longer than expected; bus stops are not located close to her place; bus seats are not comfortable. For Karla, going to the doctor or some recreational activities depends on her husband, who drives the family car and takes her to the places she needs. Not counting on her husband could signify a deterioration of her physical and emotional health and financial resources, as she may need private transport.

“If getting access to transport is challenging, any other intentions to address issues of loneliness are not going to work as being far away and lacking means of transport do not allow people to socialise and go out of their houses” (Karla).

Laura has a similar story; she has a permanently swollen leg and needs to use a walking stick. Due to her health condition, she prefers to get cabs or community transport to go to the doctor or the knitting group, where she interacts and socialises with other women. For her, it is possible to afford these transport costs, making her feel independent as she can decide where and when to go out of her house. In any case, mobility is more challenging for women with physical impairments, and more aspects could be involved when deciding on using public transport: comfort, safety, timetable, distances, and costs (Bowering, 2019; Wretstrand et al., 2009).

Scholars have identified the basic requirements of older people using public transport by considering these aspects: Mobility impairments, visual impairments, hearing impairments and cognitive impairments (Bowering, 2019; Wretstrand et al., 2009). However, it is also essential to consider the user perspective; then, the needs of older people could be explored by exploring how the service provides its features. The concept of “journey chain” (Zhang, 2011) proposes to include the following aspects regarding the public transport system: information, accessibility of buses, bus stop facilities, ease of wayfinding, availability of toilets, etc.

To make public transport an attractive alternative for older people, all the elements of the public transport chain need to be considered. It is essential to highlight that, as Zhang (2011) points out, every journey always starts with information because people with disabilities need to be sure that the entire journey is accessible and safe for them, without any possible barrier. Therefore, sufficient information is required to decide whether to take public transport or seek another alternative. However, beyond the public transport system and, regardless of their age and physical condition, women's narratives of the city as an open space to enjoy were not

striking. There was no appealing offer nor enough information about public spaces for them to enjoy. Nevertheless, women who suffered some physical impairments did not often use recreational spaces because of the weather, the facilities and the distances. Feelings of insecurity and fear predominated when women discussed why they do not visit public areas; some also argued that it is hard to find someone who can support them and help in case an eventuality occurs (falls, dizziness, tiredness).

The physical and social environments are particularly important for older people due to their time in their neighbourhoods (Sheila, 2022; Zandieh et al., 2016). Therefore, safety and physical access in their community might facilitate their socialisation. Individuals with mobility limitations or other physical impairments may wish to remain active and integrated within their communities, as it increases feelings of belonging, reducing loneliness (Bowering, 2019). However, not only their health situation might be preventing them from socialising, but their environment is also related to how they feel it is possible to navigate their space. For example, women with severe joint pain, such as Karla or Laura, are more likely to limit their activities and socialisation as they live in neighbourhoods far from the city centre with limited public transport nearby. Their neighbourhoods do not offer exciting places to enjoy and spend outside their homes. Thus, neighbourhood characteristics could also be a mirror in which people identify themselves, unfold their agency, and define themselves as disabled.

6.4 Representations and the possibilities to belong for older women in the city

While in the city, I explored it and identified some aspects that made me reflect on the shape of loneliness there. In this section, I will start by discussing ageism and its effects on social interventions, cultural and community events and the city's modernisation. Following that, I explore those feelings and actions that boost women's feelings of belonging, within their homes and community.

6.4.1 Ageism, culture and modernisation

I was invited to several events by NGOs working on population ageing, mainly on dementia and institutional care. Whereas dementia is a much-discussed topic, it is also necessary to discuss ageing from different perspectives and within the community. Unfortunately, I did not see spaces that allow discussion about ageing in place from those NGOs. When discussing older women, I found that the weight focused more on ageing than being a woman. Perhaps prejudices on what they like, want, and what they should do permeate some of the activities and infrastructures designed for them. Ageism is a widespread phenomenon that significantly

threatens older people's well-being. It is a negative stereotype, a prejudice, and discrimination directed toward older people, particularly women, regarding appearance and expectations (Cecil et al., 2022; Marques et al., 2020; Nelson, 2016).

I scheduled a meeting with Lucy, a councilwoman who contacted me as she was interested in my research. Her role was related to public services in the city. We had an informal conversation at her office, I even went with my son that day. Once in her office, we discussed those spaces around the city shaped to receive women over 60, public spaces, events and city plans. According to her, within the city, there are traditional spaces where women get together to get involved in activities that might reinforce gender roles and isolate these women from daily city life. For her, some programs for older women, compared to older men, focus more on “what to do instead of what to be”. She thinks that programs with different perspectives are necessary for learning activities. For Lucy, “this is a part of prejudice towards older women”. Knitting or bingo, she thinks, are based on assumptions and not necessarily a result of asking women about their expectations and needs.

Ageism and gender role assumptions could wrongly tailor interventions that might not deliver what is needed. I had a similar discussion with women regarding “the city of culture” events in the city. The city of culture event and its infrastructures made me think about the hierarchical relationship between modernisation, youth and ageing (Hastings, 2018). For some women, the interaction with these physical changes did not allow a dialogue; on the contrary, some did not connect with the process. They consider that those improvements were made for younger, educated, and financially wealthy people. As Erin mentioned:

“I know that many people come, and the station is always crowded, but not me; I do not go anywhere and have not heard of any interesting event. Cultural events are not for us; maybe 20 years ago, it was” (Erin).

Even among the two educated women whom I met, the events of the city of culture were not mentioned; they were never part of our conversations. I sometimes felt more connected to the city than they regarded “the event of the year”. Such aspects of modernisation made them feel like outsiders from their communities. For instance, Laura lives five minutes by bus from one of the biggest shopping centres that were recently improved. However, she visited it for the first time when the fieldwork ended, and we had a farewell dinner. According to her, she felt overwhelmed in front of the building, “too big”, “too fancy”, and “too modern”.

Likewise, some women, like Mary, perceived the cultural event as something external to them. The disconnection was related to their age but, most significantly, to their lack of information.

“City of culture sounds nice, but I do not know where to go or what to do to participate; perhaps it is not for everybody; is it expensive?” (Mary).

Modernisation theory suggests that modern societies favour the young, and ageism increases (Soriano & Sablici., 2022). According to this theory, in Western societies, the introduction of retirement and the welfare state took away older people's productive and reproductive roles, reducing their social status, formerly dependent on their productive capacity. In other words, people who do not produce are hardly visible. Therefore, society keeps moving on without seeing them; the society moves and changes together with those who are financially productive; the changes are for these citizens (Ayalon, 2013; Löckenhoff et al., 2009; Vauclair et al., 2015). Hence, if ageism and the intersectionality of gender and ageing increase vulnerability in women's lives, an aspect of this vulnerability could be represented or unrepresented in the city's designs, infrastructures and events.

However, respect and social inclusion were considered to create cultural event activities. For instance, the H Road network undertook a project to unite young and older adults. The project showed the life of people born in the 1940s and living in the H Road area. The intention was to have an intergenerational approach and involve the younger generation in the interviews with older people. One of the project coordinators explained that they hoped the project would improve the relationship between the generations. For the coordinator, there is a lack of understanding of older people's needs and opinions in general as they do not have the chance to speak about their lives; there is the recognition of older people being invisible and the necessity to hear their voices not only to address their needs but to value their contribution and roles within the community.

Regarding the representativeness of the cultural programme, according to Hastings (2018), for some of the groups of residents, engagement levels are related to the extent to which those groups felt represented by the programme. His research found that older people thought the programme reflected them and their lives. Nevertheless, residents whose lives were limited by a health condition or disability were least likely to feel included. Therefore, they felt under-represented in the cultural activities (Hastings, 2018). Disability or limited conditions invite us to discuss the possibilities of interacting and belonging despite everything. In that sense, when talking about loneliness, social services, health services, recreational activities, and transport accessibility are essential to address as they bring to light the options and challenges people might find within their communities (Marcille et al., 2012).

Accessibility to those services is crucial to maintain and improve the ability to connect and be independent. It is also a good mirror of what it is like to navigate within a city, even when the

body or different individual circumstances could restrict or challenge people to keep on belonging to their communities (Matsuda et al., 2019). For these women to strengthen feelings of belonging and reduce potential loneliness, they must be part of a city that contemplates the support they need and the contribution they might add to the community. Ageism manifests in various forms, influencing policies, infrastructure, and societal attitudes that impact the accessibility of services for older individuals. These obstacles perpetuate a cycle of exclusion, hindering their ability to participate fully and belong.

6.4.2 Being useful to others.

Among the several aspects I found that trigger the feelings of belonging for these women and, hence, expand and improve their experience of ageing in place is the necessity of being useful for others. In the following paragraphs, I will discuss the women's need to "be useful" to visualise their lives and eliminate or reduce the hegemonic discourses about older women and their limited participation and contribution within households and communities. By understanding the significance of their roles in fostering interconnectedness and mutual support, we uncover a vital element that enriches their journey of ageing in place.

On a nice day in June, in the lunch club, I sat near the window, close to Vanessa, Rose, Carmen and Vivian. We were talking about our weekends. Vivian mentioned she had a lovely weekend, quite relaxed, nothing special. She only lives with her husband, but her children live close to them. Her birthday is on the 24th of June, and mine is on the 22nd, so we talked about our birthday celebrations. She told me how lovely her family is and that they would celebrate her 78th birthday together, listening to Nat King Cole, her favourite artist. Then, Rose shared with us what she did during the weekend. She started mentioning that, compared to Vivian, she could not rest as her daughter asked for help taking care of her children. It was interesting to observe how Vivian immediately reacted. Then, she started describing her daily activities:

"My husband is not well; he had two strokes and cannot walk very well. The nurse comes three days a week to help him, and I am there. It is emotionally tiring sometimes because he is frustrated; he used to be very active. He depends on me so much, so I said, you need me, so stop irritating me, hahaha. I am in charge of all his money, haha, but I also have my pensions; because I work, I have my bank account"(Vivian).

We passed from sharing our weekend to discussing how busy they were—their responsibilities at home, caring for others and managing budgets. However, far from being a discussion filled with complaints, it reaffirmed their capacities, commitments and usefulness. Then, Vivian continued:

"I am a strong woman; I always do the correct thing. I am not arrogant; if I need to learn from my mistakes, I will. When my husband had the stroke, I was also firm because it was very unpleasant; I needed to deal with the nurses and doctors and his bad mood. I needed to deal with his medicines, organising his life" (Vivian).

Being helpful and portraying themselves as busy women and carers was always part of these women's speech when discussing feelings of loneliness. This narrative highlighted their community presence, connectivity with different spaces and people, and belonging. It was the opposite of being alone or having nothing to do. Many studies (Fakoya et al., 2020; Poscia et al., 2018; Theeke et al., 2015) have discussed how being occupied reduces feelings of loneliness; being busy distracts from loneliness. However, most studies focus on leisure-time physical activities (LTPA), such as exercise, recreational activities, or sports. In this study, women feel that duty and being useful made them visible; they belong if they help and do something "useful" for others.

Still, as the evidence suggests, participating in LTPA contributed to reducing feelings of loneliness and negative psychological symptoms, such as depression and anxiety, as they involved being part of a collective activity to belong somewhere.

"I think sometimes (feeling lonely) because I have plenty to do during the week, but I need a project. Being in the house cleaning is not a project; I always make a joke, the day I die, I will never say I wish I could have spent more time dusting. I have a gardener who cuts the grass, so I need a project, and if I have nothing to do, I try to fill my days as much as possible. I take the dog out thrice daily; you meet people there. The only time that maybe I feel lonely is during the weekend because then I have no things to do. My children know it as a Bella day, which means I spend my days only with Bella, that I have not seen nobody, only my dog" (Sonia).

When I talked with these women, I felt how crucial for our relationship was for me to understand that they were not a "burden" and that they were independent, active carers. There is a threat to women's social prestige and public identity (Cacioppo & Cacioppo, 2018). Perhaps this is why I felt that it was almost a moral duty for them to present themselves as busy women, to let me know how useful they are, remarking how many people they assist and support. Belong for these women, then, relied mainly on the role of carer: taking care of their partners and grandchildren, being emotionally present for their children and volunteering in charity shops.

Fulfilling duties and being providers and protectors were social roles within their families and community and a fundamental part of a narrative that shapes their identity and sticks them to a place where they belong by being helpful, where people need them. However, being helpful to others is also an act of reciprocity cooperation; women belong to a network of care and

support because they have done the same for others and still do. Being useful to the family and caring for them reveals an intergenerational construction of solidarity (Thelen & Coe, 2019). These exchanges can also be seen as “moral capital” (Silverstein et al., 2012). According to Silverstein et al. (2012), moral capital is the values parents inculcate in their children about intergenerational support, an orientation to future solidarity actions. These exchanges and reciprocity within families reaffirm a sense of belonging and justify receiving and continuing to provide care (Silverstein et al., 2012; Thelen & Coe, 2019). As Vivian said,

“...my children are brilliant; they help me spoil me. I am not lucky; if you are a good person and mom, they will do the same with you” (Vivian).

What happens when women have not accumulated intergenerational support within their families? Laura stopped caring for her children when her older daughter could do it for her. Instead, Laura took care of her husband. Since then, she felt helpful to him and had limited interactions with the rest of her family. Belonging to a family is something that she has not experienced; giving and receiving support from them is also limited. No moral code declares why and how people should care for their parents, even though some ideas about the perfect family and children’s responsibilities of caring tend to assume that filial responsibilities prevail despite any events or family situations (Thelen & Coe, 2019). As she mentions, Laura nowadays takes her daughter's support as a “gift”; whatever she can do for her, she is genuinely grateful despite her constant loneliness. Keeping themselves busy triggers feelings of belonging and anchors women to their world. It enhances their social roles within their families and communities. Belonging gives them a “respectful” narrative of the self: “I am this because I do that”.

There is a necessity not only to do this but also to do it successfully by providing support and being responsible for individual, family or community accomplishments. Sonia admits to feeling sometimes a lack of affection. She misses “being considered” and feeling helpful to somebody. She is unaware of or engaged in family issues due to her family's perception of Sonia's capacities and strength. Probably, that is why she decided to take care of Chris, her brother-in-law, who has dementia and lives in a care home. She picks him up every week to go to the lunch club. She feeds and encourages him to interact with the group at his own pace. Sonia is also collecting money to find a better-located care home closer to her place to visit him more often. By giving affection to other people, Sonia found a way to navigate some of her sorrows and reassure her capacity to be in charge of taking care and show us she still belongs here. Belonging is being useful and providing protection. Belonging for these women is

about displaying affection, having meaningful social connections, and feeling they help someone.

Old age and its impact on women's identity could subtract them from their world, locating them far away from possibilities of belonging and being part of a community. When these women share their thoughts about loneliness, expressions like these: "not having friends or family", "loneliness can kill you", "people are sad, and some want to kill themselves", "old people do not use technology", "loneliness for many people is when you have no hope", are on the surface of their narratives. Moreover, even when most have experienced those feelings, and some still do, they try to avoid them through actions and discourses to fit in and be visible in the world. Hence, caring is belonging. I do care for you because you are important to me, but also because I can care for you; I am capable of doing so; it is a reciprocal need; older women can unfold their caring roles and support their families and communities, and, at the same time, their active social roles provide the window they feel is necessary to reinforce feelings of belonging.

6.4.3 Technology

Ageing in place represents more than a mere geographical location; it embodies a sense of familiarity, belonging, and autonomy within their chosen environment. The concept of ageing in place intertwines deeply with cultural, symbolic, and social capital, as theorised by Pierre Bourdieu (1986), especially when considering the integration of technology into the lives of older women. Technology serves as a conduit for connectivity, belonging, and independence. However, its democratisation and respectful implementation become crucial in preventing the reinforcement of societal prejudices against older women.

Technology could be a means to learn, preserve and transmit culture. It offers avenues to maintain traditions, languages, and customs, fostering intergenerational connections (Ibarra et al., 2020). However, unequal access or lack of inclusivity in technology adoption risks eroding cultural capital, marginalising those unable to engage with digital tools (Ibarra et al., 2020). Likewise, for older women, technology can enhance their symbolic capital by providing self-expression, empowerment, and visibility platforms. Disparities in technological access could reinforce societal biases, undermining the symbolic position of individuals who cannot navigate digital spaces effectively.

Andrea is 65 years old; she goes every Wednesday to the knitting group every day and is one of the most active women in the group. She knits while chatting with every woman around. She is close to Melany, who is older than her. They both also work in a charity shop once a

week. Andrea was one of the first women I met in the group. She is very friendly, welcoming, and opinionated. Andrea thinks that "old people" unfamiliar with technology could feel lonely. On the contrary, Andrea believes technology is a way to socialise and, most importantly, to be connected, informed, and present.

“(…), but there are many things to do outside, but there is also about age; old people do not use technology, and it is even harder to keep informed. Whereas my generation, for us, the world is bigger” (Andrea).

Andrea is one of the youngest women in the knitting group. As part of her self-imposed roles in the group, she supports those women with mobility problems, enjoys organising the shelves in the knitting room and teaches others to use social networks. As a result, some women, such as Karla and Mary, have learned to create a Facebook account and buy books from Kindle. However, her best friend still refuses to get involved in the tech world, which frustrates her.

“For example, I texted Melany, and she never replied! I need to tell her daughter that I texted her that she does not want to learn; she thinks she is fine like that, but she is not. I am sure she will love it, but she does not want to” (Andrea).

Connection, prestige, socialisation, and information are elements that Andrea feels are important to belong to a community, avoid loneliness and be present. Technology represents a window of possibilities. Provides information to use and interact with people. For Andrea, it is almost a moral duty to get involved with it; technology, for her, makes people visible and present. Otherwise, the situation of loneliness that someone could experience will hardly disappear.

“I think (loneliness) is one of those things you cannot succeed in because there are so many plans (on the web), so much information (on the web), and places to go, but if they do not want to do something for them so everything it is pointless. It would be best if you were ready to help yourself. So, it can be so much information and publicity (on the web), but nothing will change if that person does not want to do it” (Andrea).

However, is it as easy as Andrea portrays it? Is technology accessible to everybody? These women had the financial capacity to own mobile phones, tablets, and computers. However, some of them, particularly the oldest women, felt they needed to be more familiar with or comfortable discussing this topic. Therefore, they depended on her children and grandchildren to use some of those artefacts. For instance, Vivian shared that even though she created a Facebook account and uses her tablet very often, her grandson supports her whenever she gets stuck with any technical problem. Likewise, Sara thinks technology could help lonely and isolated people connect more to the world and get help when needed. Nevertheless, she

admits that her daughter assists her when she struggles to manage some Internet settings. That is why she is very concerned about Laura, her leg injured and how lonely she is:

“(...) It helps to talk with someone else, but she does not have a mobile, she is not on Facebook or the Internet, and I have a younger daughter who helps me. I think technology will help her. Her situation breaks my heart” (Sara).

Studies have shown that technology could reduce feelings of loneliness in the older population, particularly those with chronic and mobility diseases (Chen & Schulz, 2016; Khosravi et al., 2016). Those studies confirm that using information and communication technologies (ICT) could increase feelings of belonging: connecting to the outside world, gaining social support, engaging in activities of interest, and boosting self-confidence. Nonetheless, as discussed above, these studies also point out that using technology and benefitting from it requires proper training, including where the training could be undertaken, the materials, timing and the instructor's approach and methodology. Moreover, ICT is only suitable for some. Aspects such as space, personal interest, education and cognitive and physical capability are possible predictors of people's involvement in the usage of ICT. (Chen and Schulz, 2016).

Andreas's argument of a technology duty to overcome experiences and feelings of loneliness is, indeed, reductionist. However, regardless of how helpful it could be and how these women value being able to own and master an artefact that could insert themselves into a broader spectrum, technology and its potential to increase feelings of belonging must be democratised. That is, it is acknowledged differently for different needs and populations. Mary seems to be very aware of that. One day, while sharing lunch, she told me about a pleasant experience five years ago, meeting a nephew in Australia. While attending some computer lessons at the NGO where the knitting group belongs, she found a web page called "Time Capsule" that aims to look for relatives scattered worldwide. After weeks of navigating that web, her nephew in Sidney found her and invited Mary to visit his home and meet the family.

It was a delightful experience for Mary. Technology allowed her to meet her nephew and feel she had a family who cared about her. From what she shared with me, it was one of the few moments after her mother's death when she felt someone else was thinking of her. Technology gives her a sense of belonging. Information and communication technologies such as the phone are an immediate source for many women to avoid or reduce feelings of loneliness and are also more accessible. For instance, Carmen admits that sometimes she feels lonely, but when it happens, she immediately calls someone on the phone. It is the first artefact she will consider using in those situations. She also finds Facebook an opportunity to

communicate with relatives living in different cities by seeing their pictures and news and making video calls. That is how I spoke with her when she went to Portugal with two friends. We added each other on Facebook and started having regular calls. She very much enjoyed showing me part of her trip.

Hence, these women greatly value information and communication technologies to keep people connected. ICT allows some of them to fulfil the needs of belonging by providing platforms that enable connection, visibility, and interaction regardless of where their closest relatives and friends are. However, it also gives them access to diverse information that makes them aware of actual contexts and political, social, and economic situations. Studies suggest that technology could positively impact people's health and well-being by improving their sense of belonging, connecting them to more people, and increasing their self-confidence (Cattan et al., 2011).

To sustain meaningful relationships with others implies that people are motivated and happy within a social network. This experience provides a sense of belonging and is considered a timeless human goal (Sinclair & Grieve, 2017). On the contrary, for people who lack this connection, possible feelings of loneliness and emotional distress may arise. Moreover, older adults are more likely than younger adults to experience circumstances that could challenge their capacity to interact and connect. These include, for instance, lifestyle changes (widowhood, retirement) and mobility and physical issues (Sinclair & Grieve, 2017). Hence, as discussed, the use of technology also has the potential to improve the social capital of older women by fostering connections, reducing isolation, and facilitating community engagement. However, when technology access is unequal, and the society's structures are mainly based on and experienced by different technologies, there is a risk of isolating individuals and diminishing their social capital.

The epistemology and ontology of the world through technology bring both opportunities and risks, particularly impacting older women. Technology has democratised access to information, altering how individuals acquire knowledge. However, older women might face challenges adapting to rapid technological advancements, impacting their ability to access and process information efficiently. As can be seen, the proliferation of digital platforms, online courses, and information databases has shifted traditional sources of knowledge. While these resources provide diverse perspectives, older women might need help navigating these platforms due to technological literacy gaps (Hill et al., 2015; Vaportzis et al., 2017).

Technology also enhances communication and connectivity. It enables real-time connections globally, facilitating remote connections with loved ones. However, those less familiar with

technology might experience challenges and feelings of isolation due to their limited digital engagement, possibly triggering loneliness among older women (Hill et al., 2015; Vaportzis et al., 2017). As in the case of Laura, her mobility issues and lack of social support leave her aside from more frequent interactions; when she is absent from the knitting group, there is no way to keep in touch with her and even worse, it is much harder for her to ask for help. She admits not being able to manage a mobile phone or a computer and, as what she shared with me, she “is not interested”. I think she is afraid of being unable to manage it and become familiar with these new technologies.

Technology, significantly augmented and virtual reality reshapes how individuals perceive reality (Hill et al., 2015; Vaportzis et al., 2017). However, the adoption of these technologies might be limited among older women due to technological barriers, potentially impacting their understanding of evolving digital realms. Ontologically speaking, the digital footprint created through social media, online activities, and personal data presents a new dimension of existence. Older women navigating these spaces might encounter challenges in managing and protecting their digital identities, potentially impacting their sense of agency and control (Hill et al., 2015). Hence, the rapid evolution of technology might exacerbate the digital divide, leaving older women at risk of exclusion from accessing crucial information and services, thereby hindering their participation in contemporary society. Older women, less familiar with technology, might face heightened vulnerabilities to cyber threats, fraud, and privacy breaches (Arfi & Agarwal, 2014; Khosravi et al., 2016). That impacts their trust in digital platforms and may limit their engagement in online activities (Arfi & Agarwal, 2014; Khosravi et al., 2016).

6.4.4 Enjoyment and Projects

I have discussed how these women prioritise their roles as carers and being useful and helpful when introducing themselves. These women fight against possible stigmas by highlighting their contributions to their homes, families, and communities. Even among younger women like Andrea, who is active and undertakes different activities, aspects such as marriage and motherhood come to the surface of their narratives about themselves.

“I used to live in houses with terraces; I was surrounded by children. I wanted to be a nanny, so I always wanted to be a mother (...). The problem these days is that women now want everything: education, a job, and a family. They put the baby when they are almost 40, and then complications come, and then they are, what happens? However, it is because they are old now. For me, it was all the opposite; I wanted to have my children when I was young to enjoy then and not be that old, to enjoy then as much as I could (Andrea)”.

It is helpful to bring Simone de Beauvoir's debates regarding women's and men's places in society. Beauvoir (1949) defines man as the subject and woman as the "other". Men are the ones who are called to be citizens, the ones who produce, the ones who carry out their life projects and embody transcendence. They are helpful to the community. Women are condemned to stay, to remain, not to transcend. Women, as opposed to men, are fulfilled through domestic work and home administration. Beauvoir says these activities do not allow them a singular affirmation of themselves (Beauvoir, 1949). For her, the separation of the public and private worlds and the sexual division of labour have marked the social position of women in the West, assigning them the exclusive obligation of performing care work, shaping the construction of their gender identity and affecting the execution of their projects (Beauvoir, 1949). Women are put into a situation of early retirement and lack the impulse, confidence, hope, and anger that would allow them to discover new purposes in later life. Instead, they follow a routine, a system out of repetition that is part of a heritage imposed on women (Beauvoir, 1949).

Feminism and human rights fights have improved some aspects of what Beauvoir mentions. However, for some women, Beauvoir's statements are still as accurate as what I could see and experience in my time with these women. For example, it was unusual to discuss personal plans as a narrative of their identity; being was about being useful for others and being busy fulfilling their care role. Even though they seem happy, and the role of carer gives them satisfaction, a different aspect of their womanhood and being was not present in our encounters. Personal plans or projects differed from what they found essential to introduce themselves. However, some women also showed me how they value having plans that transcend commitments with others and caring duties.

I understand personal plans as projects or arrangements related to women themselves. I wanted to explore projects as individual women's plans to enjoy, focusing on their desires and expectations. As Ruth et al. (1996) suggested, projects may range from the mundane ("a walk with the dog") to the magnificent ("fight for world peace"), the ordinary ("get a bath") to the extraordinary ("get a life"), the solitary ("learn to play an instrument") to the communal ("learn to dance"), and all points in between (Ruth et al., 1996). A project could be shaped by people's health, environment, previous experiences in life, socioeconomic status, cultural background, etc. The exploration of personal plans highlights the agency and autonomy of older women in shaping their lives while ageing in place. Bourdieu's (1986) concept emphasizes agency in using various forms of capital to navigate societal structures. These personal projects reflect their choices, desires, and expectations, showcasing their agency in defining their experiences while ageing in their chosen environment.

For Carmen, planning annual trips with her friends and going to the beach with her family are activities she tries to fulfil rigorously. After her cancer treatment, she considered herself a survivor and promised to enjoy life fully and respectfully with her loved ones. Carmen reinforces her presence in life by enjoying it. Even though she also finds it essential to help her children and to collaborate as much as she can when participating in the lunch clubs or other activities within the community, that is not what defines her or increases her sense of belonging and connection. As mentioned, she has worked from a young age, cared for her children, and overcame life difficulties, including physical and emotional issues. Therefore, there are no forced duties or imposed commitments to enhance her presence, to be seen and respected. For Carmen, the different events throughout her life have made her prioritise various aspects compared to other women of her same age and community. Therefore, one can see the projects as areas where personal values and beliefs are reflected. For instance, Sonia mentioned the necessity of a project that challenges her and connects her to what she enjoys.

"...during the week I have plenty to do but need a project. Being in the house cleaning is not a project; I always make a joke, the day I die, I will never say, I wish I could have spent more time dusting" (Sonia).

A project for Sonia represents doing something that she used to enjoy, which is uncommon nowadays—for instance, spending hours discussing politics or planning a spontaneous trip around Europe. Speaking to her youngest son helps Sonia to satisfy those needs. As he lives abroad, they both try to see each other once a year and at least once a week, they spend hours talking on the phone. Thinking of those projects improves her feelings of loneliness and estrangement that sometimes arise.

Karla used to enjoy trips outdoors, to the sea and the countryside. However, due to her mobility problems, she stopped doing so frequently. Nevertheless, despite insecurity about her health condition, Karla still identifies as an adventurer and explorer. She enjoys sharing her trips to the sea with her husband, the family dogs, or the new places she visits. She must adapt her situation to her means and resources to enjoy herself. Her husband is the main transport provider and carer, but Karla also finds different ways to pursue these desires. She found an organisation that arranges short trips for people around her age and older. Karla feels safe there as the service and buses align with her needs. In one of our encounters, she showed me some pictures of Loch Ness in Scotland and her friends. Karla likes encouraging women in the knitting group to join her on these trips. On one occasion, Mary accepted the invitation, and together with another twelve people, they visited some beautiful islands up north of England. Therefore, having a personal project enhances feelings of belonging in these women.

On the other hand, a group of women also suggested that if the city had diverse activities for them, or at least if they were more aware of those, they could feel more connected with their city by enjoying it. As Mary highlighted, she would like to swim and attend musical concerts, which are extraordinary events for her. However, she needs to experience her city as a provider of those expectations. How are those services distributed in the city? How is the information flowing within the city? What kind of activities and places is Mary accessing? How has she learned to inhabit her city? How is she identifying herself within the wards of her city?

Infrastructures and the context where people are located are essential aspects that could define how people learn to identify and enjoy themselves; they also could shape people's desires and expectations. Infrastructures are viewed as vehicles through which political values and symbols are made explicit, but they also are ontological experiments that shape culture, society, and politics (Jensen & Morita, 2017). According to Larkin (2013), infrastructures do not mirror social relations; they reconfigure them. For Larkin, what can be perceived as 'social' or 'natural' in a particular society or culture is, to an extent, the consequence of infrastructural arrangements. Therefore, women's narratives about what is essential in their lives could be reinforced by the materiality of their environment.

Enjoyment and personal projects as essential aspects of their identity were discussions that arose with a few of the women I had the chance to meet. For them, that was the way to introduce themselves, motivation and commitment with their own. However, this discussion concerns something other than whether people do or do not find moments to enjoy themselves while pursuing personal goals. It is about what they consider essential when placing themselves into a narrative, their central role in a particular moment and place to feel accepted and belong, to avoid potential exclusions and feelings of loneliness.

As already discussed, these marked gender differences in their narratives could probably be cohort-bound, reflecting some values, norms and gender roles experienced and expected at the beginning of this century (Carmel, 2019; Lucy, 2011; Ruth et al., 1996). Nevertheless, it invites us to reflect on the main challenges for women now. How will these generations of women grow old, and what will we need to feel that we fit in our societies? What our grandmothers faced differs from what we are dealing with most nowadays. However, there are still expectations around women's behaviours, achievements, looks, etc. How are we facing these now? How will we tackle loneliness concerning women's feelings of belonging to a more extensive community? What have we learned from our grandmothers?

Conclusions

This chapter has shown the profound impact of accessibility, information dissemination, and individual preferences on the participation of older women in various city activities, delving into the intricate dynamics of ageing in urban environments. This exploration underscores the importance of active involvement in community endeavours as a powerful antidote to loneliness, fostering a deep sense of belonging.

As discussed earlier, the lunch club and knitting group are not just spaces for social interaction and mutual support for older women, but also crucial avenues for community engagement. Despite their challenges, these venues empower older adults to maintain independence and confront the hurdles associated with ageing, thereby significantly combating loneliness. Moreover, symbolic capital is pivotal in comprehending older women's participation in diverse activities and their sense of community belonging. When older women actively engage in community endeavours and have their voices acknowledged, it bolsters their symbolic capital and challenges entrenched stereotypes about ageing.

Transportation, mobility, and information access are practical considerations for older women in urban environments and pivotal factors that shape their socialization, independence, and security. By addressing these aspects, cities can play a central role in crafting environments that foster social inclusion and alleviate feelings of loneliness among older adults, thereby becoming more age-friendly.

The challenges and opportunities associated with ageing in place are intricately intertwined with the city's approach to inclusivity and accessibility. Establishing a genuinely inclusive urban environment necessitates acknowledging and accommodating all residents' diverse needs and identities, including older women and individuals with disabilities. Prioritizing the development of age-friendly cities that promote social connectedness, encourage active ageing, and enhance the quality of life for older adults is paramount. However, it must be approached with a gender-sensitive lens to ensure equitable outcomes.

Chapter 7 Discussions and Conclusions

The research draws on ethnographic study including participant observation, informal conversations and formal interviews to explore loneliness in older women in Hull and the 9-month study has produced rich data that highlights the ways in which older women in the city navigate old age and loneliness. As contribution to scholarship, the thesis shines a light on both, Hull and older women in Hull-a marginalised city and a marginalised community within the city.

As a foreigner researcher and bringing the discussion on reflexivity and positionality, I can share that the outsider perspective disrupts global north researcher/global south researched binary and brings insight to loneliness amongst older women in the UK from a new outsider perspective, with different challenges and limitations but also with new possibilities. Therefore, the ethnographic methodology was important here as enabled trust to be built within the community, especially with the core groups of participants, and the sustained engagement with the community mean potential barriers were dismantled.

Loneliness is a complex emotional state characterised by sadness, emptiness, and a lack of companionship or social connection. It is a deeply personal and subjective experience that can affect individuals regardless of their physical proximity to others (Ong et al., 2015; Thomas, 2015; Ozawa de Silva et al., 2020). In the context of older women, factors such as changes in social networks or limited mobility can contribute to feelings of loneliness. However, the research shows that loneliness is not static but mobile, not all the women were lonely, but many had had periods of loneliness.

When considering the experiences of older women who have spent most of their lives in this Hull, it is crucial to recognise the uniqueness of their circumstances. Local dynamics, cultural factors, and historical context can all significantly shape their experiences of loneliness. The research in particular highlights how social capital is key in navigating loneliness in old age. According to Bourdieu's framework, capital refers to economic resources and social, cultural, human and symbolic capital (Bourdieu, 1986; Tomlinson, 2004). These forms of capital offer a comprehensive perspective on how individuals navigate their challenges and opportunities. By exploring how different kinds of capitals have been developed over the years, over their lives, we gain a deeper understanding of how older women in this city have managed their resources, relationships, and knowledge and how these accumulations intersect with their experiences of loneliness.

Among these older women, I discovered that certain aspects trigger loneliness: i) Social connections and relationships, ii) Health impairments, and iii) Their relationship with the city. These factors are closely intertwined with the concept of 'capital,' shedding light on the multifaceted nature of their experiences. Social capital plays a crucial role in shaping their social connections and relationships. The research demonstrates that for many older women 'familial capital' is key creating social connections and feelings of usefulness. Widowhood can diminish social capital for some but not all. Some have supportive and strong relations with children/family and gain much from feelings useful to their families in older age. For some women marriage had been oppressive. However, while the death of an abusive spouse can bring relief, it can still lead to loneliness especially if the marriage had meant that woman had fewer social connections. Therefore, it can be said that there is an ongoing impact of abuse beyond partner leaving the woman's life.

Those with robust social capital, characterised not only by extensive networks and strong community ties but also by having a strong connection and relationship with a particular person, a quality of a relationship, tend to have a more robust support system that buffers feelings of loneliness. In contrast, those with limited social capital may need help maintaining meaningful social connections as they age. Social capital is also part of the main barrier that several studies have found when discussing how to improve older women's social participation and reduce feelings of loneliness (Forsman et al., 2013; Patulny & Bower, 2022; Price, 2015; Pugh, 2009; Rokach, 2018; Smith, 2012; Victor et al., 2022; Vozikaki et al., 2018). Social capital encompasses the social resources and relationships that individuals possess. It includes the strength and extent of their social networks, community ties, and their quality of relationships with others. In this study, the research suggests that social capital plays a vital role in shaping older women's social connections and relationships, and it has significant implications for their experiences of loneliness.

Studies about social capital and older adults underscore the significance of relationships with immediate family members, such as partners, children, siblings and lifelong friends, in contributing to the overall well-being of older adults. Sharing life experiences and associated memories, the invaluable social support received, and the profound sense of being cherished that these relationships foster contribute to coping with loneliness (Forsman et al., 2013; Patulny & Bower, 2022). According to these studies, these close interpersonal bonds are essential in nurturing mutual trust and fostering a profound sense of security throughout a long-standing connection. Moreover, Forsman et al. (2013) also highlight that purposeful social engagements provide a sense of being valued and appreciated and amplify belonging to various social groups and contexts.

This study has shown how the majority of women value being part of a community, having their family and friends close by, feeling they are women who are still capable of supporting their family, friends, and community. In my research, Putnam's (1995) understanding of social capital complements Bourdieu's concept of social capital, emphasising the trust, reciprocity, and cooperation arising from these social interactions. For Putnam, social capital is about the strength of social bonds and how they contribute to community well-being. In other words, as these women from Hull shared with me, life is about its savour, the richness of human connections, and the invaluable support networks that sustain them through the various challenges they encounter. Putnam's framework reinforces that vibrant social connections enhance individual well-being and foster a sense of belonging and cohesion within the broader community.

The women whom I had the opportunity to meet and who have solid social and support networks happened to live alone or close to their relatives. In this sense, it is also important to highlight that, as several studies point out (Weicht, 2013; Zhou et al., 2017; Townsend, 2023), this study has also countered the assumption that older women are merely passive dependents and recipients of care from family, friends and neighbours. Instead, social capital is also created and maintained in bonding ties by older women who play a crucial role in supporting their families (taking care of parents, partners and grandchildren) and their communities (volunteer activities).

However, the women in the study, both, with or without familial support, showed enormous resilience in combating loneliness and building up social connections. Lunch clubs and knitting groups were important sources of social connections and this research shows the importance of maintaining these kinds of community groups especially the lunch club. This thesis shares important learning on how these types of clubs work best. One of the main recommendations of this study is that resources should be invested in community groups for older people but with older women at the heart of designing what kinds of club would work best for them. Long term study of the clubs showed ways in which women-built connections beyond family that could lead to other connections (snowballing of social connections).

The study also shows that another aspect that triggers loneliness is related to women's health. Social, economic and cultural capital comes into play regarding the influence of health impairments in situations and experiences of loneliness. In other words, health impairments can be a cause of loneliness but social capital can mitigate against loneliness-even when health deteriorates. Older women with good social, economic and cultural capital often have good

access to healthcare resources and a good history of preventive care (Collyer et al., 2015). Therefore, they might be better equipped to manage age-related health issues. On the contrary, those with lower social and economic capital face more significant challenges in maintaining their well-being, potentially leading to increased loneliness. It is essential to consider the intersectionality of older women's identities, including gender, race, ethnicity, and socioeconomic status. These intersecting identities can shape their access to various forms of capital and, consequently, their health outcomes. As proposed by Bourdieu, (1986) the interplay of multiple capitals can illuminate the disparities in health outcomes among older women. This perspective aligns with Putnam's (1985) idea that the strength of community and social networks can also significantly influence an individual's access to healthcare and health outcomes.

Addressing health disparities requires a holistic understanding of how these multiple capitals intersect and influence older women's health and well-being. The study emphasises the need for inclusive, intersectional approaches that consider the diverse social, economic, and cultural capital profiles of older women and their profound implications for health outcomes and experiences of loneliness. The various forms of capital are interrelated and contingent upon each other, and this relationship extends to older women's health (Abel & Frohlich, 2012). For example, accumulating social capital often relies on cultural capital, as belonging to a particular social group often demands specific communication styles or behavioural competencies, which can be crucial for maintaining social connections that contribute to well-being (Collyer et al., 2015).

Moreover, economic capital, in the form of financial resources and access to material wealth, can significantly influence older women's health by facilitating access to quality healthcare, medications, and healthy living conditions. (Abel & Frohlich, 2012; Collyer et al., 2015). It can also enable older women to engage in health-promoting activities, such as regular check-ups, preventive measures, and a nutritious diet. Furthermore, cultural capital, including knowledge about health, healthcare practices, and health literacy, is critical to older women's agency for health (Abel & Frohlich, 2012; Collyer et al., 2015). It empowers them to make informed decisions, advocate for their healthcare needs, and navigate complex healthcare systems effectively.

Different studies underscore the central role of social networks and family ties in buffering the adverse effects of health impairments and fostering a sense of belonging and emotional support (Buch, 2015; Kelly et al., 2017; Lindsay Smith et al., 2017). My research findings are strongly aligned with this robust body of literature, reinforcing that while health challenges

represent obstacles, strong social connections and financial resources play a pivotal role in mitigating the impact of these challenges and promoting the well-being of older women.

Ageing in place and the concept of capital can be related in several ways, particularly when examining the factors that influence the ability of older women to remain in their homes and communities as they age. Research indicates that most older adults highly value their self-reliance and prefer to live in familiar surroundings, which foster a sense of autonomy, self-care, and dignity. In this study, I have shown that the concept of ageing in place is aligned with the capacity to access recreational spaces and not limited to one (as the aspects I described regarding the knitting group), the possibilities to mobility and the central role of transport in the city.

However, and not less importantly, I discussed the representations and the possibilities of belonging to older women in the city. It includes not the materiality of the city and its infrastructures but the semiotic, subjectivity and narrative around what represents an older woman and the place within the city: their participation within their families and communities, the faces of ageism in the light of modernisation and the use of technology and the necessity to reinforce and produce a narrative about how useful they 'still' are, how busy they 'still' are and how caring for their family and community is at the front of their duties. These findings are similar to studies that discuss the essential aspects a place should include to integrate different groups of people (Sixsmith & Sixsmith, 2008; Fernández-Carro, 2014; Milligan, 2016; Vitman Schorr & Khalaila, 2018). Such research highlights the importance of creating age-friendly environments that promote social connectedness, independence, and overall well-being among older adults, ultimately contributing to more inclusive and supportive communities.

Regarding the limits of the research, the recursive nature of my relationship with the question of the experiences of loneliness was related to the extent of gaining access to my interlocutors in spaces where, just by having the possibility to inhabit them, they could have represented a different experience of loneliness. However, it does not mean that women do not feel lonely. Therefore, even when this study achieves a robust understanding of the experience of loneliness, it is much more challenging to consider cases that might be even more severe than those that I found in the institutional or recreational landscapes of the city. Based on this research, studies considering a broader population, remote areas, and a geospatial approach are needed to reach isolated communities. Ethnography could be an expensive methodological design to pursue, which is why the participation of academic and social sciences scholars are

crucial pieces to generate knowledge and contribute to further public health and general policy interventions.

This research aimed to explore experiences of loneliness in older women within their community in their city. It is essential to recognise that the concept of capital is intricately intertwined with the lived experiences of older women. Within the cohort of older women in this study, gender roles have been detrimental in shaping their access to and accumulation of capital. Recognising the intersection of different forms of capital in older women's lives allows for a more holistic understanding of their experiences of loneliness. It provides insights into how interventions and policies can be designed to promote social inclusion and well-being among this population.

Reference list / Bibliography

Abel, T. & Frohlich, K.L. (2012) 'Capitals and capabilities: Linking structure and agency to reduce health inequalities', *Social Science & Medicine*, 74(2), pp. 236–244. Available online: <https://doi.org/10.1016/j.socscimed.2011.10.028>.

Ablanque, A.R.A. & Singson, D.N.E. (2022) 'Surviving Vulnerabilities of Isolation among Widowed Empty Nesters', *International Journal of Multidisciplinary: Applied Business and Education Research*, 3(11), pp. 2343–2361. Available online: <https://doi.org/10.11594/ijmaber.03.11.20>.

Abramson, C.M. (2021) 'Chapter 2 - Ethnographic methods for research on aging: making use of a fundamental toolkit for understanding everyday life', in Ferraro, K.F., Carr, D. (Eds.), *Handbook of Aging and the Social Sciences (Ninth Edition)*, Handbooks of Aging. Academic Press, pp. 15–31. <https://doi.org/10.1016/B978-0-12-815970-5.00002-4>.

Abreu, A.C.G. de, Alves, M.S., Zuchelo, L.T.S., Santos, S.V. dos, Noll, P.R. e S., Baracat, E.C., Soares Júnior, J.M. & Sorpreso, I.C.E. (2022) 'Full and empty nest syndromes in women in the climacteric period', *Revista Da Associação Médica Brasileira*, 68(1), pp. 109–117. Available online: <https://doi.org/10.1590/1806-9282.20210830>.

Adams, V. (2016) *Metrics: What Counts in Global Health*. <https://doi.org/10.1215/9780822374480>.

Afshar, H. & Maynard, M. (2008) *Women in Later Life: Exploring Race and Ethnicity*. McGraw-Hill Education (UK).

Age UK (2022) 'Age UK Polling'. Available online: <https://www.ageuk.org.uk/latest-press/articles/2022/one-in-ten-uk-older-people-are-reducing-or-stopping-their-social-care-or-expect-to-do-so-in-the-coming-months-as-they-struggle-with-the-cost-of-living/> [Accessed 11/08/2023].

Age UK (2023) *The State of Health and Care of Older People, 2023*.

Ahn, M.Y. & Davis, H.H. (2020) 'Sense of belonging as an indicator of social capital', *International Journal of Sociology and Social Policy*, 40, pp. 627–642. <https://doi.org/10.1108/IJSSP-12-2019-0258>.

Akhter, S., Elias, J. & Rai, S.M. (2022) 'Being Cared for in the Context of Crisis: Austerity, COVID-19, and Racialized Politics', *Social Politics: International Studies in Gender, State & Society*, 29(4), pp. 1121–1143. Available online: <https://doi.org/10.1093/sp/jxac035>.

Allen, K.-A., Kern, M.L., Rozek, C.S., McInerney, D.M. & Slavich, G.M. (2021) 'Belonging: a review of conceptual issues, an integrative framework, and directions for future research', *Australian Journal of Psychology*, 73(1), pp. 87–102. Available online: <https://doi.org/10.1080/00049530.2021.1883409>.

Allen, T.D. & Eby, L.T. de T. (2016) *The Oxford Handbook of Work and Family*. Oxford University Press.

Alpert, P.T. (2017) 'Self-perception of Social Isolation and Loneliness in Older Adults', *Home Health Care Management & Practice*, 29(4), pp. 249–252. Available online: <https://doi.org/10.1177/1084822317728265>.

- Alterovitz, S.S.R. & Mendelsohn, G.A. (2013) 'Relationship goals of middle-aged, young-old, and old-old Internet daters: an analysis of online personal ads', *Journal of Aging Studies*, 27(2), pp. 159–165. Available online: <https://doi.org/10.1016/j.jaging.2012.12.006>.
- Ambrosio, L., Senosiain García, J.M., Riverol Fernández, M., Anaut Bravo, S., Díaz De Cerio Ayesa, S., Ursúa Sesma, M.E., Caparrós, N. & Portillo, M.C. (2015) 'Living with chronic illness in adults: a concept analysis', *Journal of Clinical Nursing*, 24(17–18), pp. 2357–2367. Available online: <https://doi.org/10.1111/jocn.12827>.
- Anderson, C. (2019) *Discourses of Ageing and Gender: The Impact of Public and Private Voices on the Identity of Ageing Women*. Cham: Springer International Publishing. Available online: <https://doi.org/10.1007/978-3-319-96740-0>.
- Annear, M., Keeling, S., Wilkinson, T., Cushman, G., Gidlow, B. & Hopkins, H. (2014) 'Environmental influences on healthy and active ageing: a systematic review', *Ageing & Society*, 34(4), pp. 590–622. Available online: <https://doi.org/10.1017/S0144686X1200116X>.
- Arfi, N. & Agarwal, S. (2014) 'Knowledge of cybercrime among elderly across gender', *International journal for advance research in engineering and technology*, 2, pp. 7–9.
- Ashcroft, J., Arnold, S., Jones, R., Kelly, D., Meyer, J., Patel, C. & Pelham, C. (2014) *A vision for care fit for the twenty-first century: Commission on Residential Care*. Report. UK: Demos. Available online: http://www.demos.co.uk/files/Demos_CORC_report.pdf?1409673172 [Accessed 20/08/2023].
- Askins, K. (2016) 'Emotional citizenry: everyday geographies of befriending, belonging and intercultural encounter', *Transactions of the Institute of British Geographers*, 41(4), pp. 515–527. Available online: <https://doi.org/10.1111/tran.12135>.
- Asplund, K., Wallin, S., Jonsson, F. (2012) 'Use of public transport by stroke survivors with persistent disability', *Scandinavian Journal of Disability Research*, 14(4).
- Ayalon, L., Shiovitz-Ezra, S., Palgi, Y. (2013) 'Associations of loneliness in older married men and women', *Ageing & Mental Health*, 17(1), pp. 33–39. Available online: <https://doi.org/10.1080/13607863.2012.702725>.
- Baars, J. (2007) 'Introduction: Chronological Time and Chronological Age: Problems of Temporal Diversity', in *Ageing and Time*, Routledge.
- Bai, Z., Wang, Z., Shao, T., Qin, X., Hu, Z. (2021) 'Association between social capital and loneliness among older adults: a cross-sectional study in Anhui Province, China', *BMC Geriatrics*, 21(1), p. 26. Available online: <https://doi.org/10.1186/s12877-020-01973-2>.
- Barber, S.J., Kim, H. (2021) 'COVID-19 Worries and Behavior Changes in Older and Younger Men and Women', *The Journals of Gerontology: Series B*, 76(2), pp. e17–e23. Available online: <https://doi.org/10.1093/geronb/gbaa068>.
- Barnes, T.L., Ahuja, M., MacLeod, S., Tkatch, R., Albright, L., Schaeffer, J.A., Yeh, C.S. (2022) 'Loneliness, Social Isolation, and All-Cause Mortality in a Large Sample of Older Adults', *J Aging Health*, 34, pp. 883–892. <https://doi.org/10.1177/08982643221074857>.

- Barreto, M., van Breen, J., Victor, C., Hammond, C., Eccles, A., Richins, M.T., Qualter, P. (2022) 'Exploring the nature and variation of the stigma associated with loneliness', *Journal of Social and Personal Relationships*, 39, pp. 2658–2679. <https://doi.org/10.1177/02654075221087190>.
- Barthakur, M.S., Sharma, M.P., Chaturvedi, S.K., Manjunath, S.K. (2017) 'Body Image and Sexuality in Women Survivors of Breast Cancer in India: Qualitative Findings', *Indian Journal of Palliative Care*, 23(1), pp. 13–17. Available online: <https://doi.org/10.4103/0973-1075.197954>.
- Bashir, N. (2018) 'Doing research in peoples' homes: fieldwork, ethics and safety – on the practical challenges of researching and representing life on the margins', *Qualitative Research*, 18(6), pp. 638–653. Available online: <https://doi.org/10.1177/1468794117731808>.
- Baumeister, R., Leary, M. (1995) 'The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation', *Psychological Bulletin*, 117, pp. 497–529. Available online: <https://doi.org/10.1037/0033-2909.117.3.497>.
- Beal, C. (2006) 'Loneliness in older women: a review of the literature', *Issues Ment Health Nurs*, 27, pp. 795–813. <https://doi.org/10.1080/01612840600781196>.
- Beard, J.R., Bloom, D.E. (2015) 'Towards a comprehensive public health response to population ageing', *The Lancet*, 385(9968), pp. 658–661. Available online: [https://doi.org/10.1016/S0140-6736\(14\)61461-6](https://doi.org/10.1016/S0140-6736(14)61461-6).
- Beard, J.R., Officer, A.M., Cassels, A.K. (2016) 'The World Report on Ageing and Health', *The Gerontologist*, 56(Suppl_2), pp. S163–S166. Available online: <https://doi.org/10.1093/geront/gnw037>.
- Beauvoir, S. de (1975) *The Coming of Age*.
- Beauvoir, S. de & Sheila (1949) *The second sex*. [New ed.]. New York: Vintage.
- Bennett, J. (2014) 'Researching the Intangible: A Qualitative Phenomenological Study of the Everyday Practices of Belonging', *Sociological Research Online*, 19, pp. 67–77. <https://doi.org/10.5153/sro.3187>.
- Bennett, K.M., Soulsby, L.K. (2012) 'Wellbeing in Bereavement and Widowhood', *Illness, Crisis & Loss*, 20, pp. 321–337. <https://doi.org/10.2190/IL.20.4.b>.
- Bergen, B. (2019) 'Embodiment', in *Cognitive Linguistics - Foundations of Language*. Walter de Gruyter GmbH & Co KG.
- Bergeron-Boucher, M.-P., Alvarez, J.-A., Kashnitsky, I., & Zarulli, V. (2022) 'Probability of males to outlive females: an international comparison from 1751 to 2020', *BMJ Open*, 12(8), e059964. Available online: <https://doi.org/10.1136/bmjopen-2021-059964>.
- Bernard, H.R., & Gravlee, C.C. (2014) *Handbook of Methods in Cultural Anthropology*. Rowman & Littlefield.
- Best, D.L., & Puzio, A.R. (2019) 'Gender and culture', in *The Handbook of Culture and Psychology*, 2nd Ed., New York, NY, US: Oxford University Press, pp. 235–291. Available online: <https://doi.org/10.1093/oso/9780190679743.003.0009>.

Beutel, M.E., Klein, E.M., Brähler, E., Reiner, I., Jünger, C., Michal, M., Wiltink, J., Wild, P.S., Münzel, T., Lackner, K.J., & Tibubos, A.N. (2017) 'Loneliness in the general population: prevalence, determinants and relations to mental health', *BMC Psychiatry*, 17(1), 97. Available online: <https://doi.org/10.1186/s12888-017-1262-x>.

Birke, L. (2019) *Feminism and the Biological Body*. Edinburgh University Press.

Bobel, C., & Fahs, B. (2020) 'From Bloodless Respectability to Radical Menstrual Embodiment: Shifting Menstrual Politics from Private to Public', *Signs: Journal of Women in Culture and Society*, 45(4), pp. 955–983. Available online: <https://doi.org/10.1086/707802>.

Bjornsdottir, K. (2018) 'Holding on to life': An ethnographic study of living well at home in old age', *Nursing Inquiry*, 25, e12228. <https://doi.org/10.1111/nin.12228>.

Boneham, M.A., & Sixsmith, J.A. (2006) 'The voices of older women in a disadvantaged community: Issues of health and social capital', *Social Science & Medicine*, 62(2), pp. 269–279. Available online: <https://doi.org/10.1016/j.socscimed.2005.06.003>.

Bourdieu, P. (1986) *The forms of Capital*.

Bower, M., Conroy, E., Perz, J. (2018) 'Australian homeless persons' experiences of social connectedness, isolation and loneliness', *Health & Social Care in the Community*, 26, e241–e248. <https://doi.org/10.1111/hsc.12505>.

Bowering, T. (2019) 'Ageing, Mobility and the City: Objects, Infrastructures and Practices in Everyday Assemblages of Civic Spaces in East London', *Population Ageing*, 12, pp. 151–177. <https://doi.org/10.1007/s12062-019-9240-3>.

Boyle, G. (2017) 'Revealing gendered identity and agency in dementia', *Health & Social Care in the Community*, 25(6), pp. 1787–1793. Available online: <https://doi.org/10.1111/hsc.12452>.

Braun, V., & Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589–597. Available online: <https://doi.org/10.1080/2159676X.2019.1628806>.

Braun, V., & Clarke, V. (2023) 'Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher', *International Journal of Transgender Health*, 24(1), pp. 1–6. Available online: <https://doi.org/10.1080/26895269.2022.2129597>.

Brooke, J., & Clark, M. (2020) 'Older people's early experience of household isolation and social distancing during COVID-19', *Journal of Clinical Nursing*, 29(21–22), pp. 4387–4402. Available online: <https://doi.org/10.1111/jocn.15485>.

Buch, E.D. (2015) 'Anthropology of Aging and Care', *Annual Review of Anthropology*, 44(1), pp. 277–293. Available online: <https://doi.org/10.1146/annurev-anthro-102214-014254>.

Bulmer, M. (2015) *The Social Basis of Community Care* (Routledge Revivals). Routledge.

Bülow, M.H., Söderqvist, T. (2014) 'Successful ageing: a historical overview and critical analysis of a successful concept', *J Aging Stud*, 31, pp. 139–149. <https://doi.org/10.1016/j.jaging.2014.08.009>.

- Bundy, H., Lee, H.M., Sturkey, K.N., Caprio, A.J. (2021) 'The Lived Experience of Already-Lonely Older Adults During COVID-19', *The Gerontologist*, 61(6), pp. 870–877. Available online: <https://doi.org/>
- Burns, R.A., Browning, C.J., & Kendig, H.L. (2015) 'Examining the 16-year trajectories of mental health and wellbeing through the transition into widowhood', *International Psychogeriatrics*, 27(12), pp. 1979–1986. Available online: <https://doi.org/10.1017/S1041610215000472>.
- Buse, C., & Twigg, J. (2014) 'Women with dementia and their handbags: Negotiating identity, privacy and 'home' through material culture', *Journal of Aging Studies*, 30, pp. 14–22. Available online: <https://doi.org/10.1016/j.jaging.2014.03.002>.
- Burton-Shepherd, A. (2015) *Face in the crowd: loneliness and isolation in older people*. <https://doi.org/10.12968/NREC.2015.17.12.698>.
- Butcher, E., & Breheny, M. (2016) 'Dependence on place: A source of autonomy in later life for older Māori', *Journal of Aging Studies*, 37, pp. 48–58. Available online: <https://doi.org/10.1016/j.jaging.2016.02.004>.
- Butler, J. (2004) *Lenguaje, poder e identidad*. Editorial Sintesis. Available online: <http://repositorio.ciem.ucr.ac.cr/jsui/handle/123456789/246> [Accessed 14/01/2022].
- Byrne, D. (2022) 'A worked example of Braun and Clarke's approach to reflexive thematic analysis', *Quality & Quantity*, 56(3), pp. 1391–1412. Available online: <https://doi.org/10.1007/s11135-021-01182-y>.
- Cacioppo, J.T., & Cacioppo, S. (2018) 'The growing problem of loneliness', *The Lancet*, 391, p. 426. Available online: [https://doi.org/10.1016/S0140-6736\(18\)30142-9](https://doi.org/10.1016/S0140-6736(18)30142-9).
- Cacioppo, J.T., Hawkley, L.C., Norman, G.J., & Berntson, G.G. (2011) 'Social isolation', *Annals of the New York Academy of Sciences*, 1231, pp. 17–22. Available online: <https://doi.org/10.1111/j.1749-6632.2011.06028.x>.
- Cacioppo, J.T., & Patrick, W. (2008) *Loneliness: Human nature and the need for social connection*. New York, NY, US: W W Norton & Co (Loneliness: Human nature and the need for social connection).
- Calasanti, T. (2007) 'Gender Roles', in Birren, J.E. (ed.) *Encyclopedia of Gerontology* (Second Edition). New York: Elsevier, pp. 592–601. Available online: <https://doi.org/10.1016/B0-12-370870-2/00077-9>.
- Calasanti, T. (2008) 'A feminist confronts ageism', *Journal of Aging Studies*, 22, pp. 152–157. Available online: <https://doi.org/10.1016/j.jaging.2007.12.009>.
- Calasanti, T., & King, N. (2018) 'The dynamic nature of gender and aging bodies', *Journal of Aging Studies*, Ageing, Body and Society. Key Themes, Critical Perspectives 45, pp. 11–17. Available online: <https://doi.org/10.1016/j.jaging.2018.01.002>.
- Cameron, E., Ward, P., Mandville-Anstey, S.A., & Coombs, A. (2019) 'The female aging body: A systematic review of female perspectives on aging, health, and body image', *Journal of Women & Aging*, 31(1), pp. 3–17. Available online: <https://doi.org/10.1080/08952841.2018.1449586>.

- Cantillon, S., Moore, E., & Teasdale, N. (2021) 'COVID-19 and the Pivotal role of Grandparents: Childcare and income Support in the UK and South Africa', *Feminist Economics*, 27(1–2), pp. 188–202. Available online: <https://doi.org/10.1080/13545701.2020.1860246>.
- Carmel, S. (2019) 'Health and Well-Being in Late Life: Gender Differences Worldwide', *Frontiers in Medicine*, 6. Available online: <https://www.frontiersin.org/articles/10.3389/fmed.2019.00218> [Accessed 02/08/2022].
- Capuzzi, D., & Stauffer, M.D. (2015) *Foundations of Couples, Marriage, and Family Counseling*. John Wiley & Sons.
- Carr, D., Freedman, V.A., Cornman, J.C., & Schwarz, N. (2014) 'Happy Marriage, Happy Life? Marital Quality and Subjective Well-being in Later Life', *Journal of Marriage and Family*, 76(5), pp. 930–948. Available online: <https://doi.org/10.1111/jomf.12133>.
- Carr, D.C., Fried, L.P., & Rowe, J.W. (2015) 'Productivity and Engagement in an Aging America: The Role of Volunteerism', 144, pp. 55–67. <https://doi.org/10.7916/D8BC3ZB4>
- Carragher, L., & Ryan, C. (2020) 'Dying to Belong: The Importance of Familiarity in Later Life', *Gerontology and Geriatric Medicine*, 6. Available online: <https://doi.org/10.1177/2333721420941976>.
- Cattan, M., Kime, N., & Bagnall, A.-M. (2011) 'The use of telephone befriending in low level support for socially isolated older people – an evaluation', *Health & Social Care in the Community*, 19, pp. 198–206. <https://doi.org/10.1111/j.1365-2524.2010.00967.x>.
- Census 2021 (2021). Office for National Statistics. Available online: <https://census.gov.uk/> [Accessed 09/01/2023].
- Centre for Ageing Better (2021) 'Why we must tackle gender inequalities in later life', *Centre for Ageing Better*. Available online: <https://ageing-better.org.uk/blogs/why-we-must-tackle-gender-inequalities-later-life> [Accessed 21/08/2023].
- Cecil, V., Pendry, L.F., Salvatore, J., Mycroft, H., & Kurz, T. (2022) 'Gendered ageism and gray hair: must older women choose between feeling authentic and looking competent?', *Journal of Women & Aging*, 34, pp. 210–225. <https://doi.org/10.1080/08952841.2021.1899744>.
- Chambers, P. (2018) *Older Widows and the Life Course: Multiple Narratives of Hidden Lives*. Routledge.
- Chatters, L.M., Taylor, H.O., Nicklett, E.J., & Taylor, R.J. (2018) 'Correlates of Objective Social Isolation from Family and Friends among Older Adults', *Healthcare*, 6(1), p. 24. Available online: <https://doi.org/10.3390/healthcare6010024>.
- Chawla, K., Kunonga, T.P., Stow, D., Barker, R., & Craig, D. (2021) 'Prevalence of loneliness amongst older people in high-income countries: A systematic review and meta-analysis', *PLOS ONE*, 16(7), p. e0255088. <https://doi.org/10.1371/journal.pone.0255088>.
- Chen, D.S., Genter, D.J., Betz, J., & Lin, F.R. (2014) 'Association between hearing impairment and self-reported difficulty in physical functioning', *J Am Geriatr Soc*, 62, pp. 850–856. <https://doi.org/10.1111/jgs.12800>.

- Chen, Y.-R.R., Schulz, P.J., 2016. The Effect of Information Communication Technology Interventions on Reducing Social Isolation in the Elderly: A Systematic Review. *Journal of Medical Internet Research* 18, e4596. <https://doi.org/10.2196/jmir.4596>
- Chrisler, J.C., Rossini, M. & Newton, J.R. (2015) 'Older Women, Power, and the Body', in Muhlbauer, V., Chrisler, J.C., & Denmark, F.L. (eds) *Women and Aging: An International, Intersectional Power Perspective*. Cham: Springer International Publishing, pp. 9–30. Available online: https://doi.org/10.1007/978-3-319-09306-2_2.
- Christie, J. (2016) 'I try to forget about the dementia': Realising the resilience of the person ageing with dementia in social work practice. Available online: <http://dspace.stir.ac.uk/handle/1893/24422> [Accessed 08/10/2023].
- Chua, G., Chua, J.D., Go, L.R.C. (2016) 'The impact of breast cancer on women who had mastectomy and their perception on womanhood', *Bachelor's Theses*.
- City Council (2023) *Extra care housing*. Available online: <https://www.hull.gov.uk/housing/find-home/extra-care-housing> [Accessed 18/08/2023].
- Clarke, L.H. (2018) 'Women, Aging, and Beauty Culture: Navigating the Social Perils of Looking Old', *Generations*, 41(4), pp. 104–108.
- Clegg, J.W. (2006) 'A Phenomenological Investigation of the Experience of Not Belonging', *Journal of Phenomenological Psychology*, 37, pp. 53–83. Available online: <https://doi.org/10.1163/15691624-90000005>.
- Cohen-Mansfield, J., Hazan, H., Lerman, Y. & Shalom, V. (2016) 'Correlates and predictors of loneliness in older-adults: a review of quantitative results informed by qualitative insights', *International Psychogeriatrics*, 28(4), pp. 557–576. Available online: <https://doi.org/10.1017/S1041610215001532>.
- Collyer, F.M., Willis, K.F., Franklin, M., Harley, K. & Short, S.D. (2015) 'Healthcare choice: Bourdieu's capital, habitus and field', *Current Sociology*, 63(5), pp. 685–699. Available online: <https://doi.org/10.1177/0011392115590082>.
- Contrera, K.J. et al. (2017) 'Association of Hearing Impairment and Anxiety in Older Adults', *J Aging Health*, 29, pp. 172–184. Available online: <https://doi.org/10.1177/0898264316634571>.
- Cook, P.S. (2018) 'Continuity, change and possibility in older age: Identity and ageing-as-discovery', *Journal of Sociology*, 54, pp. 178–190. Available online: <https://doi.org/10.1177/1440783318766147>.
- Cornwell, E.Y. & Waite, L.J. (2009) 'Social Disconnectedness, Perceived Isolation, and Health among Older Adults', *Journal of Health and Social Behavior*, 50(1), pp. 31–48.
- Cotterell, N., Buffel, T., Phillipson, C. (2018) 'Preventing social isolation in older people', *Maturitas*, 113, pp. 80–84. Available online: <https://doi.org/10.1016/j.maturitas.2018.04.014>.
- Courtin, E. & Knapp, M. (2017) 'Social isolation, loneliness and health in old age: a scoping review', *Health & Social Care in the Community*, 25(3), pp. 799–812. Available online: <https://doi.org/10.1111/hsc.12311>.

- Cramm, J.M. & Nieboer, A.P. (2015) 'Social cohesion and belonging predict the well-being of community-dwelling older people', *BMC Geriatrics*, 15, p. 30. Available online: <https://doi.org/10.1186/s12877-015-0027-y>.
- Da Costa, A. & Labate, R. (2015) 'The bereavement experience in elderly widows: a clinical qualitative study'.
- Dabergott, F. (2021) 'The gendered widowhood effect and social mortality gap', *Population Studies*, 0(0), pp. 1–13. Available online: <https://doi.org/10.1080/00324728.2021.1892809>.
- Dahlberg, L. & McKee, K.J. (2014) 'Correlates of social and emotional loneliness in older people: evidence from an English community study', *Aging Ment Health*, 18, pp. 504–514. Available online: <https://doi.org/10.1080/13607863.2013.856863>.
- D'Acunto, F., Malmendier, U. & Weber, M. (2021) 'Gender roles produce divergent economic expectations', *Proceedings of the National Academy of Sciences*, 118(21), p. e2008534118. Available online: <https://doi.org/10.1073/pnas.2008534118>.
- Darawsheh, W. (2014) 'Reflexivity in research: Promoting rigour, reliability and validity in qualitative research', *International Journal of Therapy and Rehabilitation*, 21(12), pp. 560–568. Available online: <https://doi.org/10.12968/ijtr.2014.21.12.560>.
- Davis, D.-A. & Craven, C. (2022) *Feminist Ethnography: Thinking through Methodologies, Challenges, and Possibilities* [e-book]. Rowman & Littlefield.
- Davies, N., Crowe, M. & Whitehead, L. (2016) 'Establishing routines to cope with the loneliness associated with widowhood: a narrative analysis', *Journal of Psychiatric and Mental Health Nursing*, 23, pp. 532–539. Available online: <https://doi.org/10.1111/jpm.12339>.
- DePaulo, B.M. & Morris, W.L. (2006) 'The Unrecognized Stereotyping and Discrimination Against Singles', *Current Directions in Psychological Science*, 15(5), pp. 251–254. Available online: <https://doi.org/10.1111/j.1467-8721.2006.00446.x>.
- Dickens, A.P., Richards, S.H., Greaves, C.J. & Campbell, J.L. (2011) 'Interventions targeting social isolation in older people: a systematic review', *BMC Public Health*, 11, p. 647. Available online: <https://doi.org/10.1186/1471-2458-11-647>.
- Didion, J. (2007) *The Year of Magical Thinking*. Knopf Doubleday Publishing Group.
- DiGiacomo, M., Lewis, J., Phillips, J., Nolan, M. & Davidson, P.M. (2015) 'The business of death: a qualitative study of financial concerns of widowed older women', *BMC Women's Health*, 15(1), p. 36. Available online: <https://doi.org/10.1186/s12905-015-0194-1>.
- Dittrich, K. (2021) 'Ethnography and Routine Dynamics', in *Cambridge Handbook of Routine Dynamics*. Cambridge University Press, pp. 103–129. Available online: <https://doi.org/10.1017/9781108993340.011>.
- Dobner, S., Musterd, S. & Droogleever Fortuijn, J. (2016) 'Ageing in place': experiences of older adults in Amsterdam and Portland', *GeoJournal*, 81(2), pp. 197–209. Available online: <https://doi.org/10.1007/s10708-014-9613-3>.
- Dodig, S., Čepelak, I. & Pavić, I. (2019) 'Hallmarks of senescence and aging', *Biochemia Medica*, 29(3), pp. 483–497. Available online: <https://doi.org/10.11613/BM.2019.030501>

Domènech-Abella, J., Lara, E., Rubio-Valera, M., Olaya, B., Moneta, M.V., Rico-Urbe, L.A., Ayuso-Mateos, J.L., Mundó, J. & Haro, J.M. (2017) 'Loneliness and depression in the elderly: the role of social network', *Social Psychiatry and Psychiatric Epidemiology*, 52(4), pp. 381–390. Available online: <https://doi.org/10.1007/s00127-017-1339-3>.

Dong, X. & Chen, R. (2017) 'Gender differences in the experience of loneliness in U.S. Chinese older adults', *Journal of Women & Aging*, 29, pp. 115–125. Available online: <https://doi.org/10.1080/08952841.2015.1080534>.

Donovan, N.J. & Blazer, D. (2020) 'Social Isolation and Loneliness in Older Adults: Review and Commentary of a National Academies Report', *The American Journal of Geriatric Psychiatry*, 28(12), pp. 1233–1244. Available online: <https://doi.org/10.1016/j.jagp.2020.08.005>.

Dunbar, R.I.M. (2018) 'The Anatomy of Friendship', *Trends in Cognitive Sciences*, 22(1), pp. 32–51. Available online: <https://doi.org/10.1016/j.tics.2017.10.004>.

Ehrlich, U., Möhring, K. & Drobnič, S. (2020) 'What Comes after Caring? The Impact of Family Care on Women's Employment', *Journal of Family Issues*, 41(9), pp. 1387–1419. Available online: <https://doi.org/10.1177/0192513X19880934>.

Ejimabo, N.O. (2015) 'The effective research process: unlocking the advantages of ethnographic strategies in the qualitative research methods'.

Ekelund, M. & Ask, K. (2021) 'Stigmatization of Voluntarily Childfree Women and Men in the UK', *Social Psychology*, 52(5), pp. 275–286. Available online: <https://doi.org/10.1027/1864-9335/a000455>.

Ellemers, N. (2018) 'Gender Stereotypes', *Annual Review of Psychology*, 69(1), pp. 275–298. Available online: <https://doi.org/10.1146/annurev-psych-122216-011719>.

Ember, C.R. & Ember, M. (2003) *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures Topics - Volume 1; Cultures -*. Springer Science & Business Media.

Enßle, F. & Helbrecht, I. (2021) 'Understanding diversity in later life through images of old age', *Ageing & Society*, 41(10), pp. 2396–2415. Available online: <https://doi.org/10.1017/S0144686X20000379>.

Ennis, J. & Majid, U. (2020) 'The Widowhood Effect: Explaining the Adverse Outcomes After Spousal Loss Using Physiological Stress Theories, Marital Quality, and Attachment', *The Family Journal*, 28, pp. 241–246. Available online: <https://doi.org/10.1177/1066480720929360>.

Fakoya, O.A., McCorry, N.K. & Donnelly, M. (2020) 'Loneliness and social isolation interventions for older adults: a scoping review of reviews', *BMC Public Health*, 20(1), p. 129. Available online: <https://doi.org/10.1186/s12889-020-8251-6>.

Fan, Y.-K. & Parreñas, R.S. (2018) 'Who Cares for the Children and the Elderly? Gender and Transnational Families', in Ducu, V., Nedelcu, M., & Telegdi-Csetri, A. (eds) *Childhood and Parenting in Transnational Settings*. Cham: Springer International Publishing (International Perspectives on Migration), pp. 83–99. Available online: https://doi.org/10.1007/978-3-319-90942-4_6.

- Farrell, B., VandeVusse, A. & Ocobock, A. (2012) 'Family change and the state of family sociology', *Current Sociology*, 60(3), pp. 283–301. Available online: <https://doi.org/10.1177/0011392111425599>.
- Fernández-Carro, C. (2014) 'Ageing in Place' in Europe : a multidimensional approach to independent living in later life. *Universitat Autònoma de Barcelona*. Available online: <https://ddd.uab.cat/record/118628> [Accessed 06/10/2023].
- Ferrari, V. (2015) *Soledad en la vejez : el adulto mayor y su entorno social como agentes de cambio*.
- Field, J. (2016) *Social Capital*. 3rd edition. London: Routledge. Available online: <https://doi.org/10.4324/9780203794623>.
- Foley, S., Pantidi, N. & McCarthy, J. (2019) 'Care and Design: An Ethnography of Mutual Recognition in the Context of Advanced Dementia', in *Proceedings of the 2019 CHI Conference on Human Factors in Computing Systems*. New York, NY, USA: Association for Computing Machinery (CHI '19), pp. 1–15. Available online: <https://doi.org/10.1145/3290605.3300840>.
- Forsman, A.K., Herberts, C., Nyqvist, F., Wahlbeck, K. & Schierenbeck, I. (2013) 'Understanding the role of social capital for mental wellbeing among older adults', *Ageing & Society*, 33(5), pp. 804–825. Available online: <https://doi.org/10.1017/S0144686X12000256>.
- Forth, G. (2018) *Rites of Passage*., pp. 1–7. Available online: <https://doi.org/10.1002/9781118924396.wbiea2002>.
- Forward, C., Khan, H.T.A. & Fox, P. (2022) 'The health and well-being of older women living alone in the United Kingdom and beyond: a scoping review', *Journal of Women & Aging*, 34(1), pp. 79–92. Available online: <https://doi.org/10.1080/08952841.2020.1788365>.
- Forward, C., Khan, H.T.A. & Fox, P. (2023) 'The experience of living alone as an older woman in the UK during the Covid pandemic: an interpretative phenomenological analysis', *BMC Public Health*, 23(1), p. 244. Available online: <https://doi.org/10.1186/s12889-023-14988-2>.
- Franklin, A., Barbosa Neves, B., Hookway, N., Patulny, R. & Tranter, B. (2019) 'Towards an understanding of loneliness among Australian men: Gender cultures, embodied expression and the social bases of belonging', *Journal of Sociology*, 55, pp. 124–143. Available online: <https://doi.org/10.1177/1440783318777309>.
- Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechard, L., Garcia, L., Taler, V., CCNA Social Inclusion and Stigma Working Group, Adam, S., Beaulieu, M., Bergeron, C.D., Boudjemadi, V., Desmette, D., Donizzetti, A.R., Éthier, S., Garon, S., Gillis, M., Levasseur, M., Lortie-Lussier, M., Marier, P., Robitaille, A., Sawchuk, K., Lafontaine, C. & Tougas, F. (2020) 'Ageism and COVID-19: what does our society's response say about us?', *Age and Ageing*, 49(5), pp. 692–695. Available online: <https://doi.org/10.1093/ageing/afaa097>.
- Freak-Poli, R., Ryan, J., Tran, T., Owen, A., McHugh Power, J., Berk, M., Stocks, N., Gonzalez-Chica, D., Lowthian, J.A., Fisher, J. & Byles, J. (2022) Social isolation, social support and loneliness as independent concepts, and their relationship with health-related quality of life among older women. *Ageing & Mental Health*, 26(7), 1335–1344. Available online: <https://doi.org/10.1080/13607863.2021.1940097>.

Gao, M., Li, Y., Zhang, S., Gu, L., Zhang, J., Li, Z., Zhang, W. & Tian, D. (2017) Does an Empty Nest Affect Elders' Health? Empirical Evidence from China. *International Journal of Environmental Research and Public Health*, 14(5), pp. 463. Available at: <https://doi.org/10.3390/ijerph14050463>.

García-Portilla, P., de la Fuente Tomás, L., Bobes-Bascarán, T., Jiménez Treviño, L., Zurrón Madera, P., Suárez Álvarez, M., Menéndez Miranda, I., García Álvarez, L., Sáiz Martínez, P.A. & Bobes, J. (2021) Are older adults also at higher psychological risk from COVID-19? *Ageing & Mental Health*, 25(7), pp. 1297–1304. Available at: <https://doi.org/10.1080/13607863.2020.1805723>.

Gardiner, C., Laud, P., Heaton, T. & Gott, M. (2020) What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis. *Age and Ageing*, 49(5), pp. 748–757. Available at: <https://doi.org/10.1093/ageing/afaa049>.

Garrett, M.D., Poulain, M. (2018) *Geography of Aging: The Science of Belonging 12*.

Geertz, C. (1973) 'Thick Description: Toward an Interpretive Theory of Culture'. In *The Cultural Geography Reader*. Routledge.

Genep, A. van (2004) *The Rites of Passage*. Psychology Press.

Ghillani, F. (2021) Thoughts on the Ageing Body. *Journal of Population Ageing*, 14(3), pp. 425–435. Available at: <https://doi.org/10.1007/s12062-021-09342-6>.

Giebel, C., Lord, K., Cooper, C., Shenton, J., Cannon, J., Pulford, D., Shaw, L., Gaughan, A., Tetlow, H., Butchard, S., Limbert, S., Callaghan, S., Whittington, R., Rogers, C., Komuravelli, A., Rajagopal, M., Eley, R., Watkins, C., Downs, M., Reilly, S., Ward, K., Corcoran, R., Bennett, K. & Gabbay, M. (2021) A UK survey of COVID-19 related social support closures and their effects on older people, people with dementia, and carers. *International Journal of Geriatric Psychiatry*, 36(3), pp. 393–402. Available at: <https://doi.org/10.1002/gps.5434>.

Gierveld, J. de J., Keating, N. & Fast, J.E. (2015) Determinants of Loneliness among Older Adults in Canada. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 34(2), pp. 125–136. Available at: <https://doi.org/10.1017/S0714980815000070>.

Gilleard, C. and Higgs, P. (2014) *Ageing, Corporeality and Embodiment*. Anthem Press.

Gilleard, C. & Higgs, P. (2017) Ageing, corporeality and social divisions in later life. *Ageing & Society*, 37(8), pp. 1681–1702. Available at: <https://doi.org/10.1017/S0144686X16000532>.

Gimenez, M.E. (2018) Feminism, Pronatalism, and Motherhood. In *Marx, Women, and Capitalist Social Reproduction*. Brill, pp. 159–187. Available at: https://doi.org/10.1163/9789004291560_009.

Giraldo-Rodríguez, L., Álvarez-Cisneros, T. & Agudelo-Botero, M. (2023) Psychometric Properties of the 11-Item De Jong Gierveld Loneliness Scale in a Representative Sample of Mexican Older Adults. *Healthcare*, 11(4), pp. 489. Available at: <https://doi.org/10.3390/healthcare11040489>.

Goffman, E. (1959) *The Presentation of Self in Everyday Life*. New York.

Golant, S. (2015) *Aging in the Right Place*. Baltimore London Sydney.

Gonçalves, A.R., Barcelos, J.L.M., Duarte, A.P., Lucchetti, G., Gonçalves, D.R., Silva e Dutra, F.C.M. & Gonçalves, J.R.L. (2022) Perceptions, feelings, and the routine of older adults during the isolation period caused by the COVID-19 pandemic: a qualitative study in four countries. *Aging & Mental Health*, 26(5), pp. 911–918. Available at: <https://doi.org/10.1080/13607863.2021.1891198>.

Government of the United Kingdom. (2020). Loneliness Annual Report: the first year. Available online: [Loneliness Annual Report: the first year](#) [Accessed 08/10/2023].

Green, F.J. (2015). Re-conceptualising motherhood: reaching back to move forward. *Journal of Family Studies*, 21(3), 196–207. Available online: <https://doi.org/10.1080/13229400.2015.1086666>.

Greene, M., Hessol, N.A., Perissinotto, C., Zepf, R., Hutton Parrott, A., Foreman, C., Whirry, R., Gandhi, M., John, M. (2018). Loneliness in Older Adults Living with HIV. *AIDS Behav* 22, 1475–1484. Available online: <https://doi.org/10.1007/s10461-017-1985-1>

Grover, A. & Joshi, A. (2015). An Overview of Chronic Disease Models: A Systematic Literature Review. *Global Journal of Health Science*, 7(2), 210–227. Available online: <https://doi.org/10.5539/gjhs.v7n2p210>.

Gutterman, P. (2022). Ageism and Intersectionality: Older Persons as Members of Other Vulnerable Groups. Available online: <https://doi.org/10.2139/ssrn.3972842>.

Ha, J.-H. & Ingersoll-Dayton, B. (2011). Moderators in the Relationship between Social Contact and Psychological Distress among Widowed Adults. *Aging & Mental Health*, 15(3), 354–363. Available online: <https://doi.org/10.1080/13607863.2010.519325>.

Haase, K.R., Cosco, T., Kervin, L., Riadi, I. & O’Connell, M.E. (2021). Older Adults’ Experiences With Using Technology for Socialization During the COVID-19 Pandemic: Cross-sectional Survey Study. *JMIR Aging*, 4(2), e28010. Available online: <https://doi.org/10.2196/28010>.

Haberkern, K., Schmid, T. & Szydlik, M. (2015). Gender differences in intergenerational care in European welfare states. *Ageing & Society*, 35(2), 298–320. Available online: <https://doi.org/10.1017/S0144686X13000639>.

Hafford-Letchfield, T., Lambert, N., Long, E. & Brady, D. (2017). Going solo: Findings from a survey of women aging without a partner and who do not have children. *Journal of Women & Aging*, 29(4), 321–333. Available online: <https://doi.org/10.1080/08952841.2016.1187544>.

Hale, A.J., Ricotta, D.N., Freed, J., Smith, C.C. & Huang, G.C. (2019). Adapting Maslow’s Hierarchy of Needs as a Framework for Resident Wellness. *Teaching and Learning in Medicine*, 31(1), 109–118. Available online: <https://doi.org/10.1080/10401334.2018.1456928>.

Harper, S. & Laws, G. (1995). Rethinking the geography of ageing. *Progress in Human Geography*, 19(2), 199–221. Available online: <https://doi.org/10.1177/030913259501900203>.

Harris, C.B., Brookman, R., O’Connor, M. (2021). It’s not who you lose, it’s who you are: Identity and symptom trajectory in prolonged grief. *Curr Psychol*. Available online: <https://doi.org/10.1007/s12144-021-02343-w>.

Harvey, J. (2019). Nothing about us without us! Utilising experiences of disability in higher education. *The Journal of Inclusive Practice in Further and Higher Education*, Dec 19(11.2), 102–117.

Hastings, A. (2018). Cultural Transformations - The Impacts of Hull UK City of Culture 2017.

Hawkey, L.C., Cacioppo, J.T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Ann Behav Med* 40, 10.1007/s12160-010-9210-8. Available online: <https://doi.org/10.1007/s12160-010-9210-8>.

Hawton, A., Green, C., Dickens, A.P., Richards, S.H., Taylor, R.S., Edwards, R., Greaves, C.J., Campbell, J.L. (2011). The impact of social isolation on the health status and health-related quality of life of older people. *Qual Life Res* 20, 57–67. Available online: <https://doi.org/10.1007/s11136-010-9717-2>.

Heid, A.R., Cartwright, F., Wilson-Genderson, M. & Pruchno, R. (2021). Challenges Experienced by Older People During the Initial Months of the COVID-19 Pandemic. *The Gerontologist*, 61(1), 48–58. Available online: <https://doi.org/10.1093/geront/gnaa138>.

Heisnam, E. (2022). Women's role as caregivers and patriarchy. *Proceedings of the Next Generation Global Workshop*, 15, 1–17. Available online: https://doi.org/10.14989/pnggw_15_1.

Higgs, P. & Gilleard, C. (2022). Is ageism an oppression?. *Journal of Aging Studies*, 62, 101051. Available online: <https://doi.org/10.1016/j.jaging.2022.101051>.

Hill, R., Betts, L.R. and Gardner, S.E. (2015). 'Older adults' experiences and perceptions of digital technology: (Dis)empowerment, wellbeing, and inclusion', *Computers in Human Behavior*, 48, pp. 415–423. Available online: <https://doi.org/10.1016/j.chb.2015.01.062>.

Holstein, M. (2015). *Women in Late Life: Critical Perspectives on Gender and Age*. Rowman & Littlefield.

Holt-Lunstad, J. (2021). Loneliness and Social Isolation as Risk Factors: The Power of Social Connection in Prevention. *American Journal of Lifestyle Medicine*, 15(5), 567–573. Available online: <https://doi.org/10.1177/15598276211009454>.

Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. Available online: <https://doi.org/10.1177/1745691614568352>.

Hopwood, N. (2013). Ethnographic Fieldwork as Embodied Material Practice: Reflections from Theory and the Field, in: K. Denzin, N. (Ed.), 40th Anniversary of Studies in Symbolic Interaction, *Studies in Symbolic Interaction*. Emerald Group Publishing Limited, pp. 227–245. Available online: [https://doi.org/10.1108/S0163-2396\(2013\)0000040013](https://doi.org/10.1108/S0163-2396(2013)0000040013).

Hossen, A. (2020). Social Isolation and Loneliness among Elderly Immigrants: The Case of South Asian Elderly Living in Canada.

Hughes, M.F., Patterson, C.C., Appleton, K.M., Blankenberg, S., Woodside, J.V., Donnelly, M., Linden, G., Zeller, T., Esquirol, Y., Kee, F. (2016). The Predictive Value of Depressive Symptoms for All-Cause Mortality: Findings From the PRIME Belfast Study Examining the Role of

- Inflammation and Cardiovascular Risk Markers. *Psychosomatic Medicine* 78, 401–411. Available online: <https://doi.org/10.1097/PSY.0000000000000289>.
- Hunt, J. (2018). Grandparents as substitute parents in the UK. *Contemporary Social Science*, 13(2), 175–186. Available online: <https://doi.org/10.1080/21582041.2017.1417629>.
- Hurd, L.C. (2000). Older Women’s Body Image and Embodied Experience: An Exploration. *Journal of Women & Aging*, 12(3–4), 77–97. Available online: https://doi.org/10.1300/J074v12n03_06.
- Hwang, J., Wang, L., Siever, J., Medico, T.D. & Jones, C.A. (2019). Loneliness and social isolation among older adults in a community exercise program: a qualitative study. *Aging & Mental Health*, 23(6), 736–742. Available online: <https://doi.org/10.1080/13607863.2018.1450835>.
- Iecovich, E. (2014). Aging in place: From theory to practice. *Anthropological Notebooks*, 20(1). Available online: <http://ojs.westeurope.cloudapp.azure.com/Notebooks/article/view/200> [Accessed 25/08/2023].
- ILC (2014). Mapping demographic change: a factpack of statistics from the International Longevity Centre-UK. The British Library. Available online: <https://www.bl.uk/collection-items/mapping-demographic-change-a-factpack-of-statistics-from-the-international-longevity-centreuk> [Accessed 20/08/2023].
- Isherwood, L. (2021). The gendered experience of social resources in the transition to late-life widowhood. *Ageing & Society*, 1–17. <https://doi.org/10.1017/S0144686X21000829>
- Isherwood, L.M., King, D.S., Luszcz, M.A. (2017). Widowhood in the fourth age: support exchange, relationships and social participation. *Ageing & Society*, 37, 188–212. <https://doi.org/10.1017/S0144686X15001166>
- Jamali, H.R. (2018). Does research using qualitative methods (grounded theory, ethnography, and phenomenology) have more impact? *Library & Information Science Research*, 40, 201–207. <https://doi.org/10.1016/j.lisr.2018.09.002>
- Jankowski, G.S., Diedrichs, P.C., Williamson, H., Christopher, G. & Harcourt, D. (2016) Looking age-appropriate while growing old gracefully: A qualitative study of ageing and body image among older adults. *Journal of Health Psychology*, 21(4), 550–561. Available online: <https://doi.org/10.1177/1359105314531468>.
- Jennings, R. (2017) Ageing across Space and Time: Exploring Concepts of Ageing and Identity in the Female Ensemble Dramas *Tenko* and *Call the Midwife*. *Journal of British Cinema and Television*, 14(2), 179–195. Available online: <https://doi.org/10.3366/jbctv.2017.0362>.
- Jensen, C.B., Morita, A. (2017). Introduction: Infrastructures as Ontological Experiments. *Ethnos*, 82, 615–626. <https://doi.org/10.1080/00141844.2015.1107607>
- Jeong, K., Heo, J., Tae, Y. (2014). Relationships among Distress, Family Support, and Health Promotion Behavior in Breast Cancer Survivors. *Asian Oncol Nurs*, 14, 146–154. <https://doi.org/10.5388/aon.2014.14.3.146>
- Jerrrome, D. (1990). Frailty and friendship. *J Cross-Cultural Gerontol*, 5, 51–64. <https://doi.org/10.1007/BF00115306>

John, N., Casey, S., Carino, G. & McGovern, T. (2020) Lessons Never Learned: Crisis and gender-based violence. *Dev World Bioeth* [Preprint]. Available online: <https://doi.org/10.1111/dewb.12261>.

Johnson, J.L., Adkins, D. & Chauvin, S. (2020) A Review of the Quality Indicators of Rigor in Qualitative Research. *American Journal of Pharmaceutical Education*, 84(1). Available online: <https://doi.org/10.5688/ajpe7120>.

de Jong Gierveld, J., van Tilburg, T., Dykstra, P.A. (2006). Loneliness and Social Isolation, in: Vangelisti, A.L., Perlman, D. (Eds.), *The Cambridge Handbook of Personal Relationships*. Cambridge University Press, pp. 485–500. <https://doi.org/10.1017/CBO9780511606632.027>

de Jong Gierveld, J., van Tilburg, T. & Dykstra, P. (2016). New Ways of Theorizing and Conducting Research in the Field of Loneliness and Social Isolation. Available online: <https://repub.eur.nl/pub/93235/> [Accessed 17/01/2022].

Joralemon, D. (2017) *Exploring Medical Anthropology*. Taylor & Francis.

Julier, A.P. (2013) *Eating Together: Food, Friendship and Inequality*. University of Illinois Press.

Kaaristo, M. (2022) Everyday power dynamics and hierarchies in qualitative research: The role of humour in the field. *Qualitative Research*, 22(5), 743–760. Available online: <https://doi.org/10.1177/14687941221096597>.

Kabeer, N. (2016) Gender Equality, Economic Growth, and Women's Agency: the 'Endless Variety' and 'Monotonous Similarity' of Patriarchal Constraints. *Feminist Economics*, 22(1), 295–321. Available online: <https://doi.org/10.1080/13545701.2015.1090009>.

Kanbay, M., Tanriover, C., Copur, S., Peltek, I.B., Mutlu, A., Mallamaci, F. & Zoccali, C. (2023) Social isolation and loneliness: Undervalued risk factors for disease states and mortality. *European Journal of Clinical Investigation*, n/a(n/a), e14032. Available online: <https://doi.org/10.1111/eci.14032>.

Kaur, R., Garg, S. (2010). Domestic Violence Against Women: A Qualitative Study in a Rural Community. *Asia-Pac. J. Public Health*, 22, 242–251. <https://doi.org/10.1177/1010539509343949>

Katz, S. & Calasanti, T. (2015) Critical Perspectives on Successful Aging: Does It 'Appeal More Than It Illuminates'? *The Gerontologist*, 55(1), 26–33. Available online: <https://doi.org/10.1093/geront/gnu027>.

Kelley, M.E., Duff, H., Kelly, S., McHugh Power, J.E., Brennan, S., Lawlor, B.A. & Loughrey, D.G. (2017) The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: a systematic review. *Systematic Reviews*, 6(1), 259. Available online: <https://doi.org/10.1186/s13643-017-0632-2>.

Kemperman, A., van den Berg, P., Weijs-Perrée, M. & Uijtdewillegen, K. (2019) Loneliness of Older Adults: Social Network and the Living Environment. *International Journal of Environmental Research and Public Health*, 16(3), 406. Available online: <https://doi.org/10.3390/ijerph16030406>.

King, J. (2013). *Discourses of Ageing in Fiction and Feminism: The Invisible Woman*. Palgrave Macmillan.

- Kenworthy, E. (1999). Embodied geographies - space, bodies and rites of passage.
- Kerr, N.A., Stanley, T.B. (2021). Revisiting the social stigma of loneliness. *Personality and Individual Differences*, 171, 110482. <https://doi.org/10.1016/j.paid.2020.110482>
- Kharicha, K., Manthorpe, J., Iliffe, S., Chew-Graham, C.A., Cattan, M., Goodman, C., Kirby-Barr, M., Whitehouse, J.H., Walters, K. (2021). Managing loneliness: a qualitative study of older people's views. *Aging & Mental Health*, 25, 1206–1213. <https://doi.org/10.1080/13607863.2020.1729337>
- Khosravi, P., Rezvani, A., Wiewiora, A. (2016). 'The impact of technology on older adults' social isolation', *Computers in Human Behavior*, 63, 594–603. Available online: <https://doi.org/10.1016/j.chb.2016.05.092>.
- Kleinman, A. (1981). *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Berkeley: University of California Press.
- Kleinman, A., Kleinman, J. (1994). 'How Bodies Remember: Social Memory and Bodily Experience of Criticism, Resistance, and Delegitimation following China's Cultural Revolution', *New Literary History*, 25(3), 707–723. Available online: <https://doi.org/10.2307/469474>.
- Klinenberg, E. (2018). *Palaces for the People: How Social Infrastructure Can Help Fight Inequality, Polarization, and the Decline of Civic Life*. Crown.
- Knight, T., Skouteris, H., Townsend, M., Hooley, M. (2014). *The Act of Giving: A Systematic Review of Nonfamilial Intergenerational Interaction: Journal of Intergenerational Relationships: Vol 12, No 3*.
- Koçan, S., Gürsoy, A. (2016). Body Image of Women with Breast Cancer After Mastectomy: A Qualitative Research. *J Breast Health*, 12, 145–150. <https://doi.org/10.5152/tjbh.2016.2913>
- Ko, H., Park, Y.-H., Cho, B., Lim, K.-C., Chang, S.J., Yi, Y.M., Noh, E.-Y. & Ryu, S.-I. (2019) Gender differences in health status, quality of life, and community service needs of older adults living alone. *Archives of Gerontology and Geriatrics*, 83, 239–245. Available online: <https://doi.org/10.1016/j.archger.2019.05.009>.
- Koehn, S., Ferrer, I., Brotman, S. (2022). Between loneliness and belonging: narratives of social isolation among immigrant older adults in Canada. *Ageing & Society*, 42, 1117–1137. <https://doi.org/10.1017/S0144686X20001348>
- Kotter-Grühn, D., Kornadt, A.E., Stephan, Y. (2015). Looking Beyond Chronological Age: Current Knowledge and Future Directions in the Study of Subjective Age. *Gerontology*, 62(1), 86–93. Available online: <https://doi.org/10.1159/000438671>.
- Krieger, N. (2005). 'Embodiment: a conceptual glossary for epidemiology', *Journal of Epidemiology & Community Health*, 59(5), 350–355. Available online: <https://doi.org/10.1136/jech.2004.024562>.
- Kristensen, K., König, H.-H., Hajek, A. (2021). The empty nest, depressive symptoms and loneliness of older parents: Prospective findings from the German Ageing Survey. *Archives of Gerontology and Geriatrics*, 95, 104425. Available online: <https://doi.org/10.1016/j.archger.2021.104425>.

- Kunda, G. (2013). Reflections on becoming an ethnographer. *Journal of Organizational Ethnography*, 2(1), 4–22. Available online: <https://doi.org/10.1108/JOE-12-2012-0061>.
- Kung, C.S.J. (2020) 'Health in widowhood: The roles of social capital and economic resources', *Social Science & Medicine*, 253, 112965. Available online: <https://doi.org/10.1016/j.socscimed.2020.112965>.
- Lamb, S.E. (2009). *Aging and the Indian Diaspora*. Available online: <https://iupress.org/9780253221001/aging-and-the-indian-diaspora/> [Accessed 29/05/2024].
- Lambert, N.M., Stillman, T.F., Hicks, J.A., Kamble, S., Baumeister, R.F. & Fincham, F.D. (2013). To Belong Is to Matter: Sense of Belonging Enhances Meaning in Life. *Personality and Social Psychology Bulletin*, 39(11), 1418–1427. Available online: <https://doi.org/10.1177/0146167213499186>.
- Lareau, A. (1996). Common Problems in Field Work: A Personal Essay. In *Journeys Through Ethnography*. Routledge.
- Lareau, A. (2018). *Journeys Through Ethnography: Realistic Accounts Of Fieldwork*. Routledge.
- Larkin, B. (2013). The Politics and Poetics of Infrastructure. *Annual Review of Anthropology*, 42, 327–343. <https://doi.org/10.1146/annurev-anthro-092412-155522>.
- Latham, A. & Layton, J. (2019). Social infrastructure and the public life of cities: Studying urban sociality and public spaces. *Geography Compass*, 13(7), e12444. Available online: <https://doi.org/10.1111/gec3.12444>.
- Leary, R.F.B., Mark R. (2007). The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. In *Interpersonal Development*. Routledge.
- Lee, G.R., DeMaris, A., Bavin, S., Sullivan, R. (2001). Gender Differences in the Depressive Effect of Widowhood in Later Life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 56, S56–S61. <https://doi.org/10.1093/geronb/56.1.S56>
- Lee, K. & Bartlett, R. (2021). Material Citizenship: An ethnographic study exploring object–person relations in the context of people with dementia in care homes. *Sociology of Health & Illness*, 43(6), 1471–1485. Available online: <https://doi.org/10.1111/1467-9566.13321>.
- Lee, S.B., Oh, J.H., Park, J.H., Choi, S.P. & Wee, J.H. (2018). Differences in youngest-old, middle-old, and oldest-old patients who visit the emergency department. *Clinical and Experimental Emergency Medicine*, 5(4), 249–255. Available online: <https://doi.org/10.15441/ceem.17.261>.
- Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157–171. <https://doi.org/10.1016/j.puhe.2017.07.035>.
- Lester, H., Mead, N., Graham, C.C., Gask, L., Reilly, S. (2012). An exploration of the value and mechanisms of befriending for older adults in England. *Ageing & Society*, 32, 307–328. <https://doi.org/10.1017/S0144686X11000353>.
- Levy, S. & Apriceno, M. (2019). Ageing: The Role of Ageism. *OBM Geriatrics*, 3(4), 1–16. Available online: <https://doi.org/10.21926/obm.geri.1904083>.

- Levy, S.R., Macdonald, J.L. (2016). Progress on Understanding Ageism: Understanding Ageism. *Journal of Social Issues, 72*, 5–25. <https://doi.org/10.1111/josi.12153>.
- Lewis, C., Yarker, S., Hammond, M., Kavanagh, N. & Phillipson, C. (2022). 'Ageing in Place' and Urban Regeneration: Analysing the Role of Social Infrastructure. *Urban Planning, 7*(4), 523–533. Available online: <https://doi.org/10.17645/up.v7i4.5689>.
- Lin, I.-F., Brown, S.L. (2020). Consequences of Later-Life Divorce and Widowhood for Adult Well-Being: A Call for the Convalescence Model. *Journal of Family Theory & Review, 12*, 264–277. <https://doi.org/10.1111/jftr.12366>.
- Lindqvist, A., Sendén, M.G. & Renström, E.A. (2021). What is gender, anyway: a review of the options for operationalising gender. *Psychology & Sexuality, 12*(4), 332–344. Available online: <https://doi.org/10.1080/19419899.2020.1729844>.
- Lindsay Smith, G., Banting, L., Eime, R., O'Sullivan, G. & van Uffelen, J.G.Z. (2017). The association between social support and physical activity in older adults: a systematic review. *International Journal of Behavioral Nutrition and Physical Activity, 14*(1), 56. Available online: [<https://doi.org/10.1186/s12966-017-0509-8>](<https://doi.org/10.1186>
- Lindsey, L.L. (2020). *Gender: Sociological Perspectives*. Routledge.
- Liu, S., Gallois, C. (2021). Home is Where the Heart is: Identity and Belonging Among Older Chinese Immigrants in Australia. *Integrative Psychological and Behavioral Science*. <https://doi.org/10.1007/s12124-021-09664-2>.
- Loades, M.E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M.N., Borwick, C., Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry, 59*(11), 1218–1239.e3. <https://doi.org/10.1016/j.jaac.2020.05.009>.
- Local Government Association (2022). Housing our ageing population. Available online: <https://www.local.gov.uk/publications/housing-ageing-population> [Accessed 18/08/2023].
- Lock, M.M. (1995). *Encounters with Aging: Mythologies of Menopause in Japan and North America*.
- Löckenhoff, C.E., De Fruyt, F., Terracciano, A., McCrae, R.R., De Bolle, M., Costa, P.T., Aguilar-Vafaie, M.E., Ahn, C., Ahn, H., Alcalay, L., Allik, J., Avdeyeva, Tatyana.V., Barbaranelli, C., Benet-Martinez, V., Blatný, M., Bratko, D., Brunner-Sciarrà, M., Cain, T.R., Crawford, J.T., Lima, M.P., Ficková, E., Gheorghiu, M., Halberstadt, J., Hřebíčková, M., Jussim, L., Klinkosz, W., Knežević, G., Leibovich de Figueroa, N., Martin, Thomas.A., Marušić, I., Mastor, K.A., Miramontez, D.R., Nakazato, K., Nansubuga, F., Pramila, V.S., Purić, D., Realo, A., Reátegui, N., Rolland, J.-P., Rossier, J., Schmidt, V., Sekowski, A., Shakespeare-Finch, J., Shimonaka, Y., Simonetti, F., Siuta, J., Smith, P.B., Szmigielska, B., Wang, L., Yamaguchi, M., Yik, M. (2009). Perceptions of Aging across 26 Cultures and their Culture-Level Associates. *Psychology and Aging, 24*, 941–954. <https://doi.org/10.1037/a0016901>.
- London School of Economics (2021). Why we should still be concerned about gender inequality in the UK. *The Social Business Hub*. Available online: <https://blogs.lse.ac.uk/socialbusinesshub/2021/11/15/why-we-should-still-be-concerned-about-gender-inequality-in-the-uk/> [Accessed 21/08/2023].

López Doblas, J., Díaz Conde, M.D.P. (2018). Widowhood, loneliness, and health in old age. *Revista Española de Geriatría y Gerontología*, 53, 128–133. <https://doi.org/10.1016/j.regg.2017.09.005>.

Loopstra, R., McKee, M., Katikireddi, S.V., Taylor-Robinson, D., Barr, B., Stuckler, D. (2016). Austerity and old-age mortality in England: a longitudinal cross-local area analysis, 2007–2013. *Journal of the Royal Society of Medicine*, 109(3), 109–116. <https://doi.org/10.1177/0141076816632215>.

Lopata, H.Z. (2017). *Widowhood in an American City*. Routledge, New York.

Lorber, J. (2018). The Social Construction of Gender. In *Inequality in the 21st Century*. Routledge.

Luanagh, C.O., & Lawlor, B.A. (2008). Loneliness and the health of older people. *International Journal of Geriatric Psychiatry*, 23(12), 1213–1221. Available online: <https://doi.org/10.1002/gps.2054>.

Lucy, S. (2011). Gender and Gender Roles. Available online: <https://doi.org/10.1093/oxfordhb/9780199212149.013.0035>.

Macdonald, K., & Morgan, H.M. (2021). The impact of austerity on disabled, elderly, and immigrants in the United Kingdom: a literature review. *Disability & Society*, 36(7), 1125–1147. Available online: <https://doi.org/10.1080/09687599.2020.1779036>.

Macdonald, S.J., Deacon, L., Nixon, J., Akintola, A., Gillingham, A., Kent, J., Ellis, G., Mathews, D., Ismail, A., Sullivan, S., Dore, S., & Highmore, L. (2018). ‘The invisible enemy’: disability, loneliness and isolation. *Disability & Society*, 33(7), 1138–1159. Available online: <https://doi.org/10.1080/09687599.2018.1476224>.

McGarry, J., Simpson, C., & Hinchliff-Smith, K. (2011). The impact of domestic abuse for older women: a review of the literature. *Health & Social Care in the Community*, 19, 3–14. <https://doi.org/10.1111/j.1365-2524.2010.00964.x>

Madden, R. (2017) *Being Ethnographic: A Guide to the Theory and Practice of Ethnography*. SAGE Publications Ltd. Available online: <https://doi.org/10.4135/9781529716689>.

Madison, D., (2020). *Critical Ethnography: Method, Ethics, and Performance*. Third Thousand Oaks, CA: SAGE Publications, Inc. Available at: <<https://doi.org/10.4135/9781071878965>>

Maes, M., Qualter, P., Lodder, G.M.A. & Mund, M. (2022) How (Not) to Measure Loneliness: A Review of the Eight Most Commonly Used Scales. *International Journal of Environmental Research and Public Health*, 19(17), 10816. <https://doi.org/10.3390/ijerph191710816>

Mahar, A.L., Cobigo, V. & Stuart, H. (2013) Conceptualizing belonging. *Disability and Rehabilitation*, 35(12), 1026–1032. <https://doi.org/10.3109/09638288.2012.717584>

Mansoor, A., Hasan, S.S. (2019). Empty Nest Syndrome and Psychological Wellbeing among Middle Aged Adults.

- Manvelian, A., Bourassa, K.J., Lawrence, E., Mehl, M.R., Sbarra, D.A. (2018). With or Without You? Loss of Self Following Marital Separation. *Journal of Social and Clinical Psychology, 37*, 297–324. <https://doi.org/10.1521/jscp.2018.37.4.297>
- Marçal, K. (2015) *Who Cooked Adam Smith's Dinner? A Story about Women and Economics*. London: Portobello Books.
- Marcille, L.A., Cudney, S., Weinert, C. (2012). Loneliness as experienced by women living with chronic illness in rural areas.
- Marovelli, B. (2019) Cooking and eating together in London: Food sharing initiatives as collective spaces of encounter. *Geoforum, 99*, 190–201. <https://doi.org/10.1016/j.geoforum.2018.09.006>
- Marques, S., Mariano, J., Mendonça, J., De Tavernier, W., Hess, M., Naegele, L., Peixeiro, F., Martins, D. (2020). Determinants of Ageism against Older Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*.
- Marris, P. (2013) *Widows and Their Families*. Routledge.
- Marsillas, S., Schoenmakers, E. (2022). Older adults' mentioned practices for coping with loneliness. *European Journal of Ageing, 19*, 753–762. <https://doi.org/10.1007/s10433-021-00658-y>
- Martin, P., Kelly, N., Kahana, B., Kahana, E., Willcox, B.J., Willcox, D.C., & Poon, L.W. (2015) Defining Successful Aging: A Tangible or Elusive Concept? *The Gerontologist, 55*(1), 14–25. <https://doi.org/10.1093/geront/gnu044>
- Martina, C.M.S., Stevens, N.L., & Westerhof, G.J. (2018) Change and stability in loneliness and friendship after an intervention for older women. *Ageing & Society, 38*(3), 435–454. <https://doi.org/10.1017/S0144686X16001008>
- Martinson, M., & Berridge, C. (2015) Successful Aging and Its Discontents: A Systematic Review of the Social Gerontology Literature. *The Gerontologist, 55*(1), 58–69. <https://doi.org/10.1093/geront/gnu037>
- Maslow, A.H. (1971) *The Farther Reaches of Human Nature*. New York, NY, US: Arkana/Penguin Books.
- Matsuda, N., Murata, S., Torizawa, K., Isa, T., Ebina, A., Kondo, Y., Tsuboi, Y., Fukuta, A., Okumura, M., Shigemoto, C., & Ono, R. (2019). Association Between Public Transportation Use and Loneliness Among Urban Elderly People Who Stop Driving. *Gerontology and Geriatric Medicine, 5*, 2333721419851293. <https://doi.org/10.1177/2333721419851293>
- May, V., Muir, S. (2015). Everyday Belonging and Ageing: Place and Generational Change. *Sociological Research Online, 20*, 72–82. <https://doi.org/10.5153/sro.3555>
- McAlpine, L. (2016). Why might you use narrative methodology? A story about narrative. *Eesti Haridusteaduste Ajakiri. Estonian Journal of Education, 4*, 32–57.
- McNeil, C., & Hunter, J. (2010). The generation strain: Collective solutions to care in an ageing society. IPPR [Preprint].

- Melville, A., Hincks, D. (2016). Conducting Sensitive Interviews: A Review of Reflections. *Law and Method*.
- Merleau-Ponty, M. (1962) *Phenomenology of Perception*. Edited by D.A. Landes. Atlantic Highlands, New Jersey: The Humanities Press.
- Milivojević, T., Manić, L., & Bajić, N.S. (2021). Double discrimination of elderly women in the media. *Northern Lights: Film & Media Studies Yearbook*, 19(Perpetuating Inequality: Media Discourses on “Race” and Gender), 117–132. https://doi.org/10.1386/nl_00026_1
- Milligan, C. (2016) *There’s No Place Like Home: Place and Care in an Ageing Society*. London: Routledge. <https://doi.org/10.4324/9781315551128>
- Minichiello, R.T., Fileborn, B., Hawkes, G., Pitts, M., & Victor (2016) 'Old and desirable: older women’s accounts of ageing bodies in intimate relationships', in *Sexuality & Ageing*. Routledge.
- Mitchell, B.A., & Wister, A.V. (2015) Midlife Challenge or Welcome Departure? Cultural and Family-Related Expectations of Empty Nest Transitions. *The International Journal of Aging and Human Development*, 81(4), 260–280. <https://doi.org/10.1177/0091415015622790>
- Moody, H.R., & Sasser, J.R. (2020) *Aging: Concepts and Controversies*. SAGE Publications.
- Morgan, P., McDonald, R., & McGinley, J. (2015). Perceived Cause, Environmental Factors, and Consequences of Falls in Adults with Cerebral Palsy: A Preliminary Mixed Methods Study. *Rehabilitation Research and Practice*, 2015, e196395. <https://doi.org/10.1155/2015/196395>
- Mountain, G., Gossage-Worrall, R., Cattan, M., & Bowling, A. (2017). Only available to a selected few? Is it feasible to rely on a volunteer workforce for complex intervention delivery? *Health & Social Care in the Community*, 25, 177–184. <https://doi.org/10.1111/hsc.12285>
- Murphy, M. (2021) The Body. In Murphy, M. (ed.) *Social Theory: A New Introduction*. Cham: Springer International Publishing, 229–251. https://doi.org/10.1007/978-3-030-78324-2_11
- Nagar, R. & Ali, F. (2003) Collaboration Across Borders: Moving Beyond Positionality. *Singapore Journal of Tropical Geography*, 24(3), 356–372. <https://doi.org/10.1111/1467-9493.00164>.
- Nagle, J. (ed.) (2013) *Whores and Other Feminists*. New York: Routledge. <https://doi.org/10.4324/9780203700655>.
- Narushima, M., Kawabata, M. (2020) “Fiercely independent”: Experiences of aging in the right place of older women living alone with physical limitations. *Journal of Aging Studies*, 54, 100875. <https://doi.org/10.1016/j.jaging.2020.100875>.
- Neal, Z.P. & Neal, J.W. (2022) Prevalence, age of decision, and interpersonal warmth judgments of childfree adults. *Scientific Reports*, 12(1), 11907. <https://doi.org/10.1038/s41598-022-15728-z>.
- Nelson, T.D. (2016) The Age of Ageism. *Journal of Social Issues*, 72, 191–198. <https://doi.org/10.1111/josi.12162>.

- Nencel, L. (2014) Situating reflexivity: Voices, positionalities and representations in feminist ethnographic texts. *Women's Studies International Forum*, 43, 75–83. <https://doi.org/10.1016/j.wsif.2013.07.018>.
- NHS (2022) The Jean Bishop Integrated Care Centre, Hull – Hull CCG. Available online: <https://www.hullccg.nhs.uk/integrated-care-centre-2/> [Accessed 18/08/2023].
- NHS (2023) NHS England » Improving care for older people. Available online: <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/> [Accessed 17/08/2023].
- NHS Humber teaching (2023) Mental Health Crisis Intervention Team. Available online: <https://www.humber.nhs.uk/Services/mental-health-crisis-team.htm> [Accessed 18/08/2023].
- Nicholson, N.R. (2012) A Review of Social Isolation: An Important but Underassessed Condition in Older Adults. *The Journal of Primary Prevention*, 33(2), 137–152. <https://doi.org/10.1007/s10935-012-0271-2>.
- Nicholson, C., Meyer, J., Flatley, M., Holman, C. (2013) The experience of living at home with frailty in old age: a psychosocial qualitative study. *International Journal of Nursing Studies*, 50, 1172–1179. <https://doi.org/10.1016/j.ijnurstu.2012.01.006>.
- Nicolaisen, M., Thorsen, K. (2014) Loneliness among men and women--a five-year follow-up study. *Aging & Mental Health*, 18, 194–206. <https://doi.org/10.1080/13607863.2013.821457>.
- Nidirect government services (2016) Premiums for people with disabilities | nidirect. Available online: <https://www.nidirect.gov.uk/articles/premiums-people-disabilities> [Accessed 18/08/2023].
- Nolan, L. (2011) Dimensions of Aging and Belonging for the Older Person and the Effects of Ageism. *Brigham Young University Journal of Public Law*, 25(2), 317–339. Available at: <https://digitalcommons.law.byu.edu/jpl/vol25/iss2/8>
- Öberg, P. (2012) Dale Dannefer & Chris Phillipson (eds.) (2010). *The SAGE Handbook of Social Gerontology*. Los Angeles, London, New Delhi, Singapore, Washington DC: SAGE Publications, 712 pp. ISBN 978-1-4129-3464-0 (hardcover). Available online: <https://doi.org/10.3384/IJAL.1652-8670.12711>
- O'Connell, M.E., Haase, K.R., Grewal, K.S., Panyavin, I., Kortzman, A., Flath, M.E., Cammer, A., Cosco, T.D. & Peacock, S. (2022) Overcoming Barriers for Older Adults to Maintain Virtual Community and Social Connections during the COVID-19 Pandemic. *Clinical Gerontologist*, 45(1), 159–171. Available online: <https://doi.org/10.1080/07317115.2021.1943589>.
- O'Driscoll, R. & Mercer, J. (2018) Are Loneliness and Regret the Inevitable Outcomes of Ageing and Childlessness?. In Sappleton, N. (ed.) *Voluntary and Involuntary Childlessness*. Emerald Publishing Limited (Emerald Studies in Reproduction, Culture and Society), 173–191. Available online: <https://doi.org/10.1108/978-1-78754-361-420181008>.
- Office for National Statistics (2018) Population estimates by marital status and living arrangements, England and Wales -. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesbymaritalstatusandlivingarrangements/2018> [Accessed 07/10/2023].

Office for National Statistics (2021) Divorces in England and Wales. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins/divorcesinenglandandwales/2021> [Accessed 15/11/2023].

Ojembe, B.U., Ebe Kalu, M. (2018) Describing reasons for loneliness among older people in Nigeria. *Journal of Gerontological Social Work*, 61, 640–658. Available online: <https://doi.org/10.1080/01634372.2018.1487495>

Oldman, C. (2021) Housing Policies for Older People. In *The Housing Crisis*. Routledge. Oliveira, F.S., Araujo, L.M., Silva, L.L., Crispim, Z.M., Lucindo, V.B.D.B., Oliveira, L.N. (2017) Domestic and Sexual Violence Against Women: Integrative Review. *Holos*, 33, 275–284. Available online: <https://doi.org/10.15628/holos.2017.1903>

Ong, A.D., Uchino, B.N. & Wethington, E. (2015) Loneliness and Health in Older Adults: A Mini-Review and Synthesis. *Gerontology*, 62(4), 443–449. Available online: <https://doi.org/10.1159/000441651>.

Ortiz-Ospina, E. & Roser, M. (2020) Loneliness and Social Connections. *Our World in Data* [Preprint]. Available online: <https://ourworldindata.org/social-connections-and-loneliness> [Accessed 22/08/2023].

O'Reilly, K. (2012) Ethnographic returning, qualitative longitudinal research and the reflexive analysis of social practice. *The Sociological Review*, 60, 518–536. Available online: <https://doi.org/10.1111/j.1467-954X.2012.02097.x>

Osorio-Parraguez, P. (2013) Health and widowhood: Meanings and experience of elderly women in Chile. *Health*. Available online: <https://doi.org/10.4236/health.2013.58173>

Ozawa de Silva, C. & Parsons, M. (2020) Toward an anthropology of loneliness. *Transcultural Psychiatry*, 57(5), 613–622. Available online: <https://doi.org/10.1177/1363461520961627>

Pan, Y., Chen, R. & Yang, D. (2022) The relationship between filial piety and caregiver burden among adult children: A systematic review and meta-analysis. *Geriatric Nursing*, 43, 113–123. Available online: <https://doi.org/10.1016/j.gerinurse.2021.10.024>.

Panchadhyayi, S. (2021) Gender, Widowhood and Female Solidarity: A Study on Female Friendships of later-life widows. *Research on Ageing and Social Policy*, 9(1), 26–50. Available online: <https://doi.org/10.17583/rasp.2020.5053>.

Pani-Harreman, K.E., Bours, G.J.J.W., Zander, I., Kempen, G.I.J.M. & Duren, J.M.A. van (2021) Definitions, key themes and aspects of 'ageing in place': a scoping review. *Ageing & Society*, 41(9), 2026–2059. Available online: <https://doi.org/10.1017/S0144686X20000094>.

Park, C. & Mendoza, A.N. (2022) A scoping review of older empty nesters' mental health and its contributors. *Mental Health Review Journal*, 27(2), 199–211. Available online: <https://doi.org/10.1108/MHRJ-07-2021-0057>.

Park, J., Chowdhury, S. (2018) Investigating the barriers in a typical journey by public transport users with disabilities. *Journal of Transport & Health*, 10, 361–368. Available online: <https://doi.org/10.1016/j.jth.2018.05.008>

Parker, C., Scott, S. & Geddes, A. (2019) Snowball Sampling. SAGE Research Methods Foundations [Preprint]. Available online: <http://methods.sagepub.com/foundations/snowball-sampling> [Accessed 07/06/2023].

Parlapani, E., Holeva, V., Nikopoulou, V.A., Sereslis, K., Athanasiadou, M., Godosidis, A., Stephanou, T. & Diakogiannis, I. (2020) Intolerance of Uncertainty and Loneliness in Older Adults During the COVID-19 Pandemic. *Frontiers in Psychiatry*, 11. Available online: <https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00842> [Accessed 03/06/2023].

Parton, C.M., Ussher, J.M., Perz, J. (2016) Women's Construction of Embodiment and the Abject Sexual Body After Cancer. *Qual Health Res*, 26, 490–503. Available online: <https://doi.org/10.1177/1049732315570130>

Patulny, R. & Bower, M. (2022) Beware the 'loneliness gap'? Examining emerging inequalities and long-term risks of loneliness and isolation emerging from COVID-19. *Australian Journal of Social Issues*, 57(3), 562–583. Available online: <https://doi.org/10.1002/ajs4.223>.

Penning, M.J., Liu, G. & Chou, P.H.B. (2014) Measuring Loneliness Among Middle-Aged and Older Adults: The UCLA and de Jong Gierveld Loneliness Scales. *Social Indicators Research*, 118(3), 1147–1166. Available online: <https://doi.org/10.1007/s11205-013-0461-1>.

Perissinotto, C.M. & Covinsky, K.E. (2014) Living Alone, Socially Isolated or Lonely—What are We Measuring?. *Journal of General Internal Medicine*, 29(11), 1429–1431. Available online: <https://doi.org/10.1007/s11606-014-2977-8>.

Perrig-Chiello, P., Spahni, S., Höpflinger, F., Carr, D. (2016) Cohort and Gender Differences in Psychosocial Adjustment to Later-Life Widowhood. *The Journals of Gerontology: Series B*, 71, 765–774. Available online: <https://doi.org/10.1093/geronb/gbv004>

Pillow, W.S. (2015) Reflexivity as Interpretation and Genealogy in Research. *Cultural Studies ↔ Critical Methodologies*, 15(6), 419–434. Available online: <https://doi.org/10.1177/1532708615615605>.

Pinxten, W. & Lievens, J. (2014) The importance of economic, social and cultural capital in understanding health inequalities: using a Bourdieu-based approach in research on physical and mental health perceptions. *Sociology of Health & Illness*, 36(7), 1095–1110. Available online: <https://doi.org/10.1111/1467-9566.12154>.

Ploner, J. & Jones, L. (2020) Learning to belong? 'Culture' and 'place making' among children and young people in Hull, UK City of Culture 2017. *Children's Geographies*, 18(3), 269–282. Available online: <https://doi.org/10.1080/14733285.2019.1634245>.

Polivy, J., Herman, P. (2007) Is the body the self? Women and body image. *Coll Antropol*, 31, 63–67. Poscia, A., Stojanovic, J., La Milia, D.I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W. & Magnavita, N. (2018) Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental Gerontology*, 102, 133–144. Available online: <https://doi.org/10.1016/j.exger.2017.11.017>.

Povinelli, E.A. (2011) *Economies of Abandonment: Social Belonging and Endurance in Late Liberalism*. Durham, NC: Duke University Press. Price, B. (2015) Approaches to counter loneliness and social isolation. *Nursing Older People*, 27(7), 31–39. Available online: <https://doi.org/10.7748/nop.27.7.31.e722>.

- Public Health England (2019). Available online: <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e06000010.html?area-name=kingston%20upon%20hull> [Accessed 09/01/2023]. Pugh, S. (2009) *The Social World of Older People: Understanding Loneliness and Social Isolation in Later Life*. Maidenhead: Open University Press/McGraw Hill Education.
- Pugh, S. (2009). *The Social World of Older People: Understanding Loneliness and Social Isolation in Later Life*. Maidenhead: Open University Press/McGraw Hill Education.
- Putnam, R.D. (1995). Bowling Alone: America's Declining Social Capital. *Journal of Democracy*, 6(1), 65–78.
- Quan, N.G., Lohman, M.C., Resciniti, N.V., & Friedman, D.B. (2020). A systematic review of interventions for loneliness among older adults living in long-term care facilities. *Aging & Mental Health*, 24(12), 1945–1955. <https://doi.org/10.1080/13607863.2019.1673311>.
- Radwan, E., Radwan, A., & Radwan, W. (2020). Challenges Facing Older Adults during the COVID-19 Outbreak. *European Journal of Environment and Public Health*, 5(1), em0059. <https://doi.org/10.29333/ejeph/8457>.
- Rajan-Rankin, S. (2018). Race, embodiment and later life: Re-animating aging bodies of color. *Journal of Aging Studies*, 45, 32–38. <https://doi.org/10.1016/j.jaging.2018.01.005>.
- Reher, D., & Requena, M. (2017). Elderly women living alone in Spain: the importance of having children. *Eur J Ageing*, 14, 311–322. <https://doi.org/10.1007/s10433-017-0415-6>
- Rivero Jiménez, B., Conde Caballero, D., Luengo-Polo, J., & Mariano Juárez, L. (2022). Anthropology of Loneliness: Contributions to Health of an Ethnography in Rural Extremadura. In García-Alonso, J., & Fonseca, C. (Eds.) *Gerontechnology IV (Lecture Notes in Bioengineering*, pp. 205–213). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-97524-1_19.
- Robbins, R., Weaver, M.D., Czeisler, M.É., Barger, L.K., Quan, S.F., & Czeisler, C.A. (2022). Associations Between Changes in Daily Behaviors and Self-Reported Feelings of Depression and Anxiety About the COVID-19 Pandemic Among Older Adults. *The Journals of Gerontology: Series B*, 77(7), e150–e159. <https://doi.org/10.1093/geronb/gbab110>.
- Rokach, A. (2018). The Effect of Gender and Culture on Loneliness: A Mini Review. *Emerging Science Journal*, 2(2), 59–64. <https://doi.org/10.28991/esj-2018-01128>.
- Rowe, J.W., & Kahn, R.L. (1997). Successful Aging. *The Gerontologist*, 37, 433–440. <https://doi.org/10.1093/geront/37.4.433>
- Rowles, G. (1978). *Prisoners Of Space?: Exploring The Geographical Experience Of Older People*. Westview Press. Ruiz, I.J., & Nicolás, M.M. (2018). La cuidadora familiar: sentimiento de obligación naturalizado de la mujer a la hora de cuidar. *Enfermería Global*, 17(1), 420–447. <https://doi.org/10.6018/eglobal.17.1.292331>.
- Ruth, J.-E., Birren, J.E., & Polkinghorne, D.E. (1996). The Projects of Life Reflected in Autobiographies of Old Age. *Ageing and Society*, 16, 677–699. <https://doi.org/10.1017/S0144686X00020043>

- Sadrudin, A.F.A., Ponguta, L.A., Zonderman, A.L., Wiley, K.S., Grimshaw, A., & Panter-Brick, C. (2019). How do grandparents influence child health and development? A systematic review. *Social Science & Medicine*, 239, 112476. <https://doi.org/10.1016/j.socscimed.2019.112476>.
- Saewyc, E. (2017). A Global Perspective on Gender Roles and Identity. *Journal of Adolescent Health*, 61(4), S1–S2. <https://doi.org/10.1016/j.jadohealth.2017.07.010>.
- Safronov, P., Bochaver, A., Niskaya, A., & Koroleva, D. (2020). Together apart: field notes as artefacts of collaborative ethnography. *Ethnography and Education*, 15(1), 109–121. <https://doi.org/10.1080/17457823.2019.1600154>.
- Salonen, P., Rantanen, A., Kellokumpu-Lehtinen, P.-L., Huhtala, H., & Kaunonen, M. (2014). The quality of life and social support in significant others of patients with breast cancer – a longitudinal study. *European Journal of Cancer Care*, 23, 274–283. <https://doi.org/10.1111/ecc.12153>
- Sandfield, A. (2006). Talking Divorce: The Role of Divorce in Women’s Constructions of Relationship Status. *Feminism & Psychology*, 16, 155–173. <https://doi.org/10.1177/0959-353506062971>
- Sappor, G. (2021). A Comparative Study of Filial Piety in Beijing and the UK. *Journal of Education and Culture Studies*, 5(1), 22–44.
- Sasson, I., & Umberson, D.J. (2014). Widowhood and Depression: New Light on Gender Differences, Selection, and Psychological Adjustment. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69B, 135–145. <https://doi.org/10.1093/geronb/gbt058>
- Sawicki, J. (2020). *Disciplining Foucault: Feminism, Power, and the Body*. New York: Routledge. <https://doi.org/10.4324/9781003070825>.
- Schaan, B. (2013). Widowhood and Depression Among Older Europeans—The Role of Gender, Caregiving, Marital Quality, and Regional Context. *The Journals of Gerontology: Series B*, 68, 431–442. <https://doi.org/10.1093/geronb/gbt015>
- Scheper-Hughes, N., & Lock, M.M. (1987). The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly*, 1, 6–41.
- Schmitz, D.A. (2015). Gendered experiences of widowhood and depression across Europe: The role of loneliness and financial resources.
- Shearer, N.B.C., Fleury, J.D., & Reed, P.G. (2009). The Rhythm of Health in Older Women With Chronic Illness. *Research and Theory for Nursing Practice*, 23(2), 148–160. Available online: <https://doi.org/10.1891/1541-6577.23.2.148>.
- Shuman, A. (2005). *Other People’s Stories: Entitlement Claims and the Critique of Empathy*. University of Illinois Press. Available online: <https://www.jstor.org/stable/10.5406/j.ctt1xcfrh> [Accessed 24/10/2023].
- Séguy, I., Courgeau, D., Caussin, H., & Buchet, L. (2019). Chronological age, social age and biological age. Available online: <https://doi.org/10.13140/RG.2.2.28706.68801>.

- Shah, A. (2017). *Ethnography?: Participant observation, a potentially revolutionary praxis*. *HAU: Journal of Ethnographic Theory*, 7(1), 45–59. Available online: <https://doi.org/10.14318/hau7.1.008>.
- Shanahan, M.J., & Macmillan, R. (2008). *Biography and the sociological imagination*. Norton. Available online: <https://www.elibrary.ru/item.asp?id=19670467> [Accessed 02/08/2021].
- Sharma, H.L., & Sarkar, C. (2019). *Ethnography research: An overview*.
- Sheila, P. (2022). *The Environments of Ageing: Space, Place and Materiality*. Policy Press.
- Shevellar, L., Sherwin, J., & Barringham, N. (2014). The Human Search for Belonging. *Journal of Spirituality in Mental Health*, 16(1), 2–18. Available online: <https://doi.org/10.1080/19349637.2014.864541>.
- Shorter, E. (2017). *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health and Medicine*. Routledge.
- Shrestha, B.P., Millonig, A., Hounsell, N.B., & McDonald, M. (2017). Review of Public Transport Needs of Older People in European Context. *Population Ageing*, 10, 343–361. <https://doi.org/10.1007/s12062-016-9168-9>.
- Silverman, D. (2020). *Qualitative Research*.
- Silverstein, M., Conroy, S.J., & Gans, D. (2012). Beyond solidarity, reciprocity and altruism: moral capital as a unifying concept in intergenerational support for older people. *Ageing & Society*, 32, 1246–1262. <https://doi.org/10.1017/S0144686X1200058X>
- Silverstein, W.K., Stroud, L., Cleghorn, G.E., & Leis, J.A. (2020). First imported case of 2019 novel coronavirus in Canada, presenting as mild pneumonia. *Lancet*. [https://doi.org/10.1016/S0140-6736\(20\)30370-6](https://doi.org/10.1016/S0140-6736(20)30370-6)
- Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori?. *International Journal of Social Research Methodology*, 21(5), 619–634. Available online: <https://doi.org/10.1080/13645579.2018.1454643>.
- Simmons, E.S., & Smith, N.R. (2019). The Case for Comparative Ethnography. *Comparative Politics*, 51(3), 341–359. Available online: <https://doi.org/10.5129/001041519X15647434969920>.
- Sinclair, T.J., & Grieve, R. (2017). Facebook as a source of social connectedness in older adults. *Computers in Human Behavior*, 66, 363–369. <https://doi.org/10.1016/j.chb.2016.10.003>
- Sixsmith, A., & Sixsmith, J. (2008). Ageing in Place in the United Kingdom. *Ageing International*, 32(3), 219–235. Available online: <https://doi.org/10.1007/s12126-008-9019-y>.
- Skilbeck, J.K., Arthur, A., & Seymour, J. (2018). Making sense of frailty: An ethnographic study of the experience of older people living with complex health problems. *International Journal of Older People Nursing*, 13(1), e12172. Available online: <https://doi.org/10.1111/opn.12172>.
- Smith, J., Borchelt, M., Maier, H., & Jopp, D. (2002). Health and Well-Being in the Young Old and Oldest Old. *Journal of Social Issues*, 58(4), 715–732. Available online: <https://doi.org/10.1111/1540-4560.00286>.

- Smith, J.M. (2012). Toward a Better Understanding of Loneliness In Community-Dwelling Older Adults. *The Journal of Psychology*, 146(3), 293–311. Available online: <https://doi.org/10.1080/00223980.2011.602132>.
- Soriano, S., & Sablic, L. (2022). Les transformations de l'action publique. *Esprit*, Juin(6), 95–104. Available online: <https://doi.org/10.3917/espri.2206.0095>.
- Sparkes, A. (2009). Ethnography and the Senses: Challenges and Possibilities. *Qualitative Research in Sport and Exercise*, 1, 21–35. Available online: <https://doi.org/10.1080/19398440802567923>.
- Spivak, G.C. (2004). Can the Subaltern Speak?. In *Imperialism*. Routledge.
- Spradley, J.P. (2016). *Participant Observation*. Waveland Press.
- Stahl, S., & Schulz, R. (2013). Changes in Routine Health Behaviors Following Late-life Bereavement: A Systematic Review. *SpringerLink*.
- Štambuk, A. (2019). *Widowhood and grieving in old age*.
- Standridge, S.H., Dunlap, R., Kleiber, D.A., & Aday, R.H. (2022). Widowhood and leisure: An exploration of leisure's role in coping and finding a new self. *Journal of Leisure Research*, 53, 75–91. <https://doi.org/10.1080/00222216.2020.1844553>
- Stanton, A.M., Goodman, G.R., Blyler, A., Kirakosian, N., Labbe, A.K., Robbins, G.K., Park, E.R., & Psaros, C. (2023). Mental Health, Social Connectedness, and Fear During the COVID-19 Pandemic: A Qualitative Perspective from Older Women with HIV. *AIDS and Behavior*, 27(7), 2176–2189. Available online: <https://doi.org/10.1007/s10461-022-03950-9>.
- Starkey, D., Atkinson, D., McDonagh, D., McKeon, S., & Salter, E. (2017). *Hull: Culture, History, Place*. Available online: <https://hull-repository.worktribe.com/output/1195617/hull-culture-history-place> [Accessed 11/01/2023].
- Step toe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, 110(15), 5797–5801. Available online: <https://doi.org/10.1073/pnas.1219686110>.
- Stones, D., & Gullifer, J. (2016). 'At home it's just so much easier to be yourself': older adults' perceptions of ageing in place. *Ageing & Society*, 36(3), 449–481. Available online: <https://doi.org/10.1017/S0144686X14001214>.
- Stowe, J.D., & Cooney, T.M. (2015). Examining Rowe and Kahn's Concept of Successful Aging: Importance of Taking a Life Course Perspective. *Gerontologist*, 55, 43–50. <https://doi.org/10.1093/geront/gnu055>
- Stratton, S.J. (2021). Population Research: Convenience Sampling Strategies. *Prehospital and Disaster Medicine*, 36(4), 373–374. Available online: <https://doi.org/10.1017/S1049023X21000649>.
- Streeter, J.L. (2020). Gender differences in widowhood in the short-run and long-run: Financial, emotional, and mental wellbeing. *The Journal of the Economics of Ageing*, 17, 100258. <https://doi.org/10.1016/j.jeoa.2020.100258>

- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, 370, 1960–1973. [https://doi.org/10.1016/S0140-6736\(07\)61816-9](https://doi.org/10.1016/S0140-6736(07)61816-9)
- Sugiyama, T., & Ward Thompson, C. (2007). Outdoor Environments, Activity and the Well-Being of Older People: Conceptualising Environmental Support. *Environment and Planning A*, 39, 1943–1960. Available online: <https://doi.org/10.1068/a38226>.
- Sullivan, M.P., Victor, C.R., & Thomas, M. (2016). Understanding and alleviating loneliness in later life: perspectives of older people. *Quality in Ageing and Older Adults*, 17(3), 168–178. Available online: <https://doi.org/10.1108/QAOA-06-2015-0031>.
- Sun, L., Ang, E., Ang, W.H.D., & Lopez, V. (2018). Losing the breast: A meta-synthesis of the impact in women breast cancer survivors. *Psycho-Oncology*, 27, 376–385. <https://doi.org/10.1002/pon.4460>
- Suzman, R., Beard, J.R., Boerma, T., & Chatterji, S. (2015). Health in an ageing world—what do we know?. *The Lancet*, 385(9967), 484–486. Available online: [https://doi.org/10.1016/S0140-6736\(14\)61597-X](https://doi.org/10.1016/S0140-6736(14)61597-X).
- Tacón, A.M. (2011). Mindfulness: existential, loss, and grief factors in women with breast cancer. *Journal of Psychosocial Oncology*, 29, 643–656. DOI: 10.1080/07347332.2011.615382
- Tannenbaum, C., Greaves, L., & Graham, I.D. (2016). Why sex and gender matter in implementation research. *BMC Medical Research Methodology*, 16(1), 145. DOI: 10.1186/s12874-016-0247-7
- Tapias, M. (2015). Embodied Protests: Emotions and Women’s Health in Bolivia.
- Taylor, H.O., Taylor, R.J., Nguyen, A.W., & Chatters, L. (2018). Social Isolation, Depression, and Psychological Distress Among Older Adults. *Journal of Aging and Health*, 30(2), 229–246. DOI: 10.1177/0898264316673511
- Tesch-Roemer, C., & Huxhold, O. (2019). Social Isolation and Loneliness in Old Age. In *Oxford Research Encyclopedia of Psychology*. DOI: 10.1093/acrefore/9780190236557.013.393
- Thajib, F., Dinkelaker, S., & Stodulka, T. (2019). Introduction: Affective Dimensions of Fieldwork and Ethnography. In Stodulka, T., Dinkelaker, S., & Thajib, F. (Eds.), *Affective Dimensions of Fieldwork and Ethnography* (pp. 7–20). Cham: Springer International Publishing. DOI: 10.1007/978-3-030-20831-8_2
- Theeke, L.A., & Mallow, J. (2013). Loneliness and quality of life in chronically ill rural older adults. *American Journal of Nursing*, 113, 28–37; quiz 38. DOI: 10.1097/01.NAJ.0000434169.53750.14
- Theeke, L.A., Mallow, J., Gianni, C., Legg, K., & Glass, C. (2015). The experience of older women living with loneliness and chronic conditions in Appalachia. *Journal of Rural Mental Health*, 39, 61–72. DOI: 10.1037/rmh0000029
- Thelen, T., & Coe, C. (2019). Political belonging through elderly care: Temporalities, representations and mutuality. *Anthropological Theory*, 19, 279–299. DOI: 10.1177/1463499617742833
- Thomas, J. (2015). *Insights into Loneliness, Older People and Well-being*.

- Thornes, B., & Collard, J. (2023). *Who Divorces?* Taylor & Francis.
- Tirado Ratto, E. (2017). El cuerpo envejecido de la mujer: Primeros acercamientos desde la revisión bibliográfica.
- Tomlinson, A. (2004). Pierre Bourdieu and the Sociological Study of Sport: Habitus, Capital and Field. In Giulianotti, R. (Ed.), *Sport and Modern Social Theorists* (pp. 161–172). London: Palgrave Macmillan UK. DOI: 10.1057/9780230523180_11
- Tommarchi, E., & Bianchini, F. (2022). A heritage-inspired cultural mega-event in a stigmatized city: Hull UK City of Culture 2017. *European Planning Studies*, 30(3), 478–498. DOI: 10.1080/09654313.2021.1959722
- Torres, S. (2019). *Ethnicity and old age: Expanding our imagination* (1st ed.). Bristol University Press. DOI: 10.2307/j.ctvfp63dx
- Torres, S. (2020). “For a Younger Crowd”: Place, Belonging, and Exclusion among Older Adults Facing Neighborhood Change. *Qualitative Sociology*, 43, 1–20. DOI: 10.1007/s11133-019-09441-z
- Townsend, P. (2023). *The Family Life of Old People: An Inquiry in East London*. Taylor & Francis.
- Toye, F., Jenkins, C., & Barker, K.L. (2020). The Experience of Living to an Extreme Age: A Meta-Ethnography. *Qualitative Health Research*, 30(1), 3–22. DOI: 10.1177/1049732319880537
- Tracy, E.L., Putney, J.M., & Papp, L.M. (2022). Empty Nest Status, Marital Closeness, and Perceived Health: Testing Couples’ Direct and Moderated Associations with an Actor-Partner Interdependence Model. *Family Journal* (Alexandria, Va.), 30(1), 30–35. DOI: 10.1177/10664807211027287
- Travis, C.B., Howerton, D.M., & Szymanski, D.M. (2012). Risk, Uncertainty, and Gender Stereotypes in Healthcare Decisions. *Women & Therapy*, 35(3–4), 207–220. DOI: 10.1080/02703149.2012.684589
- Tronto, J. (2020). *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge. DOI: 10.4324/9781003070672
- Tulle, E. (2015). Theorising embodiment and ageing. In *Routledge Handbook of Cultural Gerontology*. Routledge.
- Tzanakis, M. (2013). Social capital in Bourdieu’s, Coleman’s and Putnam’s theory: empirical evidence and emergent measurement issues. *Educate*, 13(2), 2–23.
- Tzouvara, V., Papadopoulos, C., & Randhawa, G. (2015). A narrative review of the theoretical foundations of loneliness. *British Journal of Community Nursing*, 20, 329–334. DOI: 10.12968/bjcn.2015.20.7.329
- Two Ridings (2022). DCMS Know Your Neighbourhood Fund. Available online: <https://www.tworidingscf.org.uk/fund/dcms-know-your-neighbourhood-fund/> [Accessed 18/08/2023].

UK Health Security Agency (2015) Loneliness and isolation: Social relationships are key to good health - UK Health Security Agency. Available online: [Loneliness and isolation: Social relationships are key to good health - UK Health Security Agency](#) [Accessed 21/08/2023].

Umami, U.R., Inastasya (2019). Optimism as a Mediation between Self-Acceptance and Successful Aging for Elderly. Presented at the 4th ASEAN Conference on Psychology, Counselling, and Humanities (ACPCH 2018), Atlantis Press, pp. 118–121. DOI: 10.2991/acpch-18.2019.30

Ussher, J.M. (2023). Embracing a Feminist Approach to Women’s Reproductive Health. *Women’s Reproductive Health*, 10(1), 1–5. DOI: 10.1080/23293691.2023.2184755.

Vale, M.T., Bisconti, T.L., & Sublett, J.F. (2020). Benevolent ageism: Attitudes of overaccommodative behavior toward older women. *The Journal of Social Psychology*, 160(5), 548–558. DOI: 10.1080/00224545.2019.1695567.

Van Hees, S., Horstman, K., Jansen, M., & Ruwaard, D. (2017). Photovoicing the neighbourhood: Understanding the situated meaning of intangible places for ageing-in-place. *Health & Place*, 48, 11–19. DOI: 10.1016/j.healthplace.2017.08.007.

Van den Berg, P., Kemperman, A., de Kleijn, B., & Borgers, A. (2016). Ageing and loneliness: The role of mobility and the built environment. *Travel Behaviour and Society*, 5, 48–55. DOI: 10.1016/j.tbs.2015.03.001.

Vaportzis, E., Giatsi Clausen, M., & Gow, A.J. (2017). Older Adults Perceptions of Technology and Barriers to Interacting with Tablet Computers: A Focus Group Study. *Frontiers in Psychology*, 8. Available online: [Older Adults Perceptions of Technology and Barriers to Interacting with Tablet Computers: A Focus Group Study](#) [Accessed 24/11/2023].

Vauclair, C.-M., Marques, S., Lima, M.L., Bratt, C., Swift, H.J., & Abrams, D. (2015). Subjective Social Status of Older People Across Countries: The Role of Modernization and Employment. *The Journals of Gerontology: Series B*, 70, 650–660. DOI: 10.1093/geronb/gbu074

Veen, E.J. (2019). Fostering Community Values through Meal Sharing with Strangers. *Sustainability*, 11(7), 2121. DOI: 10.3390/su11072121.

Vera-Gray, F. (2015). On Situated Agency.

Victor, C.R., Rippon, I., Barreto, M., Hammond, C., & Qualter, P. (2022). Older adults’ experiences of loneliness over the lifecourse: An exploratory study using the BBC loneliness experiment. *Archives of Gerontology and Geriatrics*, 102, 104740. DOI: 10.1016/j.archger.2022.104740

Vitman Schorr, A., & Khalaila, R. (2018). Aging in place and quality of life among the elderly in Europe: A moderated mediation model. *Archives of Gerontology and Geriatrics*, 77, 196–204. DOI: 10.1016/j.archger.2018.04.009.

Vozikaki, M., Papadaki, A., Linardakis, M., & Philalithis, A. (2018). Loneliness among older European adults: results from the survey of health, aging and retirement in Europe. *J Public Health (Berl.)*, 26, 613–624. DOI: 10.1007/s10389-018-0916-6

- Wahl, H.-W., Iwarsson, S., & Oswald, F. (2012). Aging well and the environment: toward an integrative model and research agenda for the future. *The Gerontologist*, 52(3), 306–316. Available online: <https://doi.org/10.1093/geront/gnr154>.
- Walker, J., & Cooper, M. (2011). Genealogies of resilience: From systems ecology to the political economy of crisis adaptation. *Security Dialogue*, 42(2), 143–160. Available online: <https://doi.org/10.1177/0967010611399616>.
- Wang, J., Lloyd-Evans, B., Giacco, D., Forsyth, R., Nebo, C., Mann, F., & Johnson, S. (2017). Social isolation in mental health: a conceptual and methodological review. *Social Psychiatry and Psychiatric Epidemiology*, 52(12), 1451–1461. Available online: <https://doi.org/10.1007/s00127-017-1446-1>.
- Warmoth, K., Tarrant, M., Abraham, C., & Lang, I.A. (2016). Older adults' perceptions of ageing and their health and functioning: a systematic review of observational studies. *Psychology, Health & Medicine*, 21(5), 531–550. Available online: <https://doi.org/10.1080/13548506.2015.1096946>.
- Warner, C.B., Roberts, A.R., Jeanblanc, A.B., & Adams, K.B. (2019). Coping Resources, Loneliness, and Depressive Symptoms of Older Women With Chronic Illness. *Journal of Applied Gerontology*, 38(3), 295–322. Available online: <https://doi.org/10.1177/0733464816687218>.
- Weber, C., Quintus, M., Egloff, B., Luong, G., Riediger, M., & Wrzus, C. (2020). Same Old, Same Old? Age Differences in the Diversity of Daily Life. *Psychology and Aging*, 35(3), 434–448. Available online: <https://doi.org/10.1037/pag0000407>.
- Weicht, B. (2013). The making of 'the elderly': Constructing the subject of care. *Journal of Aging Studies*, 27(2), 188–197. Available online: <https://doi.org/10.1016/j.jaging.2013.03.001>.
- Well-being - Office for National Statistics (2021). Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing> [Accessed 09/01/2023].
- Wenger, G.C. (2009). Childlessness at the end of life: evidence from rural Wales. *Ageing & Society*, 29, 1243–1259. <https://doi.org/10.1017/S0144686X09008381>.
- Wenger, G.C. (2021). *The Supportive Network: Coping with Old Age*. Routledge.
- Wigfield, A., Turner, R., Alden, S., Green, M., & Karania, V.K. (2022). Developing a New Conceptual Framework of Meaningful Interaction for Understanding Social Isolation and Loneliness. *Social Policy and Society*, 21(2), 172–193. Available online: <https://doi.org/10.1017/S147474642000055X>.
- Wigginton, B., & Lafrance, M.N. (2019). Learning critical feminist research: A brief introduction to feminist epistemologies and methodologies. *Feminism & Psychology*, 095935351986605. Available online: <https://doi.org/10.1177/0959353519866058>.
- Wiles, J.L., Leibing, A., Guberman, N., Reeve, J., & Allen, R.E.S. (2012). The meaning of 'aging in place' to older people. *The Gerontologist*, 52(3), 357–366. Available online: <https://doi.org/10.1093/geront/gnr098>.
- Wilkinson-Meyers, L., Brown, P., McLean, C., & Kerse, N. (2014). Met and unmet need for personal assistance among community-dwelling New Zealanders 75 years and over. *Health &*

Social Care in the Community, 22(3), 317–327. Available online: <https://doi.org/10.1111/hsc.12087>.

Williams, C.Y.K., Townson, A.T., Kapur, M., Ferreira, A.F., Nunn, R., Galante, J., Phillips, V., Gentry, S., & Usher-Smith, J.A. (2021). Interventions to reduce social isolation and loneliness during COVID-19 physical distancing measures: A rapid systematic review. *PLOS ONE*, 16(2), e0247139. Available online: <https://doi.org/10.1371/journal.pone.0247139>.

Wood, W., & Eagly, A.H. (2015). Two Traditions of Research on Gender Identity. *Sex Roles*, 73(11), 461–473. Available online: <https://doi.org/10.1007/s11199-015-0480-2>.

Wretstrand, A., Svensson, H., Fristedt, S., & Falkmer, T. (2009). Older people and local public transit: Mobility effects of accessibility improvements in Sweden. *Journal of Transport and Land Use*, 2, 49–65.

Wright, M.R., & Brown, S.L. (2017). Psychological Well-Being among Older Adults: The Role of Partnership Status. *Journal of Marriage and the Family*, 79(3), 833–849. Available online: <https://doi.org/10.1111/jomf.12375>.

Yang, L., Song, W.P., Chen, Z.L., Wang, Y., Chen, Y.Y., Hua, Y.H., Chen, M., & Zou, W.B. (2017). Correlation between social support and quality of life in patients with breast cancer at different periods of treatment. *Zhonghua Zhong Liu Za Zhi*, 39, 202–206. <https://doi.org/10.3760/cma.j.issn.0253-3766.2017.03.009>.

Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F.J. (2018). The complexity of loneliness. *Acta Biomed*, 89, 302–314. <https://doi.org/10.23750/abm.v89i2.7404>.

Young, A.F., Russell, A., & Powers, J.R. (2004). The sense of belonging to a neighbourhood: can it be measured and is it related to health and well being in older women? *Soc Sci Med*, 59, 2627–2637. <https://doi.org/10.1016/j.socscimed.2004.05.001>.

Yi, Z., George, L., Sereny, M., Gu, D., & Vaupel, J.W. (2016). Older parents enjoy better filial piety and care from daughters than sons in China. *American Journal of Medical Research (New York, N.Y.)*, 3(1), 244–272. Available online: <https://doi.org/10.22381/AJMR3120169>.

Yuval-Davis, N. (2016). Power, Intersectionality and the Politics of Belonging. In Harcourt, W. (Ed.), *The Palgrave Handbook of Gender and Development: Critical Engagements in Feminist Theory and Practice* (pp. 367–381). London: Palgrave Macmillan UK. Available online: https://doi.org/10.1007/978-1-137-38273-3_25.

Zandieh, R., Martinez, J., Flacke, J., Jones, P., & Van Maarseveen, M. (2016). Older Adults' Outdoor Walking: Inequalities in Neighbourhood Safety, Pedestrian Infrastructure and Aesthetics. *International Journal of Environmental Research and Public Health*, 13, 1179. <https://doi.org/10.3390/ijerph13121179>.

Zavaleta, D., Samuel, K., & Mills, C.T. (2017). Measures of Social Isolation. *Social Indicators Research*, 131(1), 367–391. Available online: <https://doi.org/10.1007/s11205-016-1252-2>.

Zegarra Chiappori, M. (2022). Remaining, Vital Acts, and Possibility: The Exercise of “Sustaining Oneself” in a Residential Care Center for the Elderly in Lima, Peru. *Anthropology and Humanism*. Available online: <https://doi.org/10.1111/anh.12385>.

Zhang, Y. (2011). Barrier-free transport facilities in Shanghai: current practice and future challenges. *Journal of Transport & Health*, 10. <https://doi.org/10.1016/j.jth.2018.05.008>.

Zhou, J., Mao, W., Lee, Y., & Chi, I. (2017). The Impact of Caring for Grandchildren on Grandparents' Physical Health Outcomes: The Role of Intergenerational Support. *Research on Aging*, 39(5), 612–634. Available online: <https://doi.org/10.1177/0164027515623332>.

Zink, T., Jeffrey Jacobson, C., Regan, S., & Pabst, S. (2004). Hidden Victims: The Healthcare Needs and Experiences of Older Women in Abusive Relationships. *Journal of Women's Health*, 13, 898–908. <https://doi.org/10.1089/jwh.2004.13.898>

