11 Stories of intimacy and sexuality in later life: Solo women speak

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Introduction

This chapter presents selected findings from a study on the impact of the rise in non-traditional family relationships on 'successful' ageing. The focus of which is on Solo women - women who are 'not-partnered', without children and who are aged over 50 years and over. Little is known about the life trajectories of Solo women as they move into later life (Darab and Hartman, 2013) and there is a paucity of research seeking to understand their support networks, social connectedness and personal relationships. This chapter draws on selected findings from a study which explores some of the dynamics and issues impacting Solo women in later life using a range of methods including a literature review; demographic analysis, an online survey and interview data. Here we draw principally on the findings from qualitative data from the online survey (see Letchfield et al, 2017) and in-depth interviews with Solo women in England aged 50 years and over. Considered together these findings captured a rich picture of Solo women's own subjective perspectives about the links between their relationship status and wellbeing in later life - and in this chapter we focus particularly on the findings relating to sexuality and intimacy.

Intimacy in later life

Intimate relationships can shape our sense of self and are linked to positive physical, emotional and psychological well-being (Bildtgard and Oberg, 2017). However, most knowledge about intimate relationships centres around our early and middle years and the importance of understanding later-life intimacy can be overlooked. However, as social mores have changed over the last 20 years, more academic literature has begun to emerge exploring older people's attitudes towards sexuality in later life (see Simpson et al., 2016; Gerwitz-Meydenet al., 2018) and this research is beginning to inform our conceptualisation of sexuality and intimacy in care settings and continues to change expectations in regard to best practice (Hafford-Letchfield, 2008; Simpson et al., 2016). This evolving landscape poses opportunities and challenges for governments, policy makers and service providers in the context of responding to a recognition of the needs of diverse demography. Our findings are discussed in the context of this wider picture and we conclude with recommendations for practitioners in relation to how we encourage and facilitate the voices of Solo women in order to design and provide tailored support to meet their unique needs.

Defining Solo

A diverse range of terms have been used to describe the relationship status of women aging without children and unpartnered in the research so far (Rice, 1989; Wengar, Scott and Patterson, 2000; Wenger, 2001; Cwikela, Gramotnevc and Lee, 2006; Allen and Wiles, 2013; Beth Johnson Foundation, 2016). However, much of the terminology suggests a deficit position (i.e. 'childlessness') and has a tendency to perpetuate heteronormative discourse about familial relationships. Whilst the term 'Solo' for women can be challenging, it is a genuine attempt to describe women's life experiences in a non-pejorative way in the face of language which fails to reflect the shifting political and social circumstances impacting on demography and the impact of gender and sexual inequalities. Such language often lacks sensitivity to a variety of parenting circumstances, i.e. participants with stepchildren, foster children and even estranged children, whilst other studies view people with stepchildren or adopted children as parents (cited in Allen and Wiles, 2013).

Indeed, further analysis of childlessness has resulted in the categorisation of types of childlessness, such as 'voluntary' (childfree) and 'involuntary' (childless), synonymous with 'childless by choice' and 'childless by circumstances' respectively (Connidis and McMullin, 2012). These concepts have also been associated these with measures of psychological well-being and regret (Jeffries and Konnert, 2002; Reher and Requena, 2017). Moreover, in assessing psychological well-being, distinctions are made between never having a child and having lost a child through traumatic circumstances, although both may involve a sense of loss.

Another example of conceptual ambiguity, the term 'singleness' is likewise problematic, in that this may indicate having never married or been in a cohabiting relationship as well as including those who have been no longer married, such as the divorced or widowed. It also includes those in the lesbian, gay, bisexual and transgender (LGBT) community who, for legislative reasons, were prohibited from forming traditionally recognised partnerships earlier in their life (Hafford-Letchfield, 2014). In addressing this, researchers acknowledge that 'partnership status is dynamic' (Simpson, 2016; Hoestler, 2009) and reflects diversity and changes in the patterns of relationships over the life course. Whilst there is a lack of consensus in defining these terms to study Solo women in later life, our approach to the study has been one of self-definition which invited women to identify and describe their own status in relation to the phenomenon (Hafford-Letchfield et al., 2017).

Demographic context

The study of gender issues within ageing populations is of major interest globally given that women represent just under half of the population (Powell and Khan, 2013). Understanding the different life trajectories and diversity characteristics of the ageing female population is important in part because of the implications for wider society and culture. Women's changing circumstances, attitudes and behaviours affect their experience of ageing at both an individual and societal level, which necessitates governments, policy makers and service providers to rethink their care provision.

UK life expectancy for women is increasing year on year (ONS, 2013, 2015) and in parallel the 'traditional' life-stage trajectory is changing (Erikson, 1959).

Shifts in how we have previously conceptualised life stages and lifestyle choices are starting to have a marked impact on the shape, size and types of households in the UK. As indicated earlier, women living alone in later life may be a lifestyle choice as well as the consequences of other influencing factors such loss of a partner (Victor et al., 2007), finding the right relationship at the right time, and the impact of fertility control and fertility problems (Al-Kandari and Crews, 2014). More diversity in relationship status has also been influenced by a preference and the social and financial possibility for women to co-habit, live alone, delay marriage, divorce and separate if they wish to (Victor, 2010), not to mention the fluidity and dynamics which characterise post-modern 'liquid' relationships (Bauman, 2003; Klinenberg, 2012). Women are therefore more likely to find themselves moving into later life without a long-term partner or children.

Further, women's economic empowerment, educational and employment opportunities (Cleland 2002; Lee, 2003; Ogg and Renaut, 2007; Raeside and Khan, 2007), the ongoing achievements of equality legislation and women's rights and the mainstream acceptance of individualism, are further factors influencing the various circumstances which older women may experience during their life courses (Raeside and Khan, 2007; Hafford-Letchfield, 2013).

A significant achievement of feminism, for example, has been to challenge notions of compulsory heterosexuality (Rich, 1980) and particularly the experiences of lesbian, bisexual and transgendered women in relation to their 'families of choice' which are only just beginning to be systematically researched (McCarthy and Edwards, 2011; Traies, 2016). According to Byrne (2008), feministic ideologies positively support constructions of womanhood as married and mother, a context in which singlehood and the opposition between woman identity and single identity are now problematic (p. 29). In the absence of positive and powerful counter narratives, singlehood is disparaged and stigmatised constraining the identity possibilities for all women. Against this background, academic research on 'singleness' is surprisingly sparse and relatively underdeveloped, with few empirical investigations most of which are coming from a feminist discursive analysis (Lahad and Hazan, 2014).

Study design and methodology

This was an exploratory study and our study design incorporated an online mixed methods survey questionnaire comprising of twenty items based outlines findings from a literature review. Thirteen items captured demographic variables on the individual respondents including age, ethnicity, sexual and gender identity, highest level of education, employment status, annual income and whether the respondent identified as being Disabled, a carer and/or whether they were living alone. Two of the questionnaire items deployed Likert scales to measure respondents' agreement or disagreement towards a range of issues that emerged from the literature, for example, lifestyle, choice, friendships, social media and subjective well-being (see Table 11.1).

Table 11.1 Survey questions

	Statements	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
A	I am completely happy with my solo status and do not anticipate anything different in respect of quality of life to those who are not solo	28.1	26.6	18.8	25.0	1.6
B	I am very concerned about the implications of growing older as a solo woman	10.9	34.4	20.3	25.0	9.4
C	I made a conscious decision to live a solo lifestyle	25.0	15.6	21.9	29.7	7.8
D	I experience significant mental health issues as a result of being a solo woman	0	9.2	16.9	24.6	49.2
E	My solo lifestyle has caused me to be disadvantaged because of attitudes in current society towards those who do not follow traditional family relationships	7.8	26.6	28.1	18.8	18.8
F	I am extremely content and happy with my current lifestyle	32.3	29.2	26.2	9.2	3.1
G	I am satisfied with my economic situation	26.2	36.9	13.8	16.9	6.2
H	My health is better because of my independence from others	12.3	20.0	49.2	18.5	0
I	I am more likely to be expected to care for others because I do not have any children or dependents myself	10.8	21.5	33.8	20.0	13.8
J	People tend not to take account of my needs or recognise my needs as a solo woman	15.4	30.8	35.4	12.3	6.2
K	If I had the choice I would not be living as a solo woman in later life	14.3	34.9	20.6	12.7	17.5
L	I enjoy a good healthy lifestyle as a result of being solo	12.5	28.1	53.1	3.1	3.1
M	I would recommend living a solo lifestyle	14.3	27.0	50.8	4.8	3.2

N	I wish my life had turned out differently	7.8	28.1	29.7	20.3	14.1
O	I would like to be connected more to people and enjoy better quality relationships	10.9	35.9	20.3	14.1	18.8
P	I would like to enjoy more intimate relationships	19.0	34.9	22.2	12.7	11.1
Q	More should be done to support solo women in later life	18.8	29.7	45.3	3.1	3.1
R	I am very satisfied with my intimate relationships	7.9	15.9	44.4	19.0	12.7
S	I enjoy a rich network of support from my relationships with friends	39.1	35.9	21.9	3.1	0
T	I would like to be in a relationship	15.9	31.7	27.0	12.7	12.7
U	I have a lot of regrets about how my life has turned out	3.2	17.7	29.0	29.0	21.0
V	I would recommend my lifestyle and feel that it is enriched as a result of being solo	15.6	23.4	46.9	10.9	3.1
W	I am closer to my family as a result of being solo	10.9	21.9	37.5	20.3	9.4
X	Social media is extremely important to women in my situation	4.7	17.2	48.4	20.3	9.4
Y	There is insufficient support for women living solo	9.4	25.0	53.1	9.4	3.1
Z	I find it difficult to express my needs as a solo woman	9.5	14.3	31.7	30.2	14.3

The remaining five questions aimed at gathering qualitative data reflecting subjective commentary on topics such as the respondents' Solo status, their significant relationships, health and social care needs and to also consult them on subjective priorities for further enquiry. The second stage of the study was based on an invitation to all survey participants to participate in in-depth individual interviews using a broad topic guide with open questions based on themes from the findings from the survey and using a narrative approach. Interviews were conducted in person, by telephone or Skype and lasted between 45 and 90 minutes. They were digitally recorded and transcribed.

Sample

Our target population was women aged 50 years and over (a generally accepted marker of fertility decline) who were living in the UK. The preamble was aimed at women who at the time of completing the survey were neither in a long-term relationship nor living with a partner and who did

not have children for whatever reasons. We anticipated a challenge in reaching this target group as they are not easily identifiable, there is no obvious place that they naturally congregate and some Solo women may find their identity stigmatised and resist classification by these characteristics. The inclusion criteria were potentially subjective given the fluid nature of personal relationships and histories of individuals' fertility and childbirth, but our overall principle was one that encouraged self-selection against our stated target population.

Procedure

A wide range of methods were used to reach the target population over a period of a year. First by distributing the online survey link to UK networks in touch with older women. A postal and email address was also given to facilitate those who preferred to receive and return a hard-printed copy. Outreach was undertaken to community based organisations working with older women from minority communities to increase inclusivity. This resulted in seven questionnaires being completed face to face by a member of the research team, three of which involved a language interpreter.

Ethical approval was given by the Health and Education Ethical Committee at Middlesex University (Reference: MHESC1404). Participation in both the survey and interviews were voluntary and the data collected was anonymised at the point of collection. The only exception was that the survey respondents were invited to give a name and contact details if they were interested in engaging in a further in-depth interview. This information was removed into a secure separate document then deleted from the data before analysis.

Data analysis

A total of 76 women from the survey were eligible for inclusion. Nearly all of the respondents took up the opportunity to write in the free text commentary boxes in response to the five loosely-structured open questions. These commentaries provided a source of rich qualitative data and covered participants' subjective views on positive and negative aspects of their status, detail about significant relationships and their health and social care needs. From this sample, 23 participated in an individual interview. The qualitative data from both of these sources was abstracted for analysis.

It is important to acknowledge our theoretical positions and values in examining the qualitative data that gave primacy to the women's own description of their realities and to try and understand the phenomenon of "Solo". Thematic analysis can work to "both reflect reality, and to unpick or unravel the surface of reality" (Braun and Clarke, 2006, 3). The use of open coding allowed us to capture issues directly related to the research topic. Data were initially coded at the individual level of each data item by two separate members of the research team, and then the coded data were combined where certain ideas appeared prevalent or latent. The content across the data items was analysed semantically given that data were generated in response to loosely structured questions, resulting in the identification of several categories and themes (see Hafford-Letchfield et al., 2017 for the full

thematic analysis of the survey data). Figure 11.1 provides an example of the complexity of the initial coding frame developed as a result.

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Findings

Descriptive data from the survey

Eighty-seven percent of the participants in the sample were between 50 and 65 years. From the 76 respondents, 46 were white British, 6 white Irish, 2 were Asian, 7 African and 8 were from other unnamed ethnic groups. The sample also included 58 heterosexual women and 8 who identified as lesbian, 3 bi-sexual, 1 gender-queer. Four stated that they were undecided and 3 chose not to say. Further, 12 women considered themselves to be either Disabled or 'not sure' if they were Disabled, 52 out of 76 women had graduate qualifications and two had a PhD. Twenty-three women disclosed that they were earning more than £35k per year (above the UK average salary) and 17 with an income of less than £20k per year with the remainder in this middle bracket.

Weightings were given to all positive and negative responses to the series of statements contained in Table 11.1 above which were subject to correlational analysis.

There was no correlation found between being happy with your Solo status and ethnicity, r (63) = −.02, p = .898 nor between sexual identity and being happy with a Solo status, r (63) = .169, p = .189. Similarly, there was no correlation between level of education and happiness with Solo status, r (63) = −.20, p = .117 or income and happiness r (63) = −.01, p = .939. Furthermore, there was no significant correlation between living alone, r (63) = −.01, p = .912, being a carer, r (63) = .03, p = .819 or being disabled, r (63) = .033, p = .798, and happiness with Solo status. Interestingly, the only demographic type information that was close to significance was found between age and whether women were happy with their Solo status, which showed a weak negative correlation indicating there could be a trend between these two variables, r (62) = −.24, p = .052. There were very strong correlations between question V and questions F, L and all of which discuss the happiness of a Solo lifestyle. On the other hand, there were also strong correlations between question P with K and N indicating that for some they wished that they were not Solo and that their life had turned out differently, also linking to a negative relationship between their happiness with being Solo. Another strong negative correlation found which is interesting is between happiness with being Solo and mental health issues. Choice also had a strong correlation with being happy, as shown in questions C and F. Whilst it was not possible to conclude much from this data source possible due to small sample size, these do indicate a need to investigate in more depth. The value of these findings, however, enabled us to develop our interview schedule within the follow up narrative in-depth interviews. The remainder of this chapter discusses selected themes on intimacy and sexuality from the qualitative data from the combined survey and qualitative interview sources.

Envisioning intimacy

Women's description of their Solo status in terms of their independence versus how they felt being 'alone' was an issue discussed unreservedly by all participants. It reflected a tension that arose constantly in their acknowledgements of the freedoms they also experienced and mostly recognised as a positive;

> I can leave my hovel messy for days on end and I can do the things I want to do when I want to without having to negotiate or freedom of choice, not having to compromise my own values, not being criticised.

This was posited alongside numerous references to an idealised state which many believed would come as a result of being in a relationship;

> When I have not been in a relationship, it can be feelings of wanting to share quality time with someone. Have someone to do activities with.

This access to another person was also associated with a desire to have someone to provide support:

> There is no one to talk or share with at the end of a working day, particularly if it has been stressful. No-one to give a rational, balanced view.

Others referred to the practical issues of not having someone to help tackle any problems, give advice and the burden of having to make decisions on their own. For some women in the study, closeness had more to do with their pets and they wanted to highlight that the relationship between owner and pet can be extremely significant and 'fill a great void of loving and being loved'.

They spoke about not having a 'ready-made' person to go to local events or on holiday with which would increase spontaneity or reduce the amount of effort they needed to make to socialise. Living Solo also had a cost implication in terms of being responsible for all the routine costs of living and the benefits of sharing costs and having to pay extra on holidays in terms of the single supplement which was identified as discriminatory. Their reference to additional costs associated with Solo status also included the financial implications of always having to be active in making arrangements to socialise, for example, buying tickets for an event or spending money going out for a meal as opposed to being able to socialise at no cost in their own home by 'simply hanging out with someone'. Some of the woman also emphasised the lack of physical contact. Again, there was an idealised version of being in a relationship:

> Well of course, the loneliness. It gets worse as you get older. And I miss closeness, warmth, intimacy, sharing, laughter, loving, compromising…

The temporal nature of living Solo was present in the metaphors that women used, for example, in the image of coming home in the 'winter to a cold house' and times of the year such as during

Christmas which particularly triggered a keener awareness of one's own Solo status and having to lie low about their arrangements if they were spending it alone, or not being seen too keen to people who may invite them over to ensure they weren't alone. Whilst sexuality was described along a spectrum from vital to unimportant, intimacy and inversely loneliness were remarked on by most participants. Indeed, women who felt a lack of intimacy described it viscerally in emotional and physical terms. One woman talked about the need for touch and connection as a sensation she called 'skin hunger' saying it was accompanied by a longing to avoid what she called 'dead time' and another woman described her lack of intimacy as a 'cold and darkness' that could not be breached. The desires SOLO women expressed were associated with the need to feel closeness, the need for intimacy was at times but not always linked to a wish to be in an intimate relationship.

> …it can be corrosive. Sometimes I would like a hug! I have also got set in my ways in the management of my domestic affairs – partly to ensure the house is clean and presentable without having to spend inordinate amounts of time achieving this result. This means that others can be perceived as obtrusive and disruptive. One needs to find a balance between autonomy etc… and the ability to be welcoming and flexible.

As women were ageing, they felt that their Solo status became more visible which made them feel different or 'on the fringes of life looking in'. They were sometimes subject to unsolicited comments from friends, relatives and by strangers about their Solo status and on occasions even questioned as to why they were on their own at this stage in life. This could provoke feelings of anger and resistance:

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

There were some differences in the data between those who did not choose to be Solo and those who found themselves Solo as a result of their particular life course and circumstances. Hostetler (Hostetler and Cohler, 1997; Hostetler, 2004) suggests that self-determination and permanent singlehood are widely perceived as incompatible. They have questioned whether anyone chooses to be permanently single and what "choice" even means in this context? Many of the participants in the Solo study expressed satisfaction and happiness with their lives although, there was an acknowledgement of the fact that women who would have preferred to have children or partnerships may feel less positive. It follows that someone who has exercised their choice to remain single may feel differently about being Solo than someone who would have liked to be part of a couple and for whatever reason is not. DePaulo and Morris (2006) however describe the phenomenon of 'singlism' – that is bias and discrimination against people who are not in partnerships which may exacerbate this issue. Women noted a lack of a positive public discourse about Soloness and how they were seen as failures in terms of the normative relationships and

identities that woman are expected to strive for. Indeed, one woman noted the extreme social discomfort she provoked leading to others conceptualising her as either predatory or tragic.

> …because of 'other people's perceptions/assumptions lack of a positive public discourse about it [there is an assumption that] you are either trying to shag anything that moves, or sat in the attic with your cats'.

Certainly, though many Solo women were very proactive in seeking connections of all kinds, notably many had extremely full social diaries with memberships of multiple organisations and groups ranging from choirs, faith or cultural communities to educational courses. It should be noted though that some women spoke about feeling disadvantaged in religious groups as single women where notions of the traditional family were promoted and there was a lack of participation from some minority groups for whom being Solo was considered a source social shame.

This vulnerability to the judgement of others also extended to women's own sense of internalised stigma. Mary, for example, deliberately avoids situations where might have to account, or people delve or 'expose' her non-partnered status. She seeks solitude as an escape from the 'chatter going on inside her head' about her situation and the noise of comparing herself to others who are in partnerships. Mary experiences lots of dilemmas in contacting people spontaneously, having to take the initiative to arrange things as well as keeping time for herself.

> My life isn't valued, my lifestyle isn't valued – I need to develop more resilience. I have a different family, mum, siblings etc.

As a black older woman with strong connections to the Pentacostal church, Mary finds intimacy difficult, and tends to keep people at arm's length, is careful not to make any demands, and doesn't allow those in her circle broach the topic of her relationship status. She said that she has a good friend with whom she 'let's slip' sometimes and tends to talk about intimacy in a more intellectual way. There was a fine balance in sharing herself with her friend and not being seen as a burden or raising expectations. Mary also found some comfort in her religious community where the response might commonly be 'that God will provide'. She recently had one episode of acute illness which highlighted for her the importance of knowing who to call or becoming aware of who, if anyone would notice her vulnerability and respond. This resulted in all sorts of insecurities which she said has since triggered her interest in taking care of her own health and keeping well. Mary referred to how some of her networks and family ties had been weakened through immigration and has started to put in places an agreement with other people in church network if they don't hear from each other, then further enquiries will be triggered to ensure someone checks up on them and ensures they are given support.

Mary's situation echoes the interplay between the conflicting images of older women in the media and their lived experience which Solo women in our study explored. Media representations of female ageing are unappealing to most women and this negativity appeared to discourage the Solo women we interviewed from independently generating a positive self-image and recognising that

they are part of a growing community of interest. Di Napoli, Breland and Allen (2013) have suggested that the concerns about the sexuality of older, single women seem to be a response from some sections of society fearful of disruption to established family structures as well as a communal anxiety around loneliness and the need for intimacy in older populations. However, ageism and misogyny doesn't allow for the many ways in which post-menopausal women can experience sexuality and intimacy and the importance not just for individuals but for a healthy society of understanding and celebrating the range of desire and connection humans are capable of. One woman stated:

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

Some women echoed the concern that as their fertility diminished their bodies were increasingly disregarded by professionals. Female health does not appear as high on the agenda as it is in other countries specifically post menopause. Menopause issues are ignored but impact hugely on ability to manage emotional stresses. Muhlbauer and Chrisler (2012) suggest that whilst traditional stereotypes and misconceptions still abound, todays older women has reached maturity with a broader range of experiences and social capital than her forebears. Societal attitudes are yet to adjust to these changes and women on the occasions that they are portrayed in the media can fall foul of stigma directed at both their age and gender (Lemish and Muhlbauer, 2012). In summary, ageing Solo women in this study were well aware of the unappealing nature of the range of personal identities that were socially available to them. Indeed, they felt that these were frequently stigmatised and disparaged; as one participant observed:

> Losing the words 'mad old cat lady' from the language would be an improvement.

Copper (1986), makes a powerful case that western societies elevate the social worth of youth at the expense of older adults. She discusses how since childhood we have been exposed to and have absorbed stereotypes of unnatural aging in women which affect the way we read the bodies of other women and illustrates this with examples of fairy tales built on tropes of wicked witches with unnatural powers which are contrasted with loving, but feeble grannies. But whilst witches are rarely encountered in current public discourse today certainly the concept of older powerful, deviant women is still much discussed in the form of the 'cougar' – a descriptor for older, sexually aggressive women. Whilst, Montemurro and Siefken (2014) welcome the recognition of the possibility of sexual desire and confidence in older women however they note the pejorative use of the image of a sexually incontinent predator to describe an intimate relationship between consenting adults. One only has to look to the media for examples of these conflicts.

Concerns about future care

The concept of intimacy was linked to another theme in the qualitative data concerning the unexplored concerns that Solo women were harbouring about their future care needs. Certainly there were a disproportionate number within the sample who were direct carers for their parents or relatives mostly because their siblings or relations assumed that they would be available to do this because of their Solo status. A couple of women found this experience of caring providing an uncomfortable mirror into their own uncertain futures complicated by the inability to discuss these insecurities with the person they were caring for, for fear of causing them anxieties about what would happen when they were no longer around to provide mutual support.

June, an older lesbian was mostly concerned about older people not being well served by health and social care provision generally but that as a lesbian, her personal context would be further disregarded:

> [Will there be a] respect for my sexuality, for my disposition, for my independence? I think there can be a tendency to see older people, not just women, as a homogenous group.

Almack, Seymour and Bellamy (2010) wrote about the importance of 'families of choice' to LGBT communities, the idea that meaningful, supportive and health sustaining relationships form outside the formal ties of blood or marriage. These connections which can be overlooked by formal health and social care structures must be recognised and supported by professionals (Hicks, 2014; Lahad and Hasan, 2014). Indeed, many women in the Solo study described the essential role of friends in terms of love and relationships as well as in meeting their support needs. It was clear that their friendship is not a lesser form of intimacy, secondary to family or sexual partnerships but a key to living well.

> My happiness as a Solo woman is largely due to my positive attitude and reasonable self-esteem, which is reinforced by my good friends. We support each other in this regard.

Maria who had been forced to take early retirement due to disability had a very tenuous financial situation by the age of 60 years and was dependent on disability benefits and a small pension. She said that she has 'a lot going on' but no one with whom to talk it through. Her only living relative is an elderly aunt who lives 80 miles away, but otherwise Maria had no siblings or parents. She has a few close friends but is very aware of not becoming a burden which could threaten her otherwise good relationships. She therefore contains a lot of her feelings so that she is mostly seen as good company and has someone she can turn to when in a 'real crisis'. Maria highlighted a number of issues about using health and social care and how she saw each part of the service not able to relate to each other and within that context felt that there was no particular person she could talk to about her situation. She desperately wanted to plan for her future and put legal arrangements in place for someone to make decisions on her behalf should her mental capacity become an issue, but currently has no-one to nominate as her appointed advocate. This is something that she perceived could be too much of a responsibility and thus burden to her friends. She belongs to a few groups that meet

online and has recently tried dating which has not been successful because of the prohibitive costs and her perception of the competition. She is also unable to have a "traditional sexual relationship because of disability so happy to put that aside". Maria enjoys art based activities that she can do Solo and help her to relax. She is interested in considering a phased supported living arrangement as her needs increase. She felt however that there could be more support networks for older Solo woman and overall saw herself as extremely vulnerable and unsafe and this made her feel very depressed at times. Her main concern was being subject to abuse if she had to enter care without anyone looking out for her.

Crockett, Brandl and Dabby (2015) note that the lack of gender analysis in the field of safeguarding is matched by a lack of a lifespan approach to violence against women. These results in an unclear picture in terms of the numbers of women at risk and who are actively harmed (Brownell, 2015). However, the concerns were broad enough in 2013 for a United Nations report to state that violence against older women that it was a policy concern in every region regardless of development level. Violence can be physical, emotional, financial etc. but it can also manifest itself as casual disregard and rudeness sadly from professionals, as well as more generally. One woman described an encounter with her GP; it is disparaging and marked by power imbalances along the lines of class, gender, and not least age.

> I have occasionally found that male GPs tend to view elderly women as a bit of a joke or neurotic which doesn't help. I have even been asked "Why don't you find yourself another man" … I was able to change my GP immediately after this comment.

Whilst the women experiencing this disrespect were able to identify this discrimination as unacceptable and they pro-actively avoiding reoccurrences, they did not report complaining or formally challenging unprofessional attitudes and behaviours.

Discussion

Relationship status has central significance within policy and drives the way in which we frame the design and future provision of quality care and support. For example, those working directly with older people will be concerned to describe the older person's social and economic connections and personal and community networks. Education, health or social welfare policies similarly make many assumptions about family forms, for example, in relation to what is expected from its members, living arrangements; work patterns; financial security including inheritance; and subsequent roles taken up in later life. This is particularly relevant to caring and who is considered qualified to make decisions about older women who might become vulnerable in later life (Hicks, 2014). However, the rise in non-traditional family relationships towards 'families of choice' (Weeks, 2003; Trais, 2012) and growing sociological analysis of practices, discourses, display or enactment previously associated with 'the family', have tried to capture and describe contemporary forms of relationality, intimacy and personal life (see Hicks, 2011; Edwards, Ribbens McCarthy and Gillies, 2012). These important observations about gender expectations as part of the fabric of everyday life and the social nature of

expectations of Solo women in particular, should facilitate the deconstruction of ageing experiences so as to understand how policy and practices aiming to support successful ageing might need to develop and respond.

Lifespan developmental theory and research have similarly highlighted the important role of individual choice, control, and self-determination. Indeed, some of the most prominent models of the lifespan place control processes at the center of development (Baltes, 1997; Brandtstädter and Rothermund, 2002). In later life, a time purportedly characterised by flexible roles and freedom of expression (Laslett, 1994) we need to understand in more detail how increasing individual responsibility and latitude in determining life course trajectories is seen across a wide variety of transitions and developmental processes, including the transition to later life (Arnett, 1998) and decisions related to relationship status and ageing Solo (see Hoestler and Patterson 2017).

Demey et al. (2014) found that the relationship history of people living alone in mid-life matters for their psychological well-being. Increasing numbers of people in the UK are living alone in mid-life and rising levels of loneliness and isolation are a concern for the health and social care system as the baby boomers of the 40s and 60s begin to swell the system. This generation has witnessed profound changes in family life. Higher separation and divorce rates mean that many will have complex and diverse partnership trajectories and family networks. Increasing research on the connection between partnership status and psychological well-izbeing has found that the well-being of those living without a partner is lower than those living with a partner. No significant differences in well-being were found between those who had or hadn't lived with a partner. Analysis of individuals who experienced a break up and the effect on them short and long-term and suggested that there might be a longer-term negative effect of experiencing more than one partnership break-up particularly taking into account the financial effect on women in particular. Partnership history and psychological well-being are also affected in different ways by relationship breakdowns, with implications for resilience in later life.

Whilst there are a lot of trends in social relationships, generally the research shows that our day-to-day interpersonal relationships heavily influence our actions, preferences and behaviour and an individual's choices and actions ultimately lead to the cumulative effect on our larger social structure. Social distance can be conceptualised as involving how regularly people interact with others and social structures can be revealed by analysing interpersonal ties and our connections to people. Social distance between people can be measured in terms of a wide range of social categories such as educational level, occupation, ethnicity, measures such as leisure and consumption, cultural and spiritual preferences, the sharing of values, attitudes and other lifestyle choices and connections.

Gender is a major determinant of life chances and patterns but there are a number of nuances and complexities in relation to different age cohorts and the intersectionality of ageing issues. Gender is also an important factor in the labour market given the continuing evidence on pay differentials, career patterns. Solo's women working lives may differ significantly from other groups of women who may have a more established pattern of mixing employment with childrearing or have more

fragmented careers. Solo women may also work longer and defer retirement if they are non-partnered, perhaps because of the intrinsic attractions of their work, the social contact and status, but also for necessity in order to accumulate sufficient pensionable and retirement income. The tensions of work life balance may also be different as women with childcare may have different pressures where there are economic and social pressures for achieving dual incomes. Strategic planning for ageing is often about priorities for supporting dependency and also public perception of later life is often out of step with reality. Policy around personalisation needs to support more individual decision making and promote skills enabling individuals to maintain their sense of self.

This chapter has sought to introduce readers to the concepts of Solo ageing and gender and has provided some examples from the Solo women study into the impact of relationship status on intimacy and sexuality in later life. We conclude with some ideas that social workers may need to act upon in order to ensure that they recognise this potentially vulnerable group in order to tailor support and promote well-being.

Key recommendations for applying research findings to professional practice

- Use a narrative approach to establish the importance of networks and support when working with women who may be ageing Solo in order to build on their strengths and identify gaps in support.

- Avoid the use of deficit language, for example, 'not married', 'childless' when talking to and about Solo women.

- Consider the impact of multiple and cumulative losses when working with Solo women that may impact on their mental health and seek out any relevant networks that might not be immediately obvious, for example, where they have experienced infertility or loss of a child earlier in life.

- Utilise legislation and policies in relation to advanced care planning to discuss Solo women's future care needs.

- Ensure that any assessment and support recognises and capitalises on Solo women's resilience and help them make links to community based organisations where needed.

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References

Al-Kandari, Y.Y., Crews, D.E. (2014) Age, social support and health among older Kuwaitis. *Quality in Ageing and Older Adults*, 15 (3), 171–184.

Allen, R.E.S., Wiles, J.I. (2013) How older people position their late-life childlessness: a qualitative study. *Journal of Marriage and Family*, 75 (1), 206–220.

Almack, K., Seymour, J., Bellamy, G. (2010) Exploring the impact of sexual orientation on experiences and concerns about end of life care and on bereavement for lesbian, gay and bisexual elders. *Sociology*, 44 (5), 908–924.

Arnett, J.J. (1998) Learning to stand alone: the contemporary American transition to adulthood in cultural and historical context. *Human Development*, 41 (5–6), 295–315.

Baltes, P. B. (1997). On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. *American Psychologist,* 52(4), 366–380

.

Bauman, Z. (2003) *Liquid Love: On the Frailty of Human Bonds*. Cambridge, Polity Press.

Beth Johnson Foundation and Ageing without Children (AWOC). (2016) *Our Voices: The Experiences of People Ageing without Children.* Leicester, Beth Johnson Foundation.

Bildtgard, T., Oberg, P. (2017) *Intimacy and Ageing: New Relationships in Later Life*. Bristol, The Policy Press.

Brandtstädter, J., Rothermund, K. (2002) The life-course dynamics of goal pursuit and goal adjustment: a two-process framework. *Developmental Review*, 22 (1), 117–150.

Braun, V., Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77–101.

Brownell, P. (2015) Neglect, abuse and violence against older women: definitions and research frameworks. *South Eastern European\Journal of Public Health*, 27 (5), 410–421.

To cite: Lambert, N., Hafford-Letchfield, T., Khan, H., Brady, D., Long, E., Clarke, L. (2018) Stories of Intimacy and Sexuality in Later Life: Solo Women Speak. In P. Dunk-West and T.Hafford-Letchfield (eds) *Sexuality, Sexual and Gender Identities Research in Social Work and Social Care: A Lifecourse Epistemology*. London, Routledge.

Byrne, A. (2008) Women unbound: single women in Ireland. In Bell R. M. and Yans V. (eds) *Women on Their Own: Interdisciplinary Perspectives on Being Single*. New Brunswick, NJ, Rutgers University Press.

Cleland, J. (2002) *Education and Future Fertility Trends, with Special Reference to Mid-transitional Countries.* New York, UN Population Bulletin.

Connidis, I.A., McMullin, J.A. (2002) Sociological ambivalence and family ties: a critical perspective: a critical perspective. *Journal of Marriage and Family*, 64 (3), 558–567.

Copper, B. (1986) Voices: on becoming old women. In: Alexander J. (ed) *Women and Aging: An Anthology by Women* (pp. 46–57). Corvallis, OR, Calyx Books.

Crockett, C., Brandl, B., Dabby, F.C. (2015) Survivors in the margins: the invisibility of violence against older women. *Journal of Elder Abuse and Neglect*, 27 (4–5), 291–302.

Cwikela, J., Gramotnevc, H., Lee, C. (2006) Never-married childless women in Australia: health and social circumstances in older age. *Social Science & Medicine* 62 (1), 1991–2001.

Demey, D., Berrington, A., Evandrou, M., Falkingham, J. (2011) The changing demography of mid-life, from the 1980s to the 2000s. *Population Trends*, 145 (1), 1–19.

DePaulo, B.M., Morris, W.L. (2006) The unrecognized stereotyping and discrimination against singles. *Current Directions in Psychological Science*, 15 (5), 251–254.

Di Napoli, E.A., Breland, G.L., Allen, R.S. (2013) Staff knowledge and perceptions of sexuality and dementia of older adults in nursing homes. *Journal of Aging and Health*, 25 (7), 1087–1105.

Edwards, R., Ribbens McCarthy, J., Gillies, V. (2012) The politics of concepts; family and its (putative) replacements. *British Journal of Sociology*, 63 (4), 730–746.

Erikson, E.H. (1959) *Identity and the Life Cycle: Selected Papers. Psychological Issues*. New York, International Universities Press, Inc.

Gewirtz-Meydan, A., Hafford-Letchfield, T., Benyamini, Y., Phelan, A., Jackson, J., Ayalon, L. (2018) Ageism and Sexuality. In: Ayalon, L. and Tesch-Roemer, C. (eds) *Contemporary Perspectives on Ageism Series: International Perspectives on Aging*.New York Springer International. Open Access.

To cite: Lambert, N., Hafford-Letchfield, T., Khan, H., Brady, D., Long, E., Clarke, L. (2018) Stories of Intimacy and Sexuality in Later Life: Solo Women Speak. In P. Dunk-West and T.Hafford-Letchfield (eds) *Sexuality, Sexual and Gender Identities Research in Social Work and Social Care: A Lifecourse Epistemology*. London, Routledge.

Hafford-Letchfield, T. (2008) What's love got to do with it?: developing supportive practices for the expression of sexuality, sexual identity and the intimacy needs of older people. *Journal of Care Services Management*, 2 (4), 389–405.

Hafford-Letchfield, T. (2013) Social work, social class and later life. In: Formosa M. and Higgs P. (eds) *Social Class in Later Life: Power, Identity and Lifestyle*. Bristol, Policy Press.

Hafford-Letchfield, T. (2014) Social work with lesbian, gay, bisexual and transgendered older people. *Community Care Inform Adults*. ISSN 0307-5508.

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 and Ageing*, 29 (4), 321–333.

Hicks, S. (2011) *Lesbian, Gay and Queer Parenting: Families, Intimacies, Genealogies*. Basingstoke, Palgrave Macmillan.

Hicks, S. (2014) Deconstructing the family. In: Cocker, C. and Hafford-Letchfield, T. (eds) *Rethinking Anti-discriminatory and Anti-oppressive Theories for Social Work Practice*. Basingstoke, Palgrave.

Hostetler, A.J. (2004) Old gay and alone: the ecology of well-being among middle-aged and older single gay men. In: De Vries, B. and Herdt, G. (eds) *Gay and Lesbian Aging: Research and Future Directions* (pp. 143–176). New York, Springer Publishing Co. Inc.

Hostetler, A.J. (2009) Single by choice? Assessing and understanding voluntary singlehood among mature gay men. *Journal of Homosexuality*, 56 (4), 499–531.

Hostetler, A.J., Cohler, B.J. (1997) Partnership, singlehood, and the lesbian and gay life course: a research agenda. *International Journal of Sexuality and Gender Studies*, 2 (3–4), 199–230.

Hostetler, A.J., Paterson, S.E. (2017) *Toward a community psychology of aging: a lifespan perspective*. In: Bond, M. A., Keys, C., and Serrano-Garcia, I. (eds) *Handbook of Community Psychology*. Washington, DC, American Psychological Association.

Jeffries, S., Konnert, C. (2002) Regret and psychological well-being among voluntarily and involuntarily childless women and mothers. *International Journal of Aging and Human Development*, 54 (2), 89–106.

To cite: Lambert, N., Hafford-Letchfield, T., Khan, H., Brady, D., Long, E., Clarke, L. (2018) Stories of Intimacy and Sexuality in Later Life: Solo Women Speak. In P. Dunk-West and T.Hafford-Letchfield (eds) *Sexuality, Sexual and Gender Identities Research in Social Work and Social Care: A Lifecourse Epistemology*. London, Routledge.

Klinenberg, E. (2012) *Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone*. New York, Penguin.

Lahad, K., Hazan, H. (2014) The terror of the single old maid: on the insolubility of a cultural category. *Women's 520 Studies International Forum*, 47 (Part A), 127–136.

Laslett, P. (1994) The third age, the fourth age and the future. *Ageing and Society* 14 (3), 436–447.

Lee, R. (2003) The demographic transition: three centuries of fundamental change. *Journal of Economic Perspectives*, 17 (4), 167–190.

Lemish, D., Muhlbauer, V. (2012) "Can't have it all": representations of older women in popular culture. *Women & Therapy*, 35 (3–4), 165–180.

McCarthy, J.R., Edwards, R. (2011) Families of choice. In: Jane Ribbens McCarthy & Rosalind Edwards *The SAGE Key Concepts Series: Key Concepts in Family Studies* (pp. 57–59). London, Sage Publications.

Montemurro, B., Siefken, J.M. (2014) Cougars on the prowl? New perceptions of older women's sexuality. *Journal of Aging Studies*, 28 (3), 35–43.

Muhlbauer, V., Chrisler, J.C. (2012) Women, power, and aging: an introduction. *Women & Therapy*, 35 (3–4), 137–144.

Ogg, J., Renaut, S. (2007) The influence of living arrangements, marital patterns and family configuration on employment rates among the 1945–1954 birth cohort: evidence from ten European countries. *European Journal of Ageing*, 4 (3), 155–169.

Office for National Statistics (ONS). (2013) *Cohort Fertility, England and Wales, 2011. Statistical Bulletin*. London, ONS.

Office for National Statistics (ONS). (2015) *Trends in Life Expectancy at Birth and at Age 65 by Socio-economic Position Based on the National Statistics Socio-economic Classification, England and Wales 1982–1986 to 2007–2011*. Statistical Bulletin. London, ONS.

Powell, J., Khan, H.T.A. (2013) Ageing and globalisation: a global analysis. *Journal of Globalisation Studies* 4 (1), 137–146.

To cite: Lambert, N., Hafford-Letchfield, T., Khan, H., Brady, D., Long, E., Clarke, L. (2018) Stories of Intimacy and Sexuality in Later Life: Solo Women Speak. In P. Dunk-West and T.Hafford-Letchfield (eds) *Sexuality, Sexual and Gender Identities Research in Social Work and Social Care: A Lifecourse Epistemology*. London, Routledge.

Raeside, R., Khan, H. (2007) The ageing Scottish population: trends, consequences and responses. *Canadian Studies in Population*, 35 (2), 291–310.

Reher, D., Requena, M. (2017) Elderly women living alone in Spain: the importance of having children. *European Journal of Ageing*, 14 (3), 311–322.

Rich, A.C. (1980) Compulsory heterosexuality and lesbian existence. *Journal of Women's History*, 15 (3), 11–48.

Rice, S. (1989) Single, older childless women: differences between never-married and widowed women in life satisfaction & social support. *Journal of Gerontological Social Work*, 13 (3–4), 35–47.

Simpson, R. (2016) Singleness and self-identity: the significance of partnership status in the narratives of never-married women. *Journal of Social and Personal Relationships*, 33 (3), 385–400.

Simpson, P., Almack, K., Walthery, P. (2016) 'We treat them all the same': the attitudes, knowledge and practices of staff concerning older lesbian, gay, bisexual and trans residents in care homes. *Ageing and Society*, 1–31. doi:10.1080/01634372.2011.585392.

Traies, J. (2012) Women like that: older lesbians in the UK. In: Ward, R., Rivers, I., and Sutherland, M. (eds) *Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support* (pp. 76–82). London, Jessica Kingsley Publishers.

Traies, J. (2016) *The Lives of Older Lesbians*. Basingstoke, Palgrave.

Victor, C. (2010) *Ageing, Health and Care*. Bristol, Policy Press.

Victor, C., Scambler, S., Bond, J., Bowling, A. (2000) Being alone in later life: loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, 10 (4), 407–417.

Wenger, C.G. (2001) Ageing without children: rural wales. *Journal of Cross-Cultural Gerontology*, 16 (1), 79–109.

Wengar, C.G., Scott, A., Patterson, N. (2000) How important is parenthood? Childlessness and support in old age in England. *Ageing and Society*, 20 (2), 161–182.

Figure 11.1 Thematic analysis of the survey qualitative data.