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Loneliness, cumulative inequality and social capital in later life: two stories

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Abstract

The potential impact of cumulative inequality upon loneliness in later life is an under-researched subject of investigation. This study applies Ferraro & Shippee's (2009) axioms of cumulative inequality to the narratives of two individual female older persons, who completed diary narratives over a 16-week period, recording and reflecting on their social lives and their personal histories. These stories reveal how these two individuals' life trajectories are influenced by the different experiential impact of bonding and bridging social capital. Despite similar life experiences, significant and substantial differences emerged in the women's stories, relating to work life, social class, the restrictions of a caring role, and physical and mental health. These two narratives not only provide evidence of the impact of cumulative inequality on loneliness but also highlight the lifetime impact of socio-economic status affecting older women's vulnerability to loneliness.

Keywords

Loneliness, cumulative inequality, social capital, life course review, narrative enquiry

What is known

- Loneliness is a pertinent issue for a minority of older people
- Later life transitions such as increasing age, beginning to live alone, bereavement and health and mobility impairments are associated with loneliness in later life
- Social group interventions can be effective at tackling loneliness

What this paper adds

- Cumulative inequality and access to social capital influences experiences of loneliness in later life
- Therefore, when considering the impact of loneliness, ecological factors from much earlier in the life course must be considered alongside those directly related to the person

- Personal Insights into loneliness using the diary/diary interview approach

Background

Approximately one in ten older people report being often or always lonely (Victor & Bowling, 2012). Loneliness is associated with living alone (De Jong Gierveld, Dykstra & Shenk, 2012), bereavement (Fried et al, 2015), increasing age and longevity (Dykstra, Van Tilburg & De Jong Gierveld, 2005), poor physical health (Burholt & Scharf, 2014) and dissatisfaction with social contacts (Rodrigues, De Jong Gierveld & Buz, 2013). All these factors are apparent in the stories of both older women presented below. However, this article argues that one subject's increased loneliness is mediated through experiences of cumulative inequality and weaker access to bridging social capital.

Cumulative Inequality

The concept of Cumulative inequality is recognised as having antecedents in the Matthew effect (Merton, 1968). This effect uncovered that academics with higher profiles access wider opportunities, and cumulative advantage and disadvantage (Dannefer & Settersten, 2010), where societal systems and structures support continued disadvantage (or advantage) leading to greater inequality in later life???. The longer one is exposed to disadvantage, the steeper the decline in later life. For example, those with lower incomes earlier in adult life remain in positions of greater economic disadvantage throughout working life in contrast with those who begin in more lucrative occupations, where greater wealth and more resources are accrued and secured, through assets, savings, investments and private pensions (George, 2013; Crystal & O'Shea, 1990). Being female, widowed, living alone or in poor health are all factors leading to income inequality in later life (O'Rand, 1996). Older women have experienced an economic system that minimises caring roles and excludes them from other opportunities (Rood-Wilson, 2010) and are also more likely to have had truncated and interrupted work patterns (O'Rand, 1996). Cumulative inequality relates not only to income but also culture, social class, education, housing, healthcare, transport and wider issues such as outmigration (Laceulle & Baars, 2014; McGoey & Goodfellow, 2008). What happens in life prior to retirement, therefore, is crucial in understanding difficulties experienced accessing social encounters when older (Walker, 2009). As such, studying the current condition and circumstances of an older person without regard for the accumulation of life events is likely to be insufficient for the rigorous analysis of comparative loneliness (Ferraro & Shippee, 2009).

Social capital

Social capital has been conceptualised as encompassing access to trusted relationships and resources, civic engagement, and opportunities for reciprocity (Maass et al., 2016; Webber et al., 2011; Abbott, 2010; Lochner et al., 1999). It relates to the accessibility of extant resources which helps improve the living standards of an individual or community (Carillo Alvarez & Riera Romani, 2017; Eriksson & Ng, 2015; Putnam, 2000; Lochner et al., 1999). Social capital relates both to relations between and among persons (Carillo Alvarez & Riera Romani, 2017; Eriksson & Ng, 2015). As such, the concept can be broken down into capital that is bonding, integrative activities that bring familiar people together, and bridging, links created with less familiar others outside the immediate social circle (Elgar et al., 2011; Halpern, 2005; Putnam, 2000). Bonding capital is more likely to be comprised of strong ties that meet basic needs,

such as family and neighbours, whilst weak ties are valuable for sustaining bridging connections that address gaps and goals not met by the stronger bonds within the immediate community (Kadushin, 2012; Elgar et al., 2011).

Inability to access social capital may increase risk of depression (Webber et al., 2011) whilst richer levels of social capital reduce depression symptomology (Haesda et al., 2018). Social capital delivers social support, which can act as a buffer against negative stressors (Verheghe et al., 2012) and allows the recipient to feel loved, cherished and valued (Villalonga-Olives & Kawachi, 2017). As well as social benefits, having social capital may result in burdens or obligations and those whose network consists mainly of weak ties may feel at a disadvantage in terms of accessing a wider range of relevant resourcing (Moore et al., 2009).

Purpose of the study

This article is part of a wider study on older people, loneliness and day centre programming. The purpose of this piece is to consider how cumulative inequality has increased disadvantage in one woman and protected another. Background information on the two storytellers is presented in *Table 1*. There are immediate similarities that invite comparison. Both women have been widowed for less than one year and both have sons who sustained traumatic head injuries in adulthood. Despite these commonalities, there are differences in terms of living arrangement and experience of loneliness. Using De Jong Gierveld and van Tilburg's (1999) 11-item loneliness scale, where a score of three indicates moderate loneliness, Amber's (case 1) score of eight is close to feeling severely lonely whilst Rochelle's (case 2) score of two would be regarded as not lonely. The involvement of both women in day centre programmes, to which they were referred by outside agents on the basis of concerns related to health and well-being, comprise the 'endpoints' of the stories. What this article is particularly interested in is the arc within the individuals' lives that has led to this point and to their contemporaneous assessments of loneliness.

Table 1: Background information on the storytellers

	Amber	Rochelle
Age	68	85
Marital status	Widow (less than one year)	Widow (less than one year)
Children	Two (one daughter, one son with brain injury)	Four (two daughters, two sons, one with head injury)
Living arrangement	With adult son	Living on own
Location/type of home	Suburban terraced (social housing estate)	Rural detached
Home status	Owned	Owned
Loneliness score (De Jong Gierveld*)	8	2

* Range of scale: De Jong Gierveld: 0-11, higher score indicates greater loneliness

Methods: design and procedure

New attendees on 16-week group work programmes focusing on mental and physical health and well-being at statutory day centres in Northern Ireland were invited to participate in a study investigating loneliness and group participation. Selected attendees kept diaries for the duration of group participation and were then interviewed by the primary researcher about this, their experiences of loneliness and their life histories. Two women, Amber and Rochelle, were part of this cohort for the wider study (reference wider study) . The stories constructed in this study derived from both their written diaries and follow-up interviews. Whilst participants were asked to complete diaries on a weekly basis, both women in this study recorded entries daily for the duration. The amount of recording completed is captured in *Table 2*. Interviews were conducted by the researcher with participants approximately two to four months following completion of group work to allow time for reflection.

Table 2: Diary Entries

Diarist	Number of diary entries	Total words
Amber	105	8,367
Rochelle	102	9,001

Use of narrative

A narrative approach was chosen to both honour and preserve participant voice and perspective (Bohlmejer, Westerhof, Randall, Tromp & Kenyon, 2011) and to also apply the relevance of their life history to current experiences. In narrative enquiry, participants determine chosen stories and events relevant to what is under investigation, selecting material to evaluate, understand, persuade, justify, engage and even to misdirect on behalf of their viewpoint (Frank, 2012; Reissman & Quinney, 2005; Luborksy, 1994). Stories are often constructed to ascribe meaning and emphasise connections and consequences (Phoenix, Smith & Sparkes, 2010; Randall, 1999). Narrative enquiry is particularly useful with older people, allowing the exploration of longer lives, which are intense, complex and imbued with change (Phoenix et al., 2010; Randall, 1999) and where the author's voice is not lost (Reissman & Quinney, 2005).

Using diaries

Dairies allow insight into what is contemporaneously important to the writer, accruing personal reflections to help individuals make subjective sense of a topic (Smith, 1999). They contain autobiographical reflections on choices, motivations, hopes and fears (Sheridan, 1993), highlighting writers' subjective innermost thoughts and feelings (Bartlett, 2011). As a research method, the diary is relatively unobtrusive (Furness & Garrud, 2010), giving the respondent control over when and how much to write (Bartlett, 2011). A diary's subjectivity is valuable as it sheds light on what is important to the diarist and how this has been developed from their environment and life experiences. In this study, the diary was solicited at the researchers' request. Whilst writing a solicited diary may result in a more structured, self-conscious recording aimed at a specific audience (Baldwin, 2015; Jacelon & Imperio, 2005; Milligan, Bingley and Gatrell, 2005), the diarist maintains control over what to share or withhold and to record events not formally requested.

Diary: diary-interview

A biographical approach to exploring loneliness has been chosen as the construct is not easily captured or explained by a 'snapshot' method (Bornat & Bytheway, 2010). In this study, both diaries and interviews are used to elucidate perceptions of loneliness in light of respondents' current social interactions and their distinct histories. In the 'diary: diary-interview' model (Zimmerman & Wieder, 1977), the diary acts as a "proxy observer" (Latham, 2003, p2001), in lieu of the researcher who cannot be ever present. Whilst events are sometimes forgotten during a retrospective interview (Milligan et al, 2005; Sheridan, 1993), diaries help spotlight significant moments (Latham, 2003; Zimmerman & Wieder, 1977). Post diary interviews act as prompts to clarify selected diary entries (Bartlett, 2011), assist elaboration on a topic and check accuracy (Mackrill, 2007; Jacelon & Imperio, 2005). In this study, pre-prepared questions, prompted by diary entries, were used to begin interviews, though the researcher aspired to a conversational approach, oriented towards the interviewee and what they wanted to say, rather than relying on questions alone (Fraser, 2004).

Sampling

The two case examples are chosen from a larger sample which was part of a wider study reported on elsewhere (Hagan et al., 2014; Hagan et al., 2017). The criteria for choosing the two cases reported here were the opportunity they provided for in-depth analysis, the extensive nature of their data (report here on the number of pages of diary notes for each case and the duration of their two interviews) and their representativeness of the wider sample (age, gender, living arrangement, day care etc) and the opportunity they provide to compare and contrast life experience.

Sampling was purposive as diarists/interviewees had to be individuals who felt sufficiently confident about completing the task. Participants were given a blank A5 book by the researcher when commencing their programme and issued with broad instructions to maximise response rate (Bartlett, 2011). These instructions recommended participants reflect upon both the programme and their social lives outside the day centre. Respondents were encouraged to diverge in their entries from what had been requested (Mackrill, 2007). Allowing diarists a number of months permitted the writers to grow in confidence, become less self-conscious and elaborate on matters beyond those requested (Jacelon & Imperio, 2005; Milligan et al, 2005). Diarists were asked to maintain entries for programme duration with the researcher retrieving journals during the final week. Finally, using a phronetic approach, two participants were selected for the narrative analysis to give prominence to and represent the individual storyteller voice (Frank, 2012) and because of clear contrasts in cumulative inequalities.

The researchers' challenge was to develop a story based on what was important to the storyteller (Hill & Burrows, 2017; Reissman & Quinney, 2005). As recommended by Phoenix et al. (2010), the researchers engaged with participants on a continuum between story analyst and storyteller (Phoenix et al., 2010) in order to create an accurate joint construction of meaning for the events outlined (de Meideros & Rubinstein, 2015). Some long quotations have been used to respect the storyteller voice. The stories presented follow Frank's (2012) story framework with orienting information, followed by a complicating action and then some sense of resolution or evaluation.

Note on the text

All diary entries in the text below are reproduced as written with spelling and grammatical errors uncorrected. Ellipsis is used in both diary entries and interview transcripts to indicate a gap inserted by the researcher. Text omitted includes pauses, non-words and text which, either seemed extraneous, or required protection of identity. Any name cited is a pseudonym.

Ethical Approval

This study gained ethical approval from the NI Office for Research Ethics Committees (ORECNI; Ref 12/NI/0194). Each participant was provided with detailed written instructions regarding the research and gave written consent to their involvement.

Findings

Two stories

Amber and Rochelle have always lived in Northern Ireland. Whilst Rochelle has mainly lived rurally throughout her life, Amber reports not just moving within urban and suburban locations but with a sense that these transitions were somewhat imposed upon her family.

Amber: We moved... into [current home] in 1975.... [T]hese were all just getting built, these houses... but when we moved down, this was all isolated. There was nobody and I said to my husband afterwards..., 'I'm not going to live there. There's nobody living near.'

When we lived in... [previous address], it was just starting the Troubles then. My... husband took a nervous breakdown 'cause there was a lot of trouble up in Belfast, shootings and things and ... I couldn't cope with it. And then when he came to [current location], he took a massive breakdown too.

By contrast, Rochelle's rural living history was more settled. She lived with her husband in the same place all her married life, a period of nearly sixty years. Although she took maternity leave, employment was steady and stable.

Rochelle: For the first seven years, well, I worked up until [daughter] was expected and... I decided to stop teaching then and, until after [second daughter] was born and she was over two, then I went back to teaching. Then I was in a little school down at [rural location]. It was a church school, belonging to the Presbyterian church and then a vacancy became vacant up in a little school, a two- teacher school... and I was there until I retired at... 58.

For Amber, one significant life event occurred that led to her becoming a full-time carer.

Amber: My son has bipolar disorder and has a head injury. He was in a car accident [in the late 1990s]... My son and [his friend] were in a car accident. It was very serious. They were both in intensive care.... [Friend]'s machine was switch off aged 18.... About 8 months after the accident I had to tell him about [friend]. He thought [friend] was still alive.... He screamed loudly and said I was telling lies. He came through a hard

time and is still suffering after 16 years. Hasent worked since the accident, has a mentle illness. *[Diary entry]*

Amber's son's illness is an ongoing source of stress.

Amber: Sometimes he helps me but can't do a lot and my depression and panic... sets in. I shout a lot at him. I know it wrong but I need help in the house. He limited what he can do.

I get very depressed.... I be in [local psychiatric hospital] worrying about my son. He put a strain on things. I know he can't help it all that what happened to him and losing his dad as well hasn't help. *[Both diary entries]*

Amber talked about the burden of this caring role in her interview and how attending a day centre programme temporarily alleviates this.

Amber: It's an escape for me when I go out... my door and go to this day centre. This is my wee time to myself. But when I go home and open my door, my problems... all... start up again.

Whilst Rochelle's son also sustained a head injury, the impact of this was not nearly so severe and her son lives independently.

Rochelle: [Son] developed epilepsy as the result of a bang on his head.... And his was so severe that he couldn't work and people didn't want to know him when he had epilepsy. But he's actually got it stabilised although he's still on his medication. And he's been allowed, allowed just this last year – it was 20 years since he'd been allowed to drive – so he's got a little car now, he can be allowed to drive because he's got stabilised.

Amber was supported in her caring role for her son by her husband and she now missed his input.

Amber: He must have talked to his daddy all about things. I'm sure he had his daddy's head away and... I didn't know that because... I'll admit I'd be more close to my daughter.

However, Amber also recognised that her relationship with her husband could be troubled.

Amber: He was a hard man to live with..., when he wasn't well but I coped.... People say to me I was a very strong willed woman.... Manys a time I was ready to run but I stuck by my husband for better, for worse, richer or poorer, sickness and in health, 'til death do us part.

Then my husband was that quiet of a man and then with him having his own problems with his breakdowns too, he used to say to me...., "Amber, I don't want hassle in my life." I says, "[husband], I know you don't want hassle, I know what you've come through and all but he needs the fatherly

figure to tell him... right from wrong.” He never smacked my son once and he never smacked my daughter.... I had to do the smacking of my son.

As well as struggling with mental ill-health at times, Amber recorded that her husband’s death occurred following a period of poor physical health, with liver cancer and a tumour in his oesophagus. This loss is repeatedly evident in diary entries, recorded in the run up to the first anniversary of his death.

Amber: Lost my husband [last year]... on my son’s birthday and his brother’s anniversary. He died with cancer. It was in his liver.

I was married to my husband for 42 years.... I miss him so much.

Went to church. Had a mass said for my husband.... All the family were there. That was nice.... I said to myself I wasn’t going to cry but I did. [Family members] went up to the grave. I went when my sister was home a few weeks earlier. I broke down and cried so I didn’t go. *[All diary entries]*

Whilst Amber talks about her husband in 21 diary entries (including 12 occasions where she reflects on being anxious about his approaching anniversary), Rochelle mentions her husband only twice.

Rochelle: In the afternoon my sister-in-law paid me a visit. It was so good to see her. She and I had a lovely time thinking back to past good times with our husbands, both of whom died in the spring of this year.

After the service... I went round to my husband’s grave to place a holly wreath on it. *[Both diary entries]*

In her interview, Rochelle reflected on the post-work life she and her husband had enjoyed.

Rochelle: So I decided to retire then.... And... from then on [husband] and I had a very, very pleasant time. I mean, more than 20 years when we..., we didn’t live a particularly, uh, fabulous life. We went mostly... we had a holiday in the summertime and then... during other times of the year, we would have gone out in the car... for little days out and things like that. But... when I retired, we decided to go off for the first time to the continent. We went to Yugoslavia. We just went by plane and, oh, it was a whole... when we went to get out of the plane, it was... like walking into an oven, you know. It was amazing.

However, she did also reflect on some difficulties in the final years of her husband’s life.

Rochelle: And then [husband] had a severe epileptic seizure and... maybe he had had a wee... stroke at the same time. So for the next... three years, I had people in.

Other family members play important roles for both women. Rochelle’s other children

have benefited from opportunities afforded by university education.

Rochelle: [daughter]... went to... the University and she stayed there.... And then, [son]... first of all, he actually went to do some sort of science but he quickly realised it wasn't his cup of tea – biology or something like that – and he changed over to doing art.

Both women value the emotional support of their families.

Amber: I have seen my daughter and grandchildren.... They make me very happy and they cheer me up and they come around after school, stay for a few hours. *[Diary entry]*

Rochelle: Just about tea-time and my granddaughter came to see me. We had a lovely visit together: me telling her all about the holiday and she telling me about her new job. We had a cup of tea. *[Diary entry]*

Social support from families was particularly evident when it came to holidays. Amber spent time with her husband's brother's family in Ireland.

Amber: Went on holiday today down to my brother in law house for a week. The weather is great. Chilled out when we arrived.

Having a great time at [brother-in-law's]. [Brother-in-law's wife] looking after me and spoiling me. I mucking in, feeding chicken and planting lettuce.... Going to have a barbeque tonight. *[Both diary entries]*

Rochelle availed of two family stays during her time recording. She spent Christmas with one son in England and on another occasion went to Spain with a daughter and her husband.

Rochelle: Arrived in Alicante about 10:10 am. Weather very sunny, temperature 28° C.... [Later] we went out to an Italian restaurant for dinner. Back to our apartment, 4th floor duplex, with marvellous large balcony, views of sea, strand and mountain, on continuous sweep on three sides. Very beautiful.

Absolutely a perfect Spanish summer day.... Beach packed. Went for swim Not nearly as good as I used to be, but I enjoyed it.... It's three years since I had my last swim in the 'Med'. *[Both diary entries]*

In terms of health, as well as being on anti-depressants, Amber recounted various physical health conditions that had been troubling her.

Amber: My health is not good myself. Had a heart condition. Have arthritis, crumbling bones in my neck. Have it in my knees, arm, back. Have been in hospital 3 times with pains in my chest but all the blood test were all right. *[Diary entry]*

Despite being nearly 17 years' older, Rochelle did not report any ongoing health conditions but did have occasional difficulties.

Rochelle: The only... thing that stands out... is I would be prone to migraines. Now I'm taking a daily tablet for migraine.

After coming home developed a nasty pain in my back, which got steadily worse. I think it was severe trapped wind. It caused me considerable discomfort.... Later a friend came in and the company helped to keep my mind off the pain. *[Diary entry]*

I asked Rochelle about how company appeared to alleviate her low mood and if this could be linked to loneliness.

Rochelle: Well, that would be... about maybe just feeling lonely or maybe if I'm not well and sort of don't want to do anything.... But yet, if there was anybody in the house, I would be away on my own. So it doesn't add up.

Rochelle reported how her social life was not disadvantaged by rural living.

Rochelle: Well, when I'm going to the craft morning, there are three other ladies. There's a man and his wife come and collect me and take me... When I would be going to the WI, it's the WI lady that comes for me.... Once a month from the beginning of September there's the Presbyterian Women's Association meeting at the church and there's always somebody who'll come and take me there. There's no problem.

Whilst Rochelle reported not usually being lonely, Amber linked loneliness to the burden of caring for her son.

Amber: You know, there's an emptiness there but... [my husband] would want me to get on with my life and do good.... He was always the one who was out and about, I would have been the one who was sitting in the house all the time. I was the quiet one.... He used to shout at me, "Amber, you sit in the house too much. Get you out and go to places. Go to different places, you're a young woman.... Step out and go out instead of stuck in the house." Why I, I was stuck mostly in the house. 'Cause of my son. I didn't like leaving him.

Amber's experiences therefore may have led to social exclusion or a lack of social support. However, her diary also reveals that she maintains a number of social activities, including regular church attendance, involvement at a day centre and other informal craft groups.

Amber: Going to my craft today and meeting my other friends. We talk and have tea. We do sewing, knitting and make all different things. I not long there but I enjoy it. *[Diary entry]*

As such, Amber's sense of loneliness is distinct from social isolation.

Discussion

As noted at the beginning of this article, research elsewhere has reported upon the importance of negative transitions in later life, such as bereavement and health declines, in promoting loneliness. These concerns are valid and important. However, the narratives here present a counterview on notions about loneliness, such as how those who live alone or in their 80s may be lonelier, and indicating that, whilst individuals may experience similar events, such as spousal bereavement and brain injury to a son, other factors influence the impact of these traumatic incidents on the individual.. By using cumulative inequality as a framework, the influence of the ecological systems surrounding the person, and in which they are embedded, cannot be ignored and the storytellers' tales inevitably embody interaction with their environment (Randall, Baldwin, McKenzie-Mohr, McKim & Furlong, 2015; Laceulle & Baars, 2014). This discussion now applies Ferraro & Shippee's (2009) axioms of cumulative inequality (see *Table 3*) to the above stories in order to evidence this.

Table 3: Ferraro & Shippee's (2009) Axioms of Cumulative Inequality

Axiom	
One	Social systems generate inequality over the life course
Two	Disadvantage increases exposure to risk but advantage increases exposure to opportunity
Three	Trajectories are shaped by risk, resources and agency
Four	Perception of life trajectories influences subsequent trajectories
Five	Cumulative inequality may lead to premature mortality

One: Social systems generate inequality over the life course

The idiosyncratic history of Northern Ireland has played an explicit part in Amber's story. Amber is a practising Catholic, with an early house move a direct result of difficulties in Belfast, a city wracked by violence in the early 1970s. A result of this violence led to Catholics becoming more likely to leave the city (Gregory, Cunningham, Lloyd, Shuttleworth & Ell, 2013). Additionally, secondary analysis of the Northern Ireland Health and Wellbeing Survey in the late 1990s revealed that the Troubles probably had a significant impact on the population's mental health, and women who were widowed, in poor physical health and of low socioeconomic status were identified as being particularly vulnerable (O'Reilly & Stevenson, 2003). Although her widowhood is comparatively recent, the impact of poor health and low socioeconomic status recurs in Amber's narrative. Whilst there is evidence of Amber receiving social support from family and neighbours, strong bonds in impoverished areas are more likely to be correlated with mental ill health (Mitchell & LaGory, 2002), which itself is associated with less access to social capital generally (Hare Duke, 2017). Verhaeghe et al. (2011) hypothesise, following Portes' analysis, that working class bonds may have negative consequences regarding health behaviours due to working class communities having less access to better resources.

By contrast, Rochelle's rural location may have been a protective factor against the impact of the conflict and she may also have been additionally advantaged by being part of the Protestant community. As a former teacher with private pension provision, she is a member of the salariat (Goldthorpe, 2016), a class ranking associated with stronger social capital. Her children's access to third level education contrasts with Amber's family and the associated resultant benefits of employment opportunities and financial reward (Baum, Ma & Payea, 2013) may have given Rochelle in her later years

easier access to holidays beyond Ireland. Rochelle's rural location does not deprive her of a varied social network. This echoes research findings that those living in rural neighbourhoods may have better access to more social capital, with a concomitant positive impact on self-rated health (Mohnen et al., 2011). Rochelle maintains a wide social network with those living close by and a little further away. Webber et al. (2011) note that high levels of trust in neighbours and others may lower risk of depression.

Two: Disadvantage increases exposure to risk but advantage increases exposure to opportunity

In these stories, the brain injury sustained by Amber's son places a much greater burden on her than a similar head injury, which leads to epilepsy in Rochelle's son. In the mid/late 20th century, Rochelle could have been disadvantaged by being a woman suspending a career to take on motherhood and thus be relegated to lower paid employment (Joshi, Paci & Waldfogel, 1999). However, her education was a protective factor (Goldthorpe, 2016) and Rochelle's professional qualification opened doors to further opportunities. For Amber, the opportunity cost was much more severe. Her caring responsibilities coincided with a subsequent financial impact on the family, amplified by her husband's own ill health, a liability for higher household costs and lower social capital (Howard, 2001). Due to greater levels of engagement in informal networks, women are more likely to give and receive bonding capital whilst men build bridging social capital through career structures (Ferlander & Makinen, 2009). The time committed to informal caring is hard to quantify or measure economically as it sometimes means being present, rather than carrying out an actual task (Himmelweit, 2007). However, the burden of 'having to be there' has an impact on reducing other opportunities, both economic and social (Ferlander & Makinen, 2009). By contrast, increased access to social capital can lead to improvements in depression (Webber et al., 2011) and self-rated health (Verhaege et al., 2012). Maass et al. (2016) also found self-rated health to be related to socio-demographic variables that favoured those in higher classes.

Three: Trajectories are shaped by risk, resources and agency

Whilst one Irish study associates rural living with greater loneliness (Drennan et al., 2008), Rochelle did not feel lonely whilst Amber, living on the edge of town with her son, did. Whilst highly desirable for many, living in a rural location could be perceived as a risk in later life. For Rochelle, this is mediated by a strong and stable support network comprised of both kin and non-kin members. Rochelle has resources to meet social needs, in terms of local groups, church life and holidays with family. This mix of social, cultural and economic capital is highly influential in promoting advantage (Savage et al., 2013). Whilst Amber also has access to social support and a cultural network, her agency is compromised by the intensity of her ongoing caring role, with a concomitant impact on her physical and mental health. Even with access to social opportunities, relative impoverishment is associated with finding these social connections less beneficial than for those who have more resources and may even reinforce depressive symptomology (Haesda et al., 2018), or leave the individual feeling like they lack control or excluded from meaningful resources (Moore et al., 2009). There is also explicit evidence of social withdrawal in Amber's narrative having arisen from staying home with her son rather than going out whilst her husband was alive.

Four: Perception of life trajectories influences subsequent trajectories

The dispositions of both women are apparent in the narratives presented. In her diary, Amber makes repeated references to her bereavement and the emotional impact of this. Over 50 entries record her anxieties about her son and the associated stress and low moods. By contrast, Rochelle is much more reticent to discuss feelings. Her recording style is more factual, presenting events with little reflection on negative emotion.

Rochelle only cited feelings of loneliness when ill and feeling helpless. This may not be unusual. A sudden negative change of circumstance preying on one's state of mind is amplified by the finding that, following an earthquake in Christchurch, New Zealand, older people living alone were more likely to express feelings of loneliness (Wylie, 2012). The diarist May Sarton did not feel lonely when living alone, healthy and in control of her social life but, following her stroke, did so especially when sick or scared (Kane, 1999). The diminished social control that chronic illness or disability brings may equate with greater loneliness.

Five: Cumulative inequality may lead to premature mortality

In their model, Ferraro & Shippee (2009) note that, as analysis of those ageing increases into very late age, differences in inequality may minimise due to those who have experienced greater disadvantage being more likely to have died. Previous work has indicated that education and a larger income are protective factors against mortality (Marmot, 2002). UK mortality rates reveal a gap in life expectancy of approximately 13 years between one of the wealthiest parts of London, Kensington & Chelsea, and the more deprived Scottish city, Glasgow (Stuart-Hamilton, 2012). This proposal is echoed at a micro-level in this study, where Amber, in her late 60s, cites multiple ailments, compared with Rochelle's relative stability. This is further amplified by Amber's husband having already passed away in his 60s, having endured ongoing physical and mental ill health, compared with Rochelle's husband's death in his 80s.

Limitations

Writing around cumulative inequality often emphasises the importance of both childhood events and how previous generations experienced advantage or disadvantage. One oversight in the interviews was that the participants' early lives was not covered. Therefore, the impact of events in adulthood has been the primary focus in this article. Rochelle's narrative and writing style is reflective of a middle class background and upbringing whilst Amber's appears to come from a working class background. However, how the individuals arrived in these socio-economic positions and, indeed, if they were explicitly there from childhood, has not been directly addressed. The researchers also recognise that the analytical approach is inevitably influenced by their own interpretations about what appears most important, which may not also accurately reflect the totality of the storyteller's meaning (Baldwin, 2015; Randall et al, 2015). Generally, as with much qualitative research, i the apply insights about the phenomena under discussion to a wider cohort (Reissman & Quinney, 2005).

Conclusion

Both stories have revealed telling data about how these two women have accessed capital at both meso- and micro-levels (Carillo Alvarez & Riera Romani, 2017), for example, in terms of neighbourhood, work-life, church involvement and the immediate support of families, and highlighted some nuanced differences. The application of

cumulative inequality to the narratives presented here was valuable in recognising that every individual's story is located within an ecology of other spheres of influence, including culture, resources and chance. Ferraro & Shippee (2009)'s five axioms appear to bear evidence that the impact of cumulative inequality in the lives of Amber and Rochelle has shaped both their social lives and amplified or diminished experiences of loneliness. Despite marked similarities in terms of two significant life events – bereavement and a son with a head injury – the impact of both events appears substantively more severe on the individual with less resources and capital, as the result of life events experienced as an adult. Whilst both women access opportunities of social support, Amber's sense of loneliness is not resolved and appears to be existentially linked to tragedy, trauma and a burden of care. These women's stories reflect how their own life journeys have been determined by access to capital, opportunity, income and caring responsibilities. A link between material disadvantage and loneliness has been made elsewhere (McGoey & Goodfellow, 2008). This article both supports this and also identifies a range of further advantages and disadvantages in individual life journeys that should not be underestimated when considering vulnerability to loneliness.

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References

- Abbott, S. (2010). Social capital and health: The role of participation. *Social Theory & Health*, 8(1), 51-65.
- Baldwin, C. (2015). Narrative ethics for narrative care. *Journal of Aging Studies*, 34, 183-189, doi: 10.1016/j.jaging.2015.02.014.
- Bartlett, R. (2011). *Using diaries in research with people with dementia (Realities toolkit 18)*. Manchester: University of Manchester.
- Baum, S., Ma, J. & Payea, K. (2013). *Education pays 2013: The benefits of higher education for individuals and society*. New York: College Board Trends in Education Series.
- Bohlmeijer, E. T., Westerhof, G. J., Randall, W., Tromp, T. & Kenyon, G. (2011). Narrative foreclosure in later life: Preliminary considerations for a new sensitizing concept. *Journal of Aging Studies*, 25, 364-370, doi: 10.1016/j.jaging.2011.01.003
- Bornat, J. and Bytheway, B. (2010). Perceptions and presentations of living with everyday risk in later life. *British Journal of Social Work*, 40, 1118-1134, doi: 10.1093/bjsw/bcq001
- Burholt, V. & Scharf, T. (2014). Poor health and loneliness in later life: The role of depressive symptoms, social resources and rural environments. *Journal of*

Gerontology, Series B; Psychological Sciences & Social Sciences 69(2), 311-324, doi: 10.1093/geronb/gbt121

Carrillo Álvarez, E., & Riera Romani, J. (2017). Measuring social capital: Further insights. *Gaceta Sanitaria*, 31, 57-61.

Crystal, S. & Shea, D. G. (1990). Cumulative advantage, cumulative disadvantage, and inequality among elderly people. *The Gerontologist*, 30(4): 437-443, doi: 10.1093/geront/30.4.437

Dannefer, D., & Settersten, R. A. (2010). The study of the life course: Implications for social gerontology. In Dannefer, D. & Phillipson, C. (Eds.). *The SAGE handbook of social gerontology*. London: Sage, 3-19.

De Jong Gierveld, J., Dykstra, P. A., & Schenk, N. (2012). Living arrangements, intergenerational support types and older adult loneliness in Eastern and Western Europe. *Demographic Research*, 27, 167, doi: 10.4054/DemRes.2012.27.7

De Jong Gierveld, J. & Van Tilburg, T. (1999). *Manual of the loneliness scale*. Amsterdam: Department of Social Research Methodology.

Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K. & Irving, K. (2008). The experience of social and emotional loneliness among older people in Ireland. *Ageing and Society*, 28, 1113-1132, doi: 10.1017/S0144686X08007526

Dykstra, P. A., Van Tilburg, T. G., & Gierveld, J. D. J. (2005). Changes in older adult loneliness: Results from a seven-year longitudinal study. *Research on aging*, 27(6), 725-747; doi: 10.1177/0164027505279712

Elgar, F. J., Davis, C. G., Wohl, M. J., Trites, S. J., Zelenski, J. M and Martin, M. S. (2011). Social capital, health and life satisfaction in 50 countries. *Health and Place*, 17, 1044-1053.

Eriksson, M., & Ng, N. (2015). Changes in access to structural social capital and its influence on self-rated health over time for middle-aged men and women: A longitudinal study from northern Sweden. *Social Science & Medicine*, 130, 250-258.

Ferlander, S., & Mäkinen, I. H. (2009). Social capital, gender and self-rated health. Evidence from the Moscow Health Survey 2004. *Social Science & Medicine*, 69(9), 1323-1332.

Ferraro, K. F. & Shippee, T. P. (2009). Aging and cumulative inequality: How does inequality get under the skin? *The Gerontologist*, 49(3), 333-343; doi: 10.1093/geront/gnp034

Frank, A. W. (2012). Practicing dialogical narrative analysis. *Varieties of narrative analysis*, 33-52; doi: 10.4135/9781506335117.n3

Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work*, 3(2), 179-201; doi: 10.1177/1473325004043383

Fried, E.I., Bockting, C., Arjadi, R., Borsboom, D., Amshoff, M., Cramer, A.O., Epskamp, S., Tuerlinckx, F., Carr, D. & Stroebe, M. (2015). From loss to loneliness: The relationship between bereavement and depressive symptoms. *Journal of abnormal psychology*, 124(2), 256-265; doi: 10.1037/abn0000028

Furness, P. J. and Garrud, P. (2010). Adaptation after facial surgery: Using the diary as a research tool. *Qualitative Health Research*, 20, 2, 262-272; doi: 10.1177/1049732309357571

George, L. K. (2013). Age structures, aging, and the life course. In Wilmoth, J. M. & Ferraro, K. F. (Eds.). *Gerontology: Perspectives and issues*. New York: Spencer Publishing Company, 149-172.

Goldthorpe, J. H. (2016). Social class mobility in modern Britain: Changing structure, constant process. *Journal of the British Academy*, 4, 89-111.

Gregory, I. N., Cunningham, N. A., Lloyd, C. D., Shuttleworth, I. G. & Ell, P. S. (2013). *Troubled geographies: A spatial history of religion and society in Ireland*. Bloomington, Indiana: Indiana University Press.

Haesda, M., Kondo, N., Takagi, D. and Kondo, K. (2018). Community social capital and inequality in depressive symptoms among Japanese adults: A multilevel study. *Health and Place*, 52, 8-17

Hagan, R., Manktelow, R., Mallett, J. & Taylor, B.J. (2014). Reducing loneliness amongst older people: systematic search and narrative review. *Aging and Mental Health*, 18(6), 683-693. <https://doi.10.1080/13607863.2013.875122>

Hagan, R.J., Taylor, B.J., Mallett, J., Manktelow, R. & Pascal, J. (2017). Older people, loss and loneliness: the troublesome nature of increased contact with adult children. *Illness, Crisis and Loss*. <https://doi.org/10.1177/1054137317742235>

Halpern, D. (2005). *Social capital*. Cambridge: Polity Press

Hare Duke, L. (2017). The importance of social ties in mental health. *Mental Health and Social Inclusion*, 21(5), 264-270

Hill, C. & Burrows, G. (2017). New voices: The usefulness of a narrative approach to social work research. *Qualitative Social Work*, 16(3), 273-288; doi: 10.1177/1473325017689966

Himmelweit, S. (2007). The prospects for caring: Economic and policy analysis. *Cambridge Journal of Economics*, 31, 581-599; doi: 10.1093/cje/bem011

Howard, M. (2001). *Paying the price: Carers, poverty and social exclusion*. London: Child Poverty Action Group/Carers UK.

Jacelon, C. S. and Imperio, K. (2005). Participant diaries as a source of data in research with older adults. *Qualitative Health Research*, 15, 7, 991-997; doi: 10.1177/1049732305278603

Joshi, H., Paci, P. & Waldfogel, J. (1999). The wages of motherhood: Better or worse. *Cambridge Journal of Economics*, 23(5), 542-564; doi: 10.1093/cje/23.5.543

Kadushin, C. (2012). *Understanding social networks: Theories, concepts and findings*. Oxford: Oxford University Press.

Kane, R. A. (1999). Goals of home care: Therapeutic, compensatory, either, or both? *Journal of Aging & Health*, 11, 3, 299-321; doi: 10.1177/089826439901100303

Laceulle, H. & Baars, J. (2014). Self-realization and cultural narratives about later life. *Journal of Aging Studies*, 31, 34-44; doi: 10.1016/j.jaging.2014.08.005

Latham, A. (2003). Research, performance, and doing human geography: Some reflections on the diary-photograph, diary-interview method. *Environment and Planning A*, 35, 1993-2017; doi: 10.1068/a3587

Lochner, K., Kawachi, I. and Kennedy, B. P. (1999). Social capital: A guide to its measurement. *Health and Place*, 5, 259-270.

Mackrill, T. (2007). Using a cross-contextual qualitative diary design to explore client experiences of psychotherapy. *Counselling & Psychotherapy Research: Linking research with practice*, 7, 4, 233-239; doi: 10.1080/14733140701722455

Marmot, M. (2002). The influence of income on health: Views of an epidemiologist. *Health Affairs*, 21(2), 31-46.

McGoey, M. & Goodfellow, M. (2008). Cumulative disadvantage and elderly need for services: A phenomenological inquiry. *Journal of Rural Community Psychology*, E10(2).

Merton, R. K. (1968). The Matthew effect in science: The reward and communication systems of science are considered. *Science*, 159(3810), 56-63; doi: 10.1126/science.159.3810.56

Milligan, C., Bingley, A. and Gatrell, A. (2005). Digging deep: Using diary techniques to explore the place of health and well-being amongst older people. *Social Science and Medicine*, 61, 1882-1892. doi: 10.1016/j.socscimed.2005.04.002

Mohnen, S. M., Groenewegen, P. P., Volker, B. & Flap, H. (2011). Neighborhood social capital and individual health. *Social Science and Medicine* 72, 660-667.

Moore, S., Daniel, M., Gauvin, L. and Dube, L. (2009). Not all social capital is good capital. *Health and Place*, 15, 1071-1077.

O'Rand, A. (1996). The precious and the precocious: Understanding cumulative disadvantage and advantage over the life course. *The Gerontologist*, 34(2), 230-238; doi: 10.1093/geront/36.2.230.

O'Reilly, D. & Stevenson, M. (2003). Mental health in Northern Ireland: Have 'the Troubles' made it worse? *Journal of Epidemiological Community Health* 57, 488-492; doi: 10.1136/jech.57.7.488.

Phoenix, C., Smith, B. & Sparkes, A. C. (2010). Narrative analysis in aging studies: A typology for consideration. *Journal of Aging Studies*, 24, 1-11; doi: 10.1016/j.jaging.2008.06.003.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. London: Simon & Schuster.

Randall, W. L. (1999). Narrative intelligence and the novelty of our lives. *Journal of Aging Studies*, 13(1), 11-28; doi: 10.1016/S0890-4065(99)80003-6.

Randall, W. L., Baldwin, C., McKenzie-Mohr, S., McKim, E. & Furlong, D. (2015). Narrative and resilience: A comparative analysis of how older adults story their lives. *Journal of Aging Studies*, 34, 155-161; doi: 10.1016/j.jaging.2015.02.010.

Reissman, C. K. & Quinney, L. (2005). Narrative in social work: A critical review. *Qualitative Social Work*, 4(4), 391-412; doi: 10.1177/1473325005058643.

Rood-Wilson, C. (2010). Aging Michiganders: Demographic changes and cumulative inequality. *Michigan Sociological Review*, 74-96.

Rodrigues, M. M. S., De Jong Gierveld, J., & Buz, J. (2014). Loneliness and the exchange of social support among older adults in Spain and the Netherlands. *Ageing & Society*, 34(2), 330-354; doi: 10.1017/S0144686X12000839.

Savage, M., Devine, F., Cunningham, N., Taylor, M., Li, Y., Hjellbrekke, J., Le Roux, B., Friedman, S. & Miles, A. (2013). A new model of social class? Findings from the BBC's Great British Class Survey experiment. *Sociology*, 47(2), 219-250; doi: 10.1177/0038038513481128.

Sheridan, D. (1993). Writing to the archive: Mass-observation as autobiography. *Sociology*, 27, 1, 27-40; doi: 10.1177/003803859302700104.

Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17(3), 281-299; doi: 10.1080/02646839908404595.

Stuart-Hamilton, I. (2012). *The psychology of ageing: An introduction (5th Ed.)*. London: Jessica Kingsley.

Verhaeghe, P-P., Pattyn, E., Bracke, P., Verhaeghe, M. and Van De Putte, B. (2012). The association between network social capital and self-rated health: Pouring old wine in new bottles? *Health and Place*, 18, 358-365.

Victor, C. R. and Bowling, A. (2012). A longitudinal analysis of loneliness among older people in Great Britain. *The Journal of Psychology: Interdisciplinary and Applied*, 146, 3, 313-331; doi: 10.1080/00223980.2011.609572.

Villalonga-Olives, E. & Kawachi, I. (2017). The dark side of social capital: A systematic review of the negative effects of social capital. *Social Science and Medicine*, 194, 105-127.

Walker, A. (2009). Why is age so unequal? In McCann, P. & Dean, M. (Eds.). *Unequal ageing: The untold story of exclusion in old age*. Bristol: Policy Press, 141-158.

Webber, M., Huxley, P. and Harris, T. (2011). Social capital and the course of depression: six-month prospective cohort study. *Journal of Affective Disorders*, 129, 1-3, 149-157.

Wylie, S. (2012). *Social isolation and older people in Canterbury*. Canterbury: Age Concern Canterbury.

Zimmerman, D. H. and Wieder, D. L. (1977). The diary: diary-interview method. *Urban Life*, 5, 4, 479-498; doi: 10.1177/089124167700500406.