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Caring on Their Terms: How Gender Shapes Older Adults' Attitudes and Experiences of Receiving Informal Care

Abstract:

The discussion explores the role of gender in shaping older adults' experiences of receiving informal care in the UK, focussing on how gendered expectations influence their attitudes and engagement with both informal and formal care systems. With the increasing ageing population, informal care remains a vital support system, often provided by family, friends or neighbours, yet research often overlooks the perspectives of older adults themselves. This study seeks to fill that gap by examining how practical, social and emotional needs are met. Through the analysis of in-depth interviews, the research reveals that women tend to prioritise emotionally reciprocal and trusted relationships, valuing sincerity, but also experience a greater sense of burden on their social networks. In contrast, men emphasise the importance of maintaining their social status and traditional role tied to their masculine identities to maintain a sense of continuity and avoid discomfort. This research hopes to forefront the voices of older adults in order to gain greater understandings of how they sustain their independence. It also underscores the need to shift the narrative from older adults as passive recipients of care to active agents who shape their reality through intentional decision making and adapt to the challenges of later life, often informed through their earlier lived experience.

Introduction

While the rapid growth of older adults in Britain is hopeful news for us all, conversations around ageing have increasingly painted older adulthood as a challenge society must solve. The NHS has voiced these concerns, noting, "Today one-in-six of the population is aged 65 and over, and by 2050 it will be one-in-four. But with these achievements in longevity, come significant challenges for the future" also emphasising that we need to ensure that we live healthier and "independent lives" (Thompson, 2015: 1.5). This neoliberal language reflects a wider trend in public thinking that emphasises self-management of health and the shift from collective responsibility toward the idealisation of individualism (Tanskanen et al., 2019). As a result, older people often end up being seen less as individuals with needs and preferences, and more as a 'social problem' to be managed (Russell, 2007: 186).

Informal care, usually provided by family, friends or neighbours, is one of the main ways older people are supported as they age (Gannon and Davin, 2010: 501). However, while much research has focussed on the experiences of caregivers, there is significantly less attention paid to how older adults themselves perceive and engage with informal care, despite the fact this is a stage of life we all hope to one day reach. This gap means they are often spoken *about* but rarely have the chance to speak for themselves. There's a risk here of reducing older adults to passive recipients, rather than recognising their active role and agency in shaping their support systems. Public rhetoric often encourages binary thinking around ageing, constructing a divide between 'adults' and 'the elderly' (Biggs, 2004: 49). This promotes the study of older adulthood as one, homogenised category, meaning distinctions in experiences between this large cohort of the population are rarely drawn or accounted for (Gierveld et al., 2003:105). This study aims to explore how gender shapes older adults' attitudes and experiences of receiving informal care, recognising it as one key factor in the diverse realities of later life. Understanding these differences is especially important when considering generations shaped by early to mid-20th-century norms, a time when roles, responsibilities, and expectations were more clearly divided along gender lines (Pilcher, 2001: 772).

This research draws on in-depth interviews with older adults in the UK to explore when and why informal care is sought, the perceived benefits and limitations of different sources of care (including family friends, and paid provision), and how emotional, social and practical needs are met. With the increasing prioritisation of those with the greatest needs of care in public policy, informal care remains a vital, flexible, and personalised source of support for many (Lyu et al., 2023: 633). This study seeks to challenge the framing of older adults by highlighting the reciprocal, active role many play in shaping their care relationships, with attention to the influence of gender. It shows how they contribute not only to their own well-being but to the well-being of those around them.

Beyond the "Burden": A Literature Review

Research on informal care has predominantly focused on the challenges caregivers face, often silencing the voices of care recipients while overstating dependency and the burden of care. This is exemplified by the frequent emphasis in public discussions on the growing demand for healthcare services and the escalating costs of supporting an ageing population. However,

literature which has foregrounded the voices of older people has shed necessary light on their autonomy in navigating the receipt of informal care which is important to challenge the portrayal of older adults through the lens of a "misery perspective" (Krekula, 2007: 160). Gender is a crucial way to inform how identity markers create distinctive challenges and can further "capture the complexity and uniqueness of individual private lives" (Russel, 2007: 175) to find out how the receipt of care can be more readily available to men and women. The first section explores the distinctions drawn between formal and informal care across existing literature and then moves on to consider how gender could impact the receipt of informal care. The third section explores which modes of care adults rely on for support and how different relationships offer varying benefits. The final section examines vital conceptual frameworks such as independence and reciprocity, exploring how these influence care dynamics and self-perception in older age.

Distinguishing Formal vs Informal

In England, formal care for older people is available free of charge to some individuals, typically those assessed as having higher or more complex needs (Lyu et al., 2023: 621). In care-related literature, formal care encompasses a wide range of paid services delivered by professionals, with examples ranging from GP appointments, home visits by befrienders, physiotherapy and services such as Meals on Wheels.

Informal care however is often referred to as those types of support that are typically provided by family members, friends, or neighbours (ibid). While formal care is professionally organised and paid for (Gannon and Davin, 2010: 501), informal care tends to involve less technical skill and is, therefore, more commonly relied upon by the broader older population. Research has suggested that there is an overall decline in the availability of informal care which may be linked to several social and demographic changes. These include the weakening of religious and cultural bonds that traditionally held families and communities together (Peterson and Margaret, 2017: 734), increased geographical mobility, higher divorce rates, and the rising number of women participating in the labour market (Centre for Policy on Ageing, 2014: 10). Additionally, UK policy has increasingly promoted ideals of independence and self-sufficiency in later life, which may have shifted feelings of responsibility and expectations around care (Allam, 2015).

Despite these changes, informal care remains a vital preferred source of support for many older adults, particularly because most express a strong desire to remain in their homes for as long as possible and avoid institutional care settings (Plothner et al., 2019: 2). The inherent differences between formal and informal care, one being of a monetised nature and one based on more spontaneous and emotionally driven motives, also highlights the potential significance of informal care in the lives of older adults. Hochschild (2012: 225) explores how modern relationships, particularly those involving care, have become increasingly shaped by market logic and warns that people often "forget how quickly things that only yesterday seemed bizarre have become the norm today" (in Musial, 2013: 141). This highlights how the infiltration of capitalist values into private life has subtly but largely altered the way we think about and practice care. However, for older adults, many of whom have witnessed this shift in how care is conceptualised, the value placed on informal, emotionally driven care may be higher, as they are less inclined to view care as a commodified service.

Cantor's (1979) hierarchical-compensatory model suggests that care recipients choose their care based on a ranked order of the primacy of the relationship: starting with spouses, followed by other relatives, then friends, neighbours, and finally formal services as a last resort. However, the availability of carers or the nature of the relationship, for example, may play a greater role than this model allows. Older adults often take an active role in managing their care, making decisions based on practical considerations and personal preferences relevant to the specific task or situation.

Rethinking Informal Care Research and Gender

Turning to informal caregiving literature specifically, the discussion has largely been dominated by the negative impact it takes on those providing the care (see Doty, 1996 or Erbel et al., 2017), with discourses framing carers as "morally superior" and "heroes" (see Weicht, 2008). Whilst this research remains valuable in acknowledging the growing demand for informal care in our ageing society, it simultaneously acts as a rhetoric which negatively portrays older people as a growing burden, instigating feelings of guilt and positioning them as highly dependent in the process. It is therefore crucial to hear the views of older adults themselves, "not just those of policymakers and needs assessors having to 'deal' with them" (Allen and Wiles, 2014: 671).

To deepen the understanding surrounding care research, it is important to recognise that acts of care are inherently relational, involving at least two people. Therefore, insights from both the provider and recipient are essential for a comprehensive understanding. Recognising relationality brings into focus the often-overlooked role of gender in shaping care experiences. Arber (1993) underlines the importance of adopting a life course approach in gerontological research which aims to avoid treating life stages as isolated phases as this can treat older adults as a discrete subgroup with unique needs and isolate them from the rest of society (1993: 11). Viewing age as a continuum allows for a more holistic understanding of how identities, including gender, are constructed and maintained across time. This is essential for exploring how informal care may be received differently by men and women.

Using a quantitative study, Pickard et al. showed that receipt of informal help is not significantly associated with gender (2000: 756). However, as Russel (2007: 174) argues, qualitative research is more effective in bridging the gap between population-level patterns and the specific ways these trends translate into everyday life. This highlights the importance of prioritising the voices of older adults in research, allowing researchers and policymakers to understand their lived experiences "through talk and interaction" (ibid). This also allows more nuanced considerations of sources of informal care, such as social and emotional support, to be considered more thoroughly. Girgus, Yang and Ferri (2017: 2) add that the sample sizes used in the qualitative research on older adults are often too small for gender differences to be stratified, further exemplifying the failure to properly examine the importance of gendered identities.

Different Networks of Support and Diverse Relationships

Litwak's (1985) task-specific model asserts the importance of having various supportive primary groups to fulfil different tasks (in Bengston, 2018), for example, the neighbourhood group is considered optimum for fulfilling care roles requiring proximity (Messeri et al., 1993: 127), often practical forms of assistance, such as help with shopping or housework. It is important to look at non-kin relations to better understand the "complexities of the delivery of support to older adults" (Aneke, 2023: iv). Aneke (2023: 109) highlights the value of neighbourly support for people living with dementia, noting its flexibility, spontaneity, and "no-string-attached" nature. This type of support, which can involve simply checking in, is especially beneficial as it requires minimal effort when provided by those living nearby,

thereby reducing the perceived burden for the recipient. This brings to light the importance of considering how different sources of informal care offer unique benefits. It also underscores the agency of older adults in making purposeful choices according to their care preferences.

Hupcey (1998) discusses the delayed reciprocation model, where the care recipient may not feel the need to reciprocate due to the history of their relationship (1236). This model supports Tanner's (1993: 49) claim that "the phenomenon of willing acceptance of help which cannot be reciprocated is most likely to occur in marriage". The long history of emotional reciprocity in spousal and parent-child relationships may override conventions of immediate practical or tangible reciprocity and therefore, may prove to be the most valued form of informal care. It is vital to recognise the act of caregiving as an active and fluid relationship between two or more people rather than "a unidirectional activity in which an active caregiver does something to a passive and dependent recipient" (Fine and Glendinning, 2005: 616) which can strip the agency from all involved parties.

In terms of social support networks, Russel, (2007: 179) explained that the female-oriented nature of organisations, such as dance or craft groups, has failed to provide men with the social spaces to carry out activities which resonate with their masculine identity. Less research has been conducted on older men's relationships with other men, reinforcing prevailing attitudes of men as "undersocialised isolates" (Archard, 1979: 66 in Russel, 2007: 184). Emotional and social aspects of informal care are reported to be crucial to protect individuals from the effects of stress in old age (Rueda and Artazcoz, 2009: 639). Despite the differences in the accessibility to informal modes of social support between men and women (Liao et al, 2023: 2), it is important to uncover the real-life experiences which could explain why this may be the case, without relying on simplistic generalisations which, for example, deem women to rate social support higher than men (see McInnis-Perry et al., 2013: 54).

Key Concepts – Negotiating Independence

Maintaining independence is a key theme in the literature on care, as it influences older adults' willingness to seek support. When older adults' health starts to deteriorate, Canvin et al. (2018: 467) note that they tend to avoid seeking formal support services for as long as possible, not because they deny their needs but because "they did not perceive any needs", reflecting the attitude that struggling in later life was viewed as an inevitable part of ageing. This could be indicative of societal attitudes in the UK which place little cultural value on the

support needs of older adults and instead promote independence as the ideal (Allam, 2015: 179). Traditional masculine ideals may also be more pronounced among older adults. Smith et al. (2007: 326) found that older men often associate independence with hegemonic masculinity, emphasising toughness, assertiveness, and control. This may help explain the lack of help-seeking behaviour among older men, as deep-seated masculine norms further reinforce and prioritise self-reliance.

Recognising how older adults minimise dependency highlights their autonomy and decision-making, also and reveals how images of the self are upheld. Interdependence is a valuable way to maintain a sense of control (Allam, 2015: 193) as reciprocity enables individuals to "maintain their story" as independent beings and uphold a sense of societal value, for example, offering homegrown vegetables in return for receiving lifts, framing support as an exchange rather than a one-sided dependency.

The perception of being a burden in older adulthood can lead to reluctance to accept informal care, as it triggers feelings of guilt and loss of autonomy (Lloyd et al., 2012). Older adults often resist burdening their children due to their busy lives, (Cahil et al., 2009; Allam, 2015), thus, undermining their own needs. The 'perfect grandmother' stereotype which casts older women as "always ready to help, devoting their time to grandchildren and enjoying every second spent with them" (Willinska, 2010: 886), for example, may discourage older women from seeking care, as it conflicts with the expectation that they are caregivers, not care recipients. Strategies such as fixing pre-scheduled slots with carers have been identified to help older adults mitigate feelings of burden by "eliminating the perceived disruption to the helper" (ibid) and preserving a sense of routine. Parsons (1942: 616 in Russel, 2007: 175) notes that retirement leaves older men in a "peculiarly functionless situation", with the loss of occupational status undermining their sense of self. Therefore, exploring the complexities of gendered influences could provide valuable insights into how men and women may use different strategies in shaping their care to maintain their identity.

Reframing Informal Care

Literature investigating the challenges of older adulthood and receipt of informal care has demonstrated that self-sufficiency is crucial to maintaining one's identity and avoiding being perceived as a burden. Despite the importance of gender in shaping attitudes and experiences towards receiving informal care, it remains largely unexplored. Traditional gender norms and

stereotypes, which could also be more prevalent among older generations, create distinct challenges for both men and women, influencing both their willingness to accept care and the types of care they are offered. Future research should prioritise the voices of older adults, acknowledging the influence of historical contexts, gendered identities and societal expectations. Gender can reveal more nuanced understandings regarding independence, reciprocity, and how the different types of informal support are navigated in older adulthood.

Methodology

The dataset upon which my research was based was Ann Bowling's "Psychometric Testing of the Multidimensional Older People's Quality of Life Questionnaire, 2007-2008" project, retrieved from the UK Data Service. The data utilised was qualitative face-to-face in-depth interview transcripts which sought to investigate interviewees' perceptions of active ageing and quality of life. The original study's interview schedule outlined the primary themes addressed: Age, Defining Active Aging, Lifestyle, Changes in Quality of Life, Coping with Ageing and Barriers to Active Ageing. Each theme was further explored through a set of sub-questions. The themes of this study were relevant to my own research aims regarding the experience of receiving care. Participants were specifically asked about challenges they faced and whether they had developed new coping strategies in older age. This prompted them to discuss how they balanced seeking assistance and maintaining their independence.

The sample was diverse with 42 interviews conducted in total, all about an hour long with participants aged 72 years and older. This age bracket is appropriate for research on older adults in the UK, as the literature commonly defines older adults in line with eligibility criteria for age-related services, such as the state pension, which currently begins at age 66 (Brazinova and Chytil, 2024: 342). Participants were recruited from "consenting respondents from the ONS survey in 1999-2000". Within the sample, there were 24 females, 16 of whom were widowed, and 18 males, 3 of whom were widowed. All participants were living in private households in Britain which aligned well with the aim of my research on informal care. Individuals living at home, rather than in institutional settings, are more likely to substitute informal for formal care as they tend to have lower care needs and thus less likely to require specialised assistance (Bonsang, 2009 in Lyu et al, 2022: 634). All 42 transcripts were analysed,

with the sample consisting of approximately 43% men and 57% women. This distribution allowed for meaningful gender comparisons while ensuring adequate representation of both genders to explore potential differences in perspectives on care.

Qualitative data is particularly suited to the aims of this research, as it brings to light subjective felt experiences and is best suited to uncovering the beliefs, values, and motives that allow researchers to delve into the 'why' behind behaviours (Castleberry and Nolen, 2018: 807) through a more context-dependent and personalised approach. Since interviews were conducted directly with older adults, the data shifts the focus from studying older adults to amplifying their voices in research, offering insight not only into the care they receive but also how they perceive and experience that care. The semi-structured interview format further enhances this, allowing participants to reflect on their daily lives, emotional experiences, and broader social contexts. Its flexibility enabled interviewers to ask follow-up questions, resulting in richer, more nuanced data that extended beyond the original research objectives.

The use of secondary data enabled access to a large, high-quality, and methodologically reliable dataset, enhancing the validity and representativeness of the findings. Importantly, working with existing data facilitated a stronger focus on analytical depth and theoretical engagement, rather than the practical and ethical complexities of primary data collection (Boslaugh, 2009: 3). This is particularly valuable given the inevitably sensitive nature of topics explored within gerontological research, such as widowhood and disability, where interviewer expertise and professionalism are essential. The original interviews, conducted in participants' homes were designed to be informal and sensitive to the needs and potential fatigue of older adults (UK Data Archive). The extended time researchers spent with participants fostered rapport, a critical element when addressing emotionally distressing topics. As Silverio et al. (2022: 7) note, such research demands significant training due to the potential of inducing psychological distress. Furthermore, secondary analysis offers an unobtrusive method of engaging with potentially vulnerable populations, reducing the burden of repeated interview participation and avoiding unnecessary emotional exposure (Kelly, 2024: 616).

From an ethical standpoint, a key benefit of using this dataset was that it has already undergone formal ethical review and approval by the University College London Research Ethics Committee. Additionally, all personal identifiers and sensitive information related to participants had been anonymised to ensure confidentiality. However, given the sensitive

nature of the topics addressed in the dataset, such as illness and bereavement, my absence from the original research could raise ethical considerations. The data likely emerged from relationships of trust and disclosure between interviewers and participants (Irvine, 2024: 721), relationships I did not partake in. As a secondary analyst, I benefit from this intellectual and emotional labour without having contributed to its formation, and participants may have not anticipated their narratives being repurposed for new research aims. It is therefore important to remain sensitive not only to the participants' emotional investment but also to the care and effort of the original researchers (Weller and Edwards, 2022: 728). This distance may have also meant that, at times, the gravity of the topics at hand may not have been fully grasped or emotionally engaged with in the same way as if I had conducted the interviews myself. Nevertheless, I approached the data with a conscious awareness of this limitation, taking care to consider the emotional weight of the participants' experiences throughout my analysis. Additionally, as a researcher in the early stages of adulthood, I acknowledged the limitations of my ability to fully comprehend the lived realities of ageing and remained mindful of my positionality throughout the analysis, acknowledging the participants' greater life experience.

Data analysis began with familiarisation through a close reading of the interview transcripts, during which brief notes were taken on key contextual factors such as whether participants had children or cared for an ill spouse. This step was particularly important given that the interviews had been conducted by others, and therefore, thorough familiarisation allowed a clearer understanding of each participant's background. Due to the breadth of the dataset, a rigorous systematic approach based on the typical stages of thematic analysis was employed. Initial codes were developed using NVivo, which facilitated the organisation of direct quotations under relevant categories. The process enabled the identification of theme frequency and the creation of hierarchical 'child codes' to enable finer distinctions (Castleberry and Nolen, 2018: 810). Initial codes such as 'house maintenance', 'role in the community' and 'spousal loss' were eventually grouped under broader categories: 'formal', 'friends' or 'family' and these categories were examined alongside overarching themes including independence, interdependence, and vulnerability. This flexible method of analysis was well suited to the research aims, allowing for the interpretation of complex, context-specific variations in participants' responses.

Although previous research on support for older adults has utilised qualitative interviews, studies have generally focussed on specific populations (Devkota et al., 2003: 1), such as older adults with depression or Alzheimer's disease (Frost, 2020; Krokorelias et al., 2021). Moreover, studies have often lacked gender balance, with male participants frequently comprising less than 15% of interview samples (Allam, 2015: 49).

Limitations

One limitation of this study lies in the secondary nature of the data as the interviews were not designed to directly address the specific aims of this investigation. However, this is mitigated by the richness and depth of the original dataset, with overarching themes that align closely with the present research focus. The reanalysis of this material through the lens of gender allows new insights to emerge. This offers new interpretations that were not the primary focus of the initial study. Another constraint is the timing of the interviews, conducted between 2007 and 2008. Given the evolving nature of social norms and structural conditions affecting older adults, the data may not fully reflect current realities. Nonetheless, older adults' perspectives remain underrepresented in research, making it all the more important to advocate for their inclusion, even when available data are limited. Lastly, while presence during data collection and familiarity with the immediate context are often viewed as vital for achieving an authentic understanding of qualitative data (Irwin, 2013: 297), conducting analysis at a distance can offer a neutral and objective approach when actively identifying themes. The detailed interview transcriptions also provided sufficient depth and contextual information to support a rigorous thematic analysis and the depth and detail that the data provided enabled substantial contextual understanding of the participants.

Findings and Discussion

1. Formal Care

This section will explore formal provisions of support, referring to paid services that are often defined in contrast to informal care from family and friends (Siira et al. 2020: 633). It focusses on services that help individuals with limited impairment to remain home. These types of support are connected in their paid nature, which allows for a comparison between care

relationships based on economic exchange and those grounded in mutual emotional or social ties. Since most men lived with partners and most women were widowed, formal support was discussed more by women. While Cantor's (1979) Hierarchical Compensatory Model views formal care as a last resort (in Messeri et al., 1993: 123), this section will explore some of the benefits that paid services can bring older adults, that informal sources cannot. It begins with perceptions of institutional living, then explores experiences with formal care providers and health professionals and finally discusses paid support services within the home and how these relate to independence and self-sufficiency in later life.

1.1 Home, Identity, and Institutional Living

Many women expressed a strong desire to avoid moving into assisted living, rejecting the identity and perceived social status associated with it. For them, institutional care symbolised frailty and loss of independence which did not resonate with their self-identity. Participant 22 resisted using a mobility scooter, fearing it would make her feel "*really old",* while participant 14 associated wheelchair use with being an "*invalid".* She also jokingly remarked about others her age: *"some of them dribble, don't they?"*. Societal narratives often portray ageing women as vulnerable and dependent (Queniart and Charpentier, 2011: 992), helping explain their reluctance to accept traditional images of old age. Therefore, remaining at home allows women to avoid identification with older adults they saw as less capable.

Moving into sheltered housing may be more appealing for some, as it involves less intensive care and fewer associations with frailty. However, most older women were reluctant to leave homes they had nurtured as homemakers, where routines and memories of late spouses provided emotional continuity (Rioux, 2005: 231) and peace in unassisted living. Participant 26 proudly described her home of thirty years as "*like a fairyland*". Participant 24 also stated "*if they came in and said, "you can't live here anymore". I think I'd say, put me in my box because I don't want to go anywhere else".* Equally, Participant 15 enjoyed the supportive presence of a warden in her sheltered housing and the community activities they organised. Participant 18 was open to a small flat with a warden on-site to feel more secure in the future. Both women, however, had chronic health issues, one recovering from a broken hip and the other experiencing frequent arrhythmias. These positive associations with sheltered housing suggest that, as health becomes a greater concern in older age, security may take precedence over the attachment to home and desire for independence. Male participants who considered

assisted living seemed less concerned with the emotional loss of home. Participant 9 said he was open to moving after his wife passed noting he had been "*very rarely at home*" during his working life. This aligns with the argument that men frequently see the home as a woman's space (Russel, 2007: 179), reflecting how their identities may be more closely tied to work (Milligan et al., 2015), thus, moving out would not threaten their sense of self in the same way.

However, there was an evident reluctance that men showed toward formal care which may still be linked to their sense of identity. Participant 8 noted that her husband disliked being looked after by carers when she travelled:

I haven't had a holiday for 3 years…But he just doesn't want to go in care. And he says, 'oh I'll see if I can manage here' but he's very unsteady on his feet so I don't like it.

His resistance may stem from discomfort with being cared for by a stranger or having his personal space disrupted. It could also suggest that receiving care from a paid professional, rather than his spouse, makes his dependence feel more real. In contrast, being cared for by his wife has likely been a natural part of their daily routine for years and therefore does not threaten his independence.

1.2 Trust, Control, and Care Professionals

Female participants generally reported positive experiences with health professionals, but concerns were raised about inconsistent care. Participant 21 claimed, *"I've got a wonderful doctor…But you know there are lots of doctors who really don't think too much about the patients".* This potentially highlights the value of exhibiting qualities associated with 'bedside manner' such as empathy, attentiveness, and genuine concern (Person and Finch, 2009: 2). However, such interpersonal skills have reportedly declined in healthcare since the 1970s (Quaile et al., 2024: 885) and this may impact older women more as they are said to hold a higher level of the "sociability trait" (Bodner, 2011: 1203), linking to their preference for emotionally attuned communications. Scepticism toward professional caregivers appeared common among the women. Participant 11 complained, "*these home helps, light up a cigarette, make a cup of coffee, stick something in the microwave…that was about all they did"*. Similarly, Participant 28 voiced concerns over her husband's treatment, saying, "*I'm sure something can be done to help him…but the doctors seem too…you know, not going to bother*

with you". These sentiments illustrate a deeper mistrust in the quality, commitment, and sincerity of formal caregivers. Hochschild (2012) argues that the lines between personal and transactional relationships have become increasingly blurred, the former based on the "spirit of a gift" and the latter based on "the spirit of consumption" (Musial, 2013: 141). For older women, whose lives were less shaped by consumer models of caregiving, this distinction may be more pronounced. They may therefore be more cautious of outsourced help, possibly perceived as lacking the emotional depth and authenticity found in traditional informal support.

Some male participants expressed a strong preference for self-reliance in healthcare. Participant 12 implied there was an excessive dependency on medical services, remarking, "*people go to the doctors every 5 minutes*". Participant 32 also demonstrated a sense of defiance toward medical advice, dismissing health warnings in the newspapers: *"doesn't seem to affect me much…. on my best day…I have two bottles of red wine… And about ten cigarettes. But if things start to go wrong, yes, then I obviously would. Take a pull.",* indicating again that men are more likely to assert control rather than accept authority. In contrast, women more readily acknowledged limitations. Participant 18, for example, conveyed a more cautious approach, explaining she told herself *"not to be to be silly with things I cannot do"*. Men therefore appeared to frame independence as resistance to medical authority while women were more likely to integrate medical advice into their self-management strategies.

Male participants expressed fewer strong opinions about formal care providers, possibly because they did not see formal care as a central part of health maintenance the same way women did. However, Participant 27 spoke fondly of his physiotherapist, joking that he *"pulls her leg a lot"* and teases her with names. As one of the only divorced older men living alone, he may have valued the regular interaction her visits provided but expressed this affection through humour rather than openly acknowledging emotional need. When she missed a few sessions, he recalled "*I told her off*", suggesting a light-hearted attempt to reassert control, over the dynamic. His humour may serve to mask emotional need while affirming his masculinity through flirtation or banter in their interactions, serving as a means of preserving both strength and self-identity.

1.3 Paid Support and Pride

Both men and women showed reluctance to rely on paid assistance for home upkeep reflecting broader UK cultural ideals that celebrate independence. (Allam, 2015). For women, however, paid support at home was often more acceptable when professional and personal boundaries became more blurred. Participant 22 spoke warmly of her gardener's weekly visits and spoke fondly of her cleaner despite noting "*she's not very good*", suggesting that their social connection made her more forgiving of the cleaner's professional faults. Participant 23 appreciated that the man who does her hoovering also *"does other things for me as well… without my asking him".* These instances suggest that when paid support feels more personal, older women may be receptible to it, valuing not just the tasks performed but the sense of familiarity and care that develops.

Men often rejected paid assistance with tasks, seeing it as a means of reaffirming their independence and maintaining their sense of self. Participant 27 distrusted other people to do his shopping, insisting, *"if you want a job doing, better doing it yourself"*. As one of the few widowed men, this reluctance could reflect an unwillingness to confront the vulnerabilities of ageing alone, prioritising resilience instead. Participant 2 also stated *"you don't want fuss and bother…I think one has to be stoic",* highlighting a masculine ideal that values emotional restraint and self-sufficiency in ageing. Formal services may be perceived as a threat to their identity, as they challenge their capability and could diminish their perceived masculine social status, which is often associated with superiority (Tseole and Vermaak, 2020: 2), especially in the presence of strangers.

Women in their interviews, however, seemed to maintain a sense of independence by avoiding reliance on family and friends. A few women utilised the Meals on Wheels service while Participant 23 said *"my milk is delivered and my paper, my bread's delivered. I've sorted myself out…I've compensated you know",* framing paid support as a practical solution and a source of pride rather than an indication of dependence. These accounts show that independence is not merely the absence of dependence but often lies in maintaining decisional agency (Allam, 2015: 56), the freedom to choose how and when support is received, even if executional capacity declines. Women often acknowledged their limitations without perceiving them as failures, instead presenting themselves as resourceful, thus countering stereotypes of older women as passive.

2. Friends, Neighbours and Community Involvement

As families become increasingly geographically dispersed, friends and neighbours are playing a growing role in the provision of informal care (Aneke, 2023: iv). Emotional and social connection has emerged as a crucial component of these evolving support networks (Duner and Nordstrom, 2006: 80). This section explores the significance of these dimensions in informal care, emphasising that care is best understood, not as a passive unidirectional activity, but something shaped by the dynamics of the relationship between individuals (Fine and Glendinning, 2005: 616). The discussion begins by exploring how older adults perceive society as increasingly hostile and less trustworthy, reducing their willingness to seek support from wider networks. It then examines general feelings of disconnect from the community that have led to barriers to seeking help from neighbours. Finally, it considers the centrality of emotional support within female friendships and how men's social needs are often met through group activities.

2.1 From Familiarity to Fear: Decline of Community Support?

Both male and female participants perceived a decline in societal cohesion, leading to a loss of the community support they remembered from the past. Many men spoke broadly about growing unfamiliarity and some linked this to demographic and cultural changes. Participant 17, for instance, criticised immigrant workers for making him redundant while Participant 16 expressed fears about global terrorism: *"I think it's a very, very great danger. I think the advance of Islam is dreadful".* These views, likely shaped by generational anxieties rather than direct experiences, reflect a broader mistrust of a changing social landscape. Jonson (2007: 90) observed that some Swedish older adults were uncomfortable receiving support from non-Swedish carers, rooted in what she described as a "fear of the unknown". For older men, the erosion of homogenous communities may be perceived as threatening to the environment where their social status as older white males once held unchallenged dominance. This loss could intensify reluctance to seek support from more diverse networks where their perceived traditional authority may no longer be recognised or respected.

Older women's perception of societal hostility also appeared to shape their expectations of support from wider society. Westwood (2023: 564) found that many older women felt ignored in public, consumer, and social spaces, often sensing stereotypes that assumed them to have low competence. Such perceptions could contribute to feeling like a burden and diminish feelings of self-worth. Women also expressed they felt vulnerable in public settings. Several women described feeling uneasy about going into town alone. Participant 13 complained that "*you're walking slowly and they…wonder why you're not moving out their way*", highlighting the sense of resentment she felt toward her. Participant 26 similarly voiced concern over the "*nutters"* rushing past her on the road, suggesting deeper anxieties about personal safety and social hostility. These experiences suggest that older women often feel positioned by society as frail or taxing, which may discourage them from seeking formal or public support, possibly increasing their reliance on those in closer proximity.

2.2 Beyond Proximity: Neighbourly support

Both men and women expressed a shared nostalgia for closer-knit communities of the past, a sentiment which aligns with findings that informal care from neighbours has significantly declined since the 1990s (Centre for Policy on Aging, 2014: 8). However, some female participants generally reported stronger emotional ties with some individual neighbours compared to men, often characterised by mutually caring interactions. Participant 11, for example, recalled how her neighbour checked in if she did not switch her light on in the morning and explained how they took each other's bins when one was unwell. Similarly, Participant 35 talked about actively supporting her neighbour, often making an effort to "*cheer her up"* due to her husband's illness. Women were also more likely to share detailed accounts of their neighbours' routines and personalities, suggesting they placed greater value on familiarity and engaged frequently with neighbours. The relationships discussed provided both convenient practical assistance and exemplified emotionally meaningful reciprocity, although this was more evident with individual neighbours than with the wider neighbourhood. Women generally had stronger neighbourly ties but also expressed greater concern about burdening others compared to men. For instance, Participant 4, shared that one of her neighbours used to do her gardening but then thought "*well, it's not fair so I have a gardener come and do it now*". Participant 18 explained she liked her neighbours but would only seek their help if she "*really*" needed it as she did not want to "*worry people".* Similarly,

another woman hesitated to accept neighbours' offers to take her shopping to prevent creating a sense of obligation, explaining, "*I know the feeling that once they do it they have to do it again*". Neighbours offer convenient proximity for tasks like shopping and transport, making them ideal helpers under Litwak's (1985) task-specific model (Messeri et al., 1993: 123). However, for many women, emotional closeness appeared to be a prerequisite for regularly accepting practical help, as a strong sense of responsibility not to burden others often led them to decline support from neighbours with whom they lacked a strong personal bond.

A notable theme among male participants was a sense of disconnection from their neighbourhood community and a reluctance to seek support from it. Participant 5, admitted he would enjoy more company but claimed that he *"can"* cope alone, perhaps reflecting cultural norms of male stoicism. Others voiced disappointment in younger neighbour's lack of initiative, such as Participant 27, who criticised girls in his neighbourhood for not reaching out to him, describing them as "*very self-centred".* Male participants overall mentioned neighbourly relations far less frequently and, when they did, these relationships were often described in transactional terms, such as looking after each other's keys, suggesting less emotional closeness. One man, Participant 41, reflects on the emotional burden experienced by men in later life. He recalls "*I didn't even know my neighbours…she had a social life with neighbours…women have these long-lasting friendships*", underscoring the social isolation he felt compared to the strong social networks maintained by women. While men appear less inclined to seek neighbourly support, some may desire closer connections but are less accustomed to initiating them. In contrast, older women may be more comfortable forming these relationships, having more likely developed these skills in earlier life, through spending more time at home. This highlights how shrinking networks of informal care among older adults (Gallagher, 1994: 568) are experienced differently based on gender.

2.3 Friendship and Social Participation: The Complexities of Emotional Care

Emotional support is a key aspect of informal care that supports older adults' psychological well-being. Women frequently reported having long-standing friendships, such as Participant 24 who said she had continued to maintain close ties with women from a mother's club and Participant 7 said she had a best friend of "*over 50 years*". Peer friendships were described as vital sources of understanding, often reported as valued more than family relationships when

it came to discussing personal issues, likely because they offer mutual understanding and allow emotional reciprocity. While Westwood (2023) suggests that older women often internalise feelings of invisibility, older men are reported to be more likely to view ageism as "a distant social problem" (Korotchenko et al., 2016: 1757), and therefore, men may not seek the same emotional comfort. As friendships are usually characterised by voluntary interdependence (Wright, 1982: 5), they allow women to share problems with one another without feeling they are imposing, making friendship-based support with peers feel less burdensome. This helps women maintain a stronger sense of independence and possibly explains why women are more likely to access support outside the family (Lee and Brennan, 2002: 408).

Male participants commonly described fulfilling social needs through structured, task-oriented groups like retiree associations, allotment management, or clubs tied to their fields in their professional identity. Participant 32 for instance described his allotment not as a place of leisure but as a "*way of life for some of the old fellas".* He claimed that going to the allotment for peace and quiet is important to them, claiming *"its more of a duty rather than an enjoyment*". The prominent male participation in organised, task-oriented activities may reflect an adaption to the loss of purpose after retirement, as highlighted by Participant 30:

To be working full time and then suddenly to stop, and all interest in life has been mainly to do with your work…it's a great loss for anyone, particularly to a man.

Traditional 'masculine' social spaces therefore offer older men a valuable, though less explicit, sense of mutual support, while activities like maintaining allotments provide tangible outcomes and a sense of job satisfaction (Milligan et al., 2015: 134). These spaces align with men's identities and roles, suggesting they are more open to companionship through shared participation than through emotional support.

Yet, a few men expressed a desire to avoid structured social obligations that other men took up, instead valuing the freedom that retirement afforded them. Participant 27 declined the offer to become chairman of his club, explaining that he did not want to commit to being busy every Tuesday night when there might be something that he preferred to watch on TV. Participant 27 and 16 emphasised their appreciation for more time to pursue hobbies after retirement, both describing their previous jobs as stressful and burdened with heavy

responsibilities. Those who felt their jobs dramatically worsened their quality of life might therefore become more selective about how they spend their time in retirement, viewing it as a period of hard-earned personal freedom. As a result, they may be less willing to engage in or receive community-based support or wider social engagement if it is perceived as a constraint on their newfound autonomy.

3. Family and Spouses

While it is widely believed that families are increasingly less willing to care for older relatives than they were historically (Doty, 1986: 37), it is evident that many older adults also express reluctance to seek help from family, often due to fears of intruding on their children's lives. Acts of reciprocity therefore become a crucial means of maintaining dignity and gender can play a significant role in shaping how reciprocity is enacted, influenced by lifelong roles and identities. However, the historical context of spousal and familial relationships can explain how gendered roles "subside somewhat in old age" (Truk et al., 2023: 237). This chapter first examines the unique dynamics of spousal care, focussing on how emotional intimacy and shared history shape men's and women's care relationships. Next, it considers the enduring gendered expectations in familial care, particularly the role of children. Finally, it discusses how having a living partner influences older adults' reliance on family networks, with implications for their independence, identity and emotional well-being.

3. 1 Spousal Care and Evolving Roles

Carers within spousal relationships often seemed to be felt as natural, rooted in long-standing intimacy and shared history. Although caregiving literature consistently shows caregivers are women (Kokorelias, 2021: 2853), it was evident that many male participants took on greater domestic and caring roles after retirement. Some described an equal division of domestic labour, while others readily assumed intensive caregiving tasks. Participant 1 recalled wiping his partner's bottom, and Participant 9 spoke about dressing his wife each morning. Participant 2 reflected on taking on more chores:

I don't see it as work or a chore and that, I mean we've been married 62 years…. ok it cramps your style but the last thing you want is to be… you know she's the mother of my children!

The historical and emotional depth of romantic relationships therefore seems to override societal expectations of giving and receiving care (Arber, 1993: 49) as support is more about shared care over a lifetime than rather than immediate exchange. Despite an emphasis on women's caregiving roles in literature, older men expressed deep appreciation for their partner's support. Participant 39, for example, praised his wife's efforts in dressing his ulcers and driving him, saying, *"she's been marvellous… she's faced up to it well*". Far from viewing his wife's efforts as simply meeting expectations, he deeply valued the care she provided, highlighting the mutual respect and gratitude involved in older spousal care.

Widowed women often reflected on losing both practical and emotional support once provided by their late husbands. Participant 35, for instance, valued how her husband would "*walk behind me to make sure nobody banged into me*", highlighting the value of the protective, nurturing nature of their relationship. Although support from neighbours or professionals can replace practical tasks, the sincerity and intimacy of spousal care remain uniquely meaningful. Women may therefore be more receptive to care that affirms their emotional worth and feels genuine, rather than performed out of obligation (Hochschild, 2012: 62). Widowed participants also expressed missing the act of caregiving itself, highlighting its role in fostering mutual security, an aspect paid support is less likely to offer. However, most rejected the idea of new relationships. Participant 34 explained "*they don't make them like my husband",* while Participant 7 said, "*we had a happy marriage…no one else would match up*". This suggests that for some women, the unique emotional significance of a past relationship outweighs the benefits of having a new partner.

3.2 Intergenerational Support and Care Expectations

Participants frequently highlighted daughters as central sources of practical help and, for women, emotional support. For many female participants, daughters were not just helpers but companions, engaging in activities like holidaying, exchanging fashion advice and teasing, as well as assisting with shopping and housework. Participant 20 remarked "*the boys are good but… you've got to have a daughter*", while Participant 24 described her daughter as "*second to nobody*". Sons, however, were often seen as less dependable, framed within more typical filial roles. Participant 13, for example, claimed "*sons being sons they phone when they think to*", reflecting research suggesting that men's peripheral caregiving often goes unchallenged (Begley and Cahill, 2003: 162). This points to a broader preference for female participants for

care relationships that felt personal and consistent. Interactions with children also offered a welcome contrast to what Participant 8 described as the "doom and gloom" of peer groups, adding emotional uplift alongside familiarity.

However, several women voiced disappointment when familial support fell short. Participant 34 criticised her grandsons for not helping with plants in the garden, "*I did them for my granny…. They're just useless"* and criticised her daughter-in-law: *"she couldn't give a **** …she can't cook! 30 years married and she's never cooked…how things have changed!"*. Participant 35 also resented being told to take taxis by her son instead of receiving lifts. These frustrations reflect lingering expectations shaped by caregiving norms from their own upbringing (Vangen and Herlofson, 2024: 2721). According to Hupcey's (1998: 1236) "delayed reciprocation model", past caregiving can foster a sense of entitlement to support later on. These insights show that a disconnect between women's care expectations in the past and their present realities may cause frustration. However, a common theme both male and female participants emphasised was that their children were available if needed, and this appeared to support their sense of independence as they did not need to see them so frequently to feel reassurance and comfort. Therefore, "anticipated social support" (Brazinova and Chytil, 2024: 339) may provide an optimal form of support which balances the desire to feel secure without compromising privacy.

Male participants often framed care from their children as reciprocal, frequently highlighting what they provided in return. Participant 1 noted that his daughter regularly offered him lifts, adding "*Mind you I bought her a car, so she had to*!" while Participant 12 mentioned he would often help sort his grandson's tax out, suggesting an ongoing need to position himself as contributing to the relationship. Participant 27 also recalled being taken on holiday by his children's family but clarified "*I paid for everything*". These examples suggest that men may be reluctant to accept care without offering tangible resources in return. This reciprocity may help them maintain a sense of control, self-esteem, and dignity, preserving the provider role they held during their children's upbringing and reducing any perceived burden on these support systems.

Many men reported receiving more care from their daughters than sons. Tasks such as laundry and bed-making were often said to be carried out by their daughters. Participant 5 described his daughter as dependable, claiming she "*usually brings anything you want, you know*" while

he excused his son's absence due to his work commitments. Participant 2 also praised his daughter's support yet spoke at length about his pride in his son's travelling achievements. This suggests that older men may be more accustomed to receiving care from female family members, and less questioning of the care provision imbalance between sons and daughters, reflecting lifelong experiences of women as primary caregivers and reinforcing gendered expectations in informal care.

3.3 The Impact of Living Partners in Care Dynamics

For participants with living partners and low care needs, family interactions were more often framed as social rather than sources of care. Participant 12 described outings with his wife to watch their children and grandchildren waterski, and Participant 19 explained that he and his wife were house-hunting to better accommodate family visits, suggesting that spousal presence helps maintain familiar parent-child dynamics.

Partners also shaped gendered approaches to social support. Participant 30 noted that although he rarely sees his daughter, he feels content with his new partner, stating, "*we don't feel we're missing out…quite happy in our little environment here*". Married men often described social lives intertwined with their wives as well, like attending bridge clubs or dance classes together. Wives seemed to connect several male participants to these broader peer networks, reflecting research suggesting that women place greater value on social support (McInnis-Perry et al. 2013: 54). Truk et al. (2023: 242) argue that goals in later life shift toward deepening existing emotional ties rather than "expanding one's horizons". This may resonate more with men, while women, given their longer life expectancy, may maintain broader ties to safeguard future support.

Women with living spouses tended to express a desire to maintain elements of the caregiving role, typically through acts like cooking for family or picking grandchildren up from school. Participant 7 noted that, despite cooking much more in her earlier years, she now only *"make[*s] *cakes sometimes for the kids*" due to physical limitations. This demonstrates a continued effort to contribute despite increased challenges. Participant 4 said that many women feel "*they're not needed anymore*" after their children leave home, reflecting on the identity shift that can occur in later life. These caregiving acts may boost self-esteem and provide continuity but could also stem from societal expectations reinforced by media portrayals of the "perfect grandparent" (Willinska, 2010: 886), which can pressure women to

uphold caregiving roles. Still, several women valued their increased autonomy, pursuing activities like volunteering in charity shops and exercise classes. Participant 33 claimed, in her later life, if anything she'd seemed "*to have got busier but no…certainly not for the worse*", challenging the "misery perspective" often used to study older women (Krekula, 2007: 160). While caregiving can provide purpose (Doty, 1986: 52), it is important not to overlook older women's desire for freedom and the need to reduce societal pressure to prioritise others' needs over their own.

The Role of Gender in Shaping Informal Care Experiences in Later Life

To understand how gender shapes older adults' attitudes toward informal care, it is first important to contextualise this by considering their reception of formal care. Women's reluctance to move into institutionalised settings appeared rooted more in their emotional attachment to the home than in concerns about formal care itself. This may stem from the pre-1960s emphasis on "home meaning security and family continuity" (Dupuis and Thorns, 2007: 498). Future research could explore whether these attachments have shifted among older women today compared to those interviewed in 2007. In contrast, older men's limited attention to future care needs may reflect a broader tendency to avoid long-term planning, potentially shaped by traditional reliance on wives as primary social organisers (Russel, 2007: 183). Men therefore may be more receptive to spontaneous, informal care received from family and friends with support from wives often perceived as a natural continuation of marital life. These forms also limit feelings of dependence.

Female participants often expressed uncertainty toward professional caregivers. Classen (2011: 44) distinguishes between caring *for* a person and caring *about* a person, adding, "successful action and the right motive do not necessarily coincide". This may explain women's preference for informal care, as the economic nature of formal provisions could make it feel less sincere and reinforce suspicions that the support offered was not genuinely motivated. However, routine paid services like cleaning or gardening were typically accepted as non-threatening and allowed women to maintain a sense of independence without feeling indebted or bring obligations that informal care could create.

Avoiding the feeling of being a burden emerged as a more significant influence on women's decisions around informal support, often rejecting help from less familiar neighbours when they may feel they could not reciprocate. Equity Theory (Cahill et al., 2009: 310) suggests that relationships are valued for their symmetry and therefore, female friendships, offering voluntary interdependence and emotional support rather than filial obligation were particularly valuable. Nonetheless, women's disappointment when care expectations from family were unmet underlines how attitudes toward informal care are shaped by personal histories and social norms.

For men, maintaining their perceived social role seemed to be a central concern when receiving care. Informal support from family and friends may feel more equal as professional services, often rooted in external expertise, could challenge male identities that are closely linked to independence and decision-making. Companionship was also frequently sought in a way which aligned with their identity often through structured activities rather than the exchange of confiding, which became especially important after retiring or reducing work participation. Due to their new position in society, as O'Connor (1992: 124) argues, "the task of self-validation falls entirely on the informal sphere of relationships". These findings highlight the different, but equally important pathways to fulfil social needs. Although men seemed generally less proactive in forming neighbourly bonds, interestingly, several expressed a desire for closer ties. This challenges portrayals of older men as ambivalent about intimacy and social connection (see Davidson, 2004: 25). However, some men, particularly those who had stressful working lives, valued solitude in retirement due to the new freedom it provided. This underscores the importance of avoiding generalisations and recognising the diversity of older adults' experiences through a life course perspective.

Within spousal relationships, gendered divisions of care appeared less significant for partners with higher care requirements, suggesting the unique level of trust and mutual support that marital bonds in later life can offer. In intergenerational relationships, men often expressed a desire to maintain a provider role, while women valued opportunities to reciprocate care. However, these dynamics could also create tensions, as older adults balance feelings of appreciation with feelings to prioritise others' needs over their own. Recognising both the emotional rewards and burdens of intergenerational care expectations (Pope and Radtke, 2022: 688) is crucial to supporting healthier, more sustainable relationships in later life.

Conclusion

Evidence from the data suggests that gendered influences can provide valuable insight when it comes to understanding how older adults experience informal care in the UK, in turn, shaping their willingness or reluctance towards receiving different forms of support. Drawing on participants' narratives, the findings reveal that women's preference for emotionally reciprocal, trusted relationships, and men's tendency to value self-reliance and role-based identities, significantly influence how support is perceived and received in later life. These gendered patterns are closely tied to lifelong social roles and expectations, which continue to shape care experiences even as circumstances change.

This research was also motivated by the need to prioritise older adults' voices more often when examining care relationships, to better reflect the diverse, identity-informed ways in which informal care can present different benefits and challenges in how care is experienced. Gender is just one of many intersecting identity markers, and future research would benefit from a sample with a more varied socio-economic demographic and a greater diversity of ethnicity, aspects which were not disclaimed by the original researchers, to enhance a greater understanding of how informal care is received.

While independence is often held as a core value in later life, informal care can reinforce autonomy by enabling older adults to remain socially connected and feel valued through reciprocal relationships and contributing to wider society. Reframing informal care not as a one-sided act of charity but as a shared, dynamic exchange could shift social attitudes and reduce resistance to support. This study also raises important questions about how one's care expectations, which are heavily influenced by personal experience, can lead to uncertainty or discomfort, particularly as individuals navigate generational shifts in gender roles and family dynamics which may also be inevitable for those successive generations to come.

Recognising that men and women face distinct challenges in accessing care, whether due to social expectations, internalised roles, or relational patterns, can inform more responsive and inclusive care models. It is essential to move away from reductive stereotypes that cast older women as especially burdensome or older men as emotionally withdrawn, as such narratives risk overlooking the implications on groups' realities. Encouraging inclusive spaces for older adults to build support networks, beyond immediate circles, can help reduce feelings of

vulnerability, strengthen emotional well-being, and enhance their ability to manage both health and independence. Finally, this research offers an insight into how formal care could also subsequently be better received. Men may benefit from ensuring services do not undermine their sense of identity and control, and women, by fostering a higher level of trust through more attentive communication. These findings ultimately reinforce the need for all care, formal or informal, to be rooted in mutual respect, recognition, and understanding.

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Appendix I

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Int002

INT: Oh gosh a long time.

RES: Yes a long time, he had the dining room which we stripped out and made it into a bed/sitting room you see.

INT: Right, so I mean do you think that's had an effect on your wife's health

RES: Oh yes

INT: that stress?

RES: Yes without a doubt yes. It was just too much, although I did what I could. As I say I do all the shopping and all the heavy work and so on and so forth. But even now I mean, every 3 weeks we have the ladies in to clean. It's ***** Old, and she runs a little firm called Old Maids and they come and descend upon us, I like to keep out the way. There's three ladies dashing about and they go right through the house like a dose of salts, you know. They make a beautiful job of it, I mean grand because she can't do it anymore.

INT: Yeah and so have you had to take on a lot more

RES: Oh yes

INT: household jobs?

RES: Yes. As I say I start in the morning, lay the table, do the breakfast because she's worse in the morning, and help with all the household chores, do all the shopping.

INT: And is that a change from your working life?

RES: Oh yes. When I was working I used to travel a lot, I was a Regional Sales Manager then I became a National Sales Manager, national accounts as they used to call it for all the major supermarket groups. So of course I was on the road a lot. And quite often I used to be away all week and of course the children were younger then and she used to have it. But she coped quite well you know, they were well behaved kiddies and no, everything went quite swimmingly. In fact the kids didn't miss me till it was Friday and then they got pocket money you see. "Will daddy be home today?" (Laughs) With the pocket money. But yes it took a lot out of her looking after the old fellow.

INT: And how do you feel about taking on a lot more household chores?

RES: Well if I'm capable of doing it I don't mind doing it. I don't see it as a, what's the word? Can't think of the word now, I don't see it as work or a chore and that, I mean we've been married 62 years, it'll be 63 this year, we married in 1945. Almost in an air raid, it was the Doodlebugs at the time, the flying bombs, and it was all over very quickly and then we went down into the shelter and came up and it was all over. And once or twice she looked to make sure everything was in order, in those days there were no such things as partners. You had to be married in order to cohabit.

INT: And what about your quality of life, do you think that's been affected by your wife being a bit less able?

RES: Yes because as I say she's always been a travel sick person and so things are such that we don't travel at all now. To give you some idea, I had my car MOT'd last week and it was 1280 odd miles from the previous MOT so that's all the mileage I'd done. Whereas when I was on the road I used to do 30, 35000 miles a year, you see. I don't miss it, believe me! Because it gets a bit tiring at times.

INT: So would you like to be able to travel you know for holidays now?

RES: Yes, yes I'd like to go out and about a bit, even if it would mean going to the coast or going abroad or whatever. A few years ago my son invited me, he was going to Amsterdam for the weekend, "would you like to come dad?" so I thought yes. And I had to leave her alone you see, which didn't go down very well?

INT: Why? What do you mean?

RES: Well because she likes me to hand, she likes me handy so I can do things and also there's this business of security these days. She'd be alone in the house, although we have two dogs.

INT: Oh you do? They're very quiet.

RES: Well they'll be in there, they're schitzus, they're everybody's friend but they bark a lot, they want to make a fuss all the time so we've got them in the other room. ****'s writing letters at the moment.

INT: How does that make you feel then that you can't go away on your own and that she can't come with you either so you're a bit stuck aren't you?

RES: Yes but I accept it. One has to, otherwise you start being resentful. You can't do what you want to do but I've done it all, I've travelled a lot. You know it's the wrong end of life. I would like the opportunity for example I'd like to go on a cruise. I think I could afford it. No chance! absolutely no chance.

INT: It's a shame isn't it?

RES: Yes. I mean when you think about retiring you think of all the things you want to do and all the things you'd like to do. We read quite a bit, books out the library and out the charity shops and that sort of thing. As I say, we have a fairly active life except for the fact that she can't travel.

INT: So could you go for a day trip in the car or would that be too much?

RES: oh yes.

INT: It would be?

RES: Yes, I can't take her up to the shops without her feeling a bit queer. If she was fit enough she'd walk home rather than go, but when she's alright she can take the dogs out across the road and walk up the canal for half an hour and she quite enjoys that. Or sometimes, because the allotments aren't far away, if she's feeling very good then she'll walk out as far as the allotments, we'll sit and have a coffee, have a brew on. But then of course when I come home I'll probably have to help with the lunch you see. But no, ok it cramps your

style but the last thing you want is to be… you know she's the mother of my children! You know, I started a dynasty if you like (laughs).

INT: Of course. (Dogs barking) There they go!

RES: They can hear us probably talking or she's realised somebody's in the house. Yes so it's a shame but there you are. We've tried various remedies, one we've tried recently was Stuperon, if you take it about 2 hours before you intend to go anywhere it's alright. But as I say we don't do that very often because she doesn't like it. When my son was born, I forget now, my parents were still alive and they lived down in London, they wanted us to come down for Christmas. He was born on 21st November so he was about 6 weeks old, so we went down on the train and she wasn't too bad and there was a Rolls waiting for us, the old man had hired a Rolls, waiting for us at the station, St Pancras, so we got on. As soon as he started stopping and starting in the traffic that did it and eventually she was sick of course.

INT: Oh poor thing!

RES: Managed to get her head out.

INT: Sick in a Rolls!

RES: Yes, the annoying thing was, the fella said "oh God my next jobs a wedding! I'll have to go back to the garage and get it washed".

INT: Oh no! (laughs)

RES: So I had to give him a bit of cash to quieten him down and, I'll always remember that.

INT: Oh funny. And your cataract operation tell me about that, you mentioned that in the questionnaire.

RES: Yes well I was quite surprised, it was about a year or so ago, I've always been short sighted and I was finding it a little bit more difficult to focus. For example if I wanted to set the video I'd have to sit a bit closer and then I couldn't see the captions that go across the bottom. And then when I went for my annual check-up the optician said "well you've got the beginnings of cataracts there", he says. I said "oh you know what happens now?" he said "well you really ought to have them seen to you know, operated on". I don't like the sound of that

but, so anyhow he says “it’s no problem, it’s a day job, in and out in a day”. So anyhow he wrote to the doctor, the doctor wrote to the hospital, well in about 3 weeks I got a letter of appointment. Went to see the optometrist and he said “oh yes you’ve definitely got one”. So I went in and had the op and of course they take the old lense out which becomes cloudy slightly. It kind, you kind of go blind with it you know if it’s not treated. And then they put in a plastic one.

INT: And what, how has it changed things for you?

RES: Ah well now then, I’m sitting here without any glasses on aren’t I? I had the left eye done first and then when the bandages were taken off after a day or two, I could see! You know, right across the road I could see there’s a bird over there with an ant on its chest! You know, it’s as good as that. But the peculiarity was that my glasses were for a short sighted person, well I had long sight in that eye and short sight in eye so it was a bit confusing so what I had to do, I just took the lense out of that but what I do need now are reading glasses because in due course when it was ok and it settles down, because they do them one at a time, they don’t do them both together. Just in case. And then I had the second eye done and believe it or not these cost about £1 a piece, you don’t have to go and spent £50, £60, £70 for a pair of reading glasses.

INT: Yeah. So that made a bit difference then to you?

RES: Oh yes! I can drive, I mean I could, very easily now I could pass the sight test for a driving licence, whereas before with my glasses on it was touch and go, I’d have to you know really stare at it. When you have to, they say read a number plate at 25 yards or whatever it is you know. Oh yes, yes it’s made quite a difference except for the fact that these are going off and on all the time (glasses) and then I say “where are they?” you know. And of course they’re up there aren’t they? (Laughs)

INT: And so talking about driving that’s another thing that you highlighted was that you felt that it was very important for older people to have their own car or access to a car for your independence?

RES: Yes. Yes that is true because a lot of people they have to have regular visits to hospital or they want to go to the local luncheon club and you can’t rely on your children, if you’ve