



Life-course transitions and exclusion from social relations in the lives of older men and women

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ARTICLE INFO

Keywords:

Exclusion
Social relations
Bereavement
Ill-health
Relocation
Older adults

ABSTRACT

There is increasing interest across European contexts in promoting active social lives in older age, and counteracting pathways and outcomes related to social isolation and loneliness for men and women in later life. This is evidenced within national and European level policy, including the 2021 Green Paper on Ageing and its concern with understanding how risks can accrue for European ageing populations in the relational sphere. Research indicates that life-course transitions can function as a source of these risks, leading to a range of potentially exclusionary impacts for the social relations of older men and women. Findings presented in this paper are drawn from the qualitative component of a larger European mixed-methods study on exclusion from social relations (GENPATH: A life course perspective on the GENDERed PATHways of social exclusion in later life, and its consequences for health and well-being). We use data from 119 in-depth interviews from four jurisdictions: Austria, Czechia, Ireland and Spain. This research employed an approach that focused on capturing lived experienced insights related to relational change across the life course, the implications of these changes for multifaceted forms of exclusion from social relations and the role of gender in patterning these changes and implications. We focused on transitions that commonly emerged across those jurisdictions for older people: onset of ill-health, bereavement, retirement and relocation. We found that these transitions translate into multidimensional experiences of exclusion from social relations in the lives of older men and women by constraining their social networks, support networks, social opportunities and intimate relationships.

Introduction

There is increasing interest across European contexts in promoting active social lives in older age and counteracting pathways and outcomes related to social exclusion and loneliness for men and women in later life. This is evidenced within national and European level policy, including the 2021 Green Paper on Ageing (European Commission, 2021) and its concern with understanding how risks can accrue for European ageing populations in the relational sphere. Research indicates that life-course transitions can function as a source of these risks, leading to a range of potentially exclusionary impacts on the social

relations of older men and women (Cotterell, Buffel, & Phillipson, 2018). Transitions, in some cases, represent significant turning points in people's social connectivity, challenging and disorientating older adult lives, and may result in the disruption or depletion of social resources and opportunities (Almeida & Wong, 2009). Studies have highlighted links between major life transitions (such as retirement, bereavement, the onset of ill-health, and relocation) and disconnection from intimate relationships, deficient social networks, insufficient social support, and/or reduced social opportunities (Dupuis-Blanchard, Neufeld, & Strang, 2009; Guiaux, Van Tilburg, & Broese Van Groenou, 2007). The meanings assigned to transitions and the sort of ways individuals and societies

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<https://doi.org/10.1016/j.jaging.2023.101188>

Received 14 February 2023; Received in revised form 8 October 2023; Accepted 13 October 2023

Available online 21 October 2023

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manage their effects have been shown to be critical considerations which highlight the combined influence of individual subjective experiences and wider social structures on outcomes (Bryant & Charmaz, 2007; Walsh & Urbaniak, 2023). However, there are important gaps in knowledge that compromise our understanding of how gender affects these transitions (Holman & Walker, 2021).

First, even with a focus on relational outcomes, studies can fail to provide an in-depth understanding of individual (re)interpretations of different impacts of transitions experienced by older men and women in the domain of social relations (Burholt et al., 2020; Ejlskov, Bøggild, Kuh, & Stafford, 2020). This means we are likely to continue to lack a full understanding of the sort of meanings that people assign to both transition-linked changes in social relations and the relational experience linked to transition processes. Second, and critically, while there has been a long-standing interest in the role of gender in experiencing isolation in older age in quantitative studies (Cohen-Mansfield, Hazan, Lerman, & Shalom, 2016), understandings of lived gendered experiences in the domain of exclusion from social relations remain underdeveloped (Barnes & Parry, 2004; Calasanti & Bowen, 2006; Holman & Walker, 2021). This is a damaging gap in knowledge that impinges our capacity to assess the degree to which the type, timing and nature of transitions might influence social relations in later life differently for men and women. It also limits our capacity to secure objectives around combatting unequal ageing for men and women (OECD, 2017). Third, and despite the relevance of relational transitions to policy and practice goals concerning social connection in European ageing societies, there has been insufficient engagement with the lived experiences of the impacts of transitions on the social relations of older men and women in different European contexts. Consequently, there is a lack of collective ability to identify the sort of major life transitions that can generate shared impacts and experiences, and that could be usefully targeted and supported through European-wide as well as national policies.

As a first step in addressing these combined deficits, this paper explores the common life-course transitions that have influenced the experiences of exclusion from social relations for older men and women across four European countries. In doing so, our study illuminates how gender influences the (re)interpretation of personal experiences, contributing to scientific knowledge around the role of gender in social exclusion and life course transitions. Building upon Grenier's foundational work (Grenier, 2012), which challenged conventional models based solely on age and stage, we delve deeper into how transitions are experienced and lived, especially in relation to gender. Our empirical investigation adds depth and specificity to the existing body of knowledge, enriching our understanding of these complex processes.

Although there is no unified definition of social relations, with some scholars emphasizing specific connections between individuals and others underscoring a "social realm" that is formed by the allocation of vital social resources (Crossley, 2013), research suggests that life course transitions may have implications for social networks, social interactions and social identity (Alwin, 2012; Bengtson, Elder Jr, & Putney, 2012; Dannefer & Settersten, 2010). Quantitative studies provide evidence that transitions underwent in older age, such as retirement (Shin, Park, Amano, Kwon, & Kim, 2020), widowhood (Štípková, 2021) or the onset of ill-health (Hilberink, van der Slot, & Klem, 2017) can disrupt social ties and reduce the quantity and quality of contacts in later life.

Even though there has been long-standing interest in the nature of social relations and disadvantage in later life, understandings of experiences of exclusion from social relations remain underdeveloped (Litwin, Levinsky, & Schwartz, 2020). In this paper, and as defined by Aartsen et al. (2021) we understand exclusion from social relations for older men and women as a situation in which people are socially and emotionally disconnected from adequate levels of intimate relationships, social networks, social support, and/or social opportunities.

The analysis focuses on the lived experiences of older men and women from Austria, Czechia, Ireland and Spain. Those jurisdictions

were selected as they represent different welfare regimes illustrating the complex interplay of social, economic, and political factors through which individual experiences of transitions and their outcomes may be shaped (Orloff, 1993). These countries represent a diverse range of welfare state models in Europe, including the corporatist welfare state (Austria), the Mediterranean welfare state (Spain), the liberal welfare state (Ireland), and the post-communist welfare state (Czech Republic). Those different regimes have different levels of formal support to help people through transitions as each of the included countries has a unique historical context that has shaped its welfare state policies and practices (Esping-Andersen, 1999).

Exploring gender differences in social exclusion during later life transitions – state of the art

Men and women tend to have different life trajectories (Springer, Hankivsky, & Bates, 2012), which means that they can either experience different transitions or experience them at a different stage in life (Umberson, Lin, & Cha, 2022). Therefore, in considering the role of gender in transitions and transition trajectories we follow the life-course approach and consider the role of broader socio-historical context as well as cumulative (dis)advantage in shaping gender experiences of transitions (Dannefer, 2003; Ejlskov et al., 2020; Ferraro & Shippee, 2009; O'Rand, 2002; Umberson, Williams, Thomas, Liu, & Thomeer, 2014).

Life-course perspectives are concerned with investigating the origins of behaviours or states and their evolution over an individual's lifespan in order to construct a comprehensive understanding of how present situations are influenced by past experiences and the broader social and historical context of a given time (Elder, 2003; Elder & George, 2016). This approach assumes that outcomes observed in older age are the result of a whole life course. For example, gendered employment trajectories can result in the feminisation of poverty in later life due to differential pension income (Aartsen et al., 2021; Duvvury, Ni Leime, Callan, Price, & Simpson, 2012). Additionally, it is recognised that the life-course is characterised not only by the regular and progressive establishment of patterns and continuities, but also by the phases in which these continuities are interrupted, reoriented, or challenged.

These transitional events and trajectories have the potential to change the position of an individual in social, cultural and political terms (Elder & George, 2016). Turning points correspond to important events, that can be expected or unexpected and that reorient trajectories in a lasting manner (Grenier, 2012). The phases of transitions may themselves be institutionalised, and thus normatively anticipated elements of the life course that most people pass through – for example, the transition from work to retirement (Diewald, 2016a; Kohli, 2007). They can also be considered normative life events, such as for example, a transition into widowhood in older age (McCallum, 1986). Some transitions can be at least argued to be non-normative transitions that occur in parallel to those that are institutionalised, like the onset of an illness or relocation. Such transitional phases are characterised by the need to redefine ones' roles and develop new ways of thinking and acting due to interruptions to what previously had been more stable, continuous states (Zittoun, 2009), such as those surrounding social relations.

In terms of gender and social relations more broadly, the limited studies that exist on the role of gender in exclusion from social relations suggest that over the life course women tend to be more disadvantaged than men due to gender inequality experienced at the micro- and macro-structural levels (Aartsen et al., 2021; Clarke, 2010; Lopata, 2006). Studies that are concerned with gender and social isolation are inconsistent as some indicate women are more isolated (Naito et al., 2021), some show men as more isolated (Cudjoe et al., 2020) and others suggest no difference (Kotwal et al., 2021). These mixed findings are replicated when considering the gender impacts of transitions on social relations in later life.

Onset of ill-health

The onset of ill-health can have significant impacts on social relationships for different genders, depending on factors such as cultural expectations, type of illness, and other social identities. Women may experience greater emotional distress and social exclusion due to the cultural expectations that they should be caregivers and nurturers (Thoits, 2011; Umberson, Crosnoe, & Reczek, 2010). Furthermore, women often have more extensive social networks than men, which can result in greater social disruption when health problems arise as functional limitations may make socialising more difficult (Cornwell, Schumm, Laumann, & Graber, 2009). Finally, the impact of ill-health on social relationships can vary depending on the type of illness. Chronic illnesses such as diabetes or heart disease can result in ongoing physical limitations and a need for ongoing care, which can strain social relationships for both genders. In contrast, acute illnesses such as cancer or stroke can result in sudden disruptions to social relationships, including changes in caregiving roles and emotional support (Martire & Helgeson, 2017). Older women have a greater likelihood of experiencing common mental disorders like depression and anxiety than older men, although the gender disparity is not as significant as it is in younger age groups (Girgus, Yang, & Ferri, 2017). In contrast, older men are more vulnerable to the mortality-related consequences of poor mental health, such as suicide (Kiely, Brady, & Byles, 2019).

Bereavement

While grief and mourning are universal experiences, the ways in which men and women cope with bereavement and adjust to life without their significant others can vary based on a range of factors, including cultural norms and personal beliefs about death and dying. Older men might not openly address their difficulties during bereavement as norms of socialisation encourage men to control their emotions (Doka & Martin, 2001; Li & Lin, 2020). Studies have found that women may experience more disruption in their social support networks after the death of a spouse or partner, due in part to the fact that they are often the primary caregivers in intimate relationships and may be more likely to have friends and family members who are also experiencing loss (Carr & Mooney, 2021; Umberson, 2003). Men, on the other hand, may be more likely to rely on their spouse or partner for emotional support and may struggle to find new sources of support after a loss (Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991). A large body of evidence on spousal bereavement highlights also that women may be at greater risk of depression, anxiety, and other mental health problems after the loss of a spouse or partner (Carr, 2008). Whereas, men may be more likely to experience physical health problems such as heart disease and stroke after a loss of a spouse (Stroebe, Schut, & Stroebe, 2007). Bereavement for men and women by definition means a contraction of a person's social network, but in the case of women it additionally might translate into diminished social opportunities due to changes in economic and social status (DiGiacomo, Lewis, Phillips, Nolan, & Davidson, 2015; Guiaux et al., 2007).

Retirement

The literature suggests that retirement can have both positive and negative effects on social relationships, depending on factors such as gender, marital status and cultural norms. As work tends to be the main source of social relations for men, they can experience limited social contact when they transition to retirement (Barnes & Parry, 2004). Additionally, retirement is generally associated with a loss of social identity and status for men, who often define themselves by their occupation and work roles (Carr, 2019). Many researchers emphasise how retirement can cause loss of work relationships and feelings of loneliness and isolation for older women (Carp & Coyle, 1997; Price, 2000; Winston & Barnes, 2007). However, retirement can also lead to

increased time with family members, which can improve relationships and foster intergenerational solidarity (Dykstra & Fokkema, 2011). As one of the most institutionalised transitions in older age, retirement is tightly linked to gendered societal norms related to providing care and employment policies at all phases of the life course (Ní Léime, Street, Vickerstaff, Krekula, & Loretto, 2017). Research also demonstrates that retirement transitions reflect the interaction of temporal and long-term factors associated with partnerships, families, health and gender roles and that married women are more likely to give social reasons for intending to carry on working, whereas men are more focused on the financial dimension (Loretto & Vickerstaff, 2013). Retirement can lead to increased conflict and tension in marriages, particularly if couples had different expectations or experiences of retirement (Atchley, 2001; Szinovacz & Davey, 2005). However, retirement can also provide opportunities for couples to spend more time together and develop new shared interests.

Relocation

In their classical research, Litwak and Longino (1987) classified three categories of relocation in later life: migration for "amenity" purposes, which aims to improve the quality of life; migration for health reasons or disabilities, which involves moving closer to family members; and migration into institutions at the end of life. The authors emphasise that the distribution of these types of migration varies over the life course and is closely related to other events that occur throughout one's life. Relocation can have significant impacts on social relations for different genders, as it can disrupt established social networks, create new opportunities for social interaction, and shape the gendered experiences of movement and settlement. Moving to a new location in older age may also disrupt social networks developed in a previous location. These networks are likely to be particularly significant for the well-being of older adults who often spend more time in their immediate neighbourhood, experience constraints on their ability to access geographically diffuse social ties, and in the context of declining health, may be particularly reliant on social support from these networks (Gardner, 2011; Klinenberg, 2001). Research has shown that women are more likely to experience social isolation and loneliness after relocation, especially if they are responsible for caring for children or older relatives.

Methods and data

Design and approach

Findings presented in this paper are drawn from the qualitative component of a larger European mixed-methods study on exclusion from social relations (GENPATH – A life course perspective on the GENDERed PATHways of exclusion from social relations in later life, and its consequences for health and wellbeing). We used data from 119 in-depth interviews from four jurisdictions: Austria, Czechia, Ireland and Spain. This research employed an approach that focused on capturing lived experience insights related to relational change across the life course (Antonucci, Ajrouch, & Birditt, 2014), the implications of these changes for multifaceted forms of exclusion from social relations (Burholt et al., 2020) and the role of gender in patterning these changes and implications (Aartsen et al., 2021).

Interviews

Interviews were based on a semi-structured interview guide. The interview guide was developed by the cross-national research team, and included questions on daily social routines and opportunities, social networks and relationships, relationship conflicts and losses, loneliness and receiving/providing support, barriers to social participation/social relationships, and anticipated future with respect to relations. A

graphical representation of the participants' social convoy (Antonucci et al., 2014), was also used to probe on participant's social networks and relationships. In this exercise, participants were asked to map their relations on a concentric circle diagram, with three circles representing different levels of relational closeness. Participants listed all those within their network and ordered them in terms of the subjective closeness they felt with them. A short socio-demographic questionnaire, which collected biodemographic information and included the 6-item De Jong Gierveld loneliness scale (Gierveld & Tilburg, 2006), was also administered at the end of the interview. While the interview guide was developed in English, it was subsequently translated into local languages and adjusted to local contexts using pilot interviews. Modified local versions were shared and discussed again with the international team for verification of the accuracy of translation.

With reference to Table 1, data collection was completed between August 2020 and May 2021. Due to the COVID-19 pandemic, interviews were conducted both in person and remotely (by telephone or online). For those conducted in person, the researcher followed all public health measures implemented within the specific jurisdiction (such as face shields, ventilation, social distancing, etc.). For those interviews conducted remotely, the participants were provided with the social convoy diagram by email or post prior to the interview. We are aware of the differences between face-to-face and remote interviewing, however we did have not encountered any substantial shifts in the structures of meanings (in some countries, remote interviewing led to the longer interviews, while in others, interviews were shorter in duration, such as in Spain, see Table 1). All interviews were audio recorded, professionally transcribed, and checked for quality by the research team.

Participants

The interview sample included men and women aged 65 and over from urban and rural contexts. Additionally, in order to increase variability in the sample, we also aimed to include people living with a disability, those from the LGBTQ+ community and from different socio-economic and ethnic backgrounds. Participants were informed of the goals of the study and how issues of confidentiality and anonymity would be preserved, including the storage, analysis, and dissemination of the data. The interviews were audio recorded, professionally transcribed, and checked for quality by the research team. The sample characteristics for participant across the four countries are presented in Table 2.

Analysis process

For this paper, all 119 interviews were reviewed and the team selected all those where participants had experienced a transition as significantly impacting their social relations and recorded this for each transition identified (see Appendix 1). The analysis drew on constructivist grounded theory (Bryant & Charmaz, 2007; Charmaz, 2014) and case study approaches (Yin, 2009), and involved three phases.

Table 1
Interview details.

Country	Total number of interviews	No. Face-to-face/ average length	No. Online/ average length	No. Phone/ average length	Timing of data collection
Austria	30	27/82 min	0	3/93 min	August 2020–November 2020
Czechia	29	18/164 min	0	11/175 min	November 2020 – March 2021
Ireland	30	0	2/73	28/71	September 2020 – April 2021
Spain	30	23/63 min	0	7/36 min	October 2020 – May 2021

First, the transcripts were analysed inductively in local languages by one or more members of the local research team. Major themes and most relevant codes identified in each country were shared and discussed with the international team. Second, based on the initial coding, four cases per country were selected representing two men and two women who seemed to be most at risk of exclusion from social relations both subjectively (having a strong loneliness narrative in the interview) and reporting low number of relations in the social convoy model and high level of loneliness in the loneliness scale. From these cases, the analytical summaries, including key quotations, were written in English and shared and discussed with the international team. A table of major codes was developed and used for focused coding of all interviews by the local teams. Third, the results from the focused coding were shared in English. Through a systematic review and analysis of codes (in relation to original data, initial codes, and identified themes), the focused coding process resulted in a set of core categories and the writing process was initiated. The interpretations were further developed in the team discussions moderated by the leading author.

Ethics

Each country team followed local guidance on securing ethical approval from their institutions' research ethics committees. This included approval for any amendments covering COVID-19 related adjustment to methods (e.g. telephone interviews).

Findings

Findings are presented on those transitions that were common across all jurisdictions and most frequently referred to by participants as having the most significant impact on their social relations. These transitions were: onset of ill-health, bereavement, retirement, and relocation, and were highlighted by male and female participants. The experience of these four transitions often differed for the male and female participants in the study. These experiences are described with a summary in Appendix 1.

We present findings on each transition in a separately, starting with an illustrative case from our data that captures the lived experience of people in this study and provides more insight into individual stories. We then present themes that emerged from the data in relation to meanings and interpretations around transitions and their impacts, highlighting gender and social contexts for each transition in more detail. Presenting the findings in this way was designed to allow for an in-depth exploration of transitional experiences followed by a description of cross-cutting aspects of each transition and reflects the constructivist theory analysis approach.

The onset of ill-health

The majority of participants experienced some form of ill-health or disability at different stages of the life course. These transitions impacted participants' ability to participate socially and to form new relationships and contributed to alterations in their social positioning and their own self-image to various extents. In overall terms, these transitions affected both male and female participants in similar ways. We start by presenting Maria's case to introduce the meanings assigned to the onset of ill-health/disability, management of this transition and the lived experience of exclusion from social relations in the life of an older woman.

Maria's case: impact of ill-health and linked transitions

Maria is a 74-year-old divorcee born in Venezuela, who has been living in Barcelona since 2012. She has two daughters: one lives in New York and the other one lives with her in Barcelona. Maria has experienced mobility limitations since she had her first daughter 40 years ago.

Table 2
Sample characteristics.

Country	Total number of participants	Gender (M/W)	Average age	Marital status ^a	Country of origin type (number)	Number of participants with disability
Austria	30	12/18	75	11/1/1/2/8/7	Austria (24), former Czechoslovakia (2), former Yugoslavia (1), Germany (3)	5
Czechia	29	12/18	74	3/0/1/3/10/12	Czechia (27), Hungary (1), Russia (1)	16
Ireland	30	17/13	75	4/0/5/10/2/9	Ireland (27), UK (1), USA (1), Malaysia (1)	13
Spain	30	11/19	79	0/0/1/5/9/15	Spain (27), Argentina (2), Venezuela (1)	14

^a Married and living together with spouse/ Registered partnership/Married, living separated from spouse/ Never married/Divorced/ Widowed.

Those limitations intensified in her early 60s, when she fell and broke her hip. Currently she uses a walking frame and cannot climb any stairs. She describes the total nature of the transition into disability that was triggered by her fall and describes an overwhelming, negative impact on her life: "I fell, broke my hip and then everything got ruined".

Maria's story captures the ripple effects of transitions where one transition can generate other major changes, in this case, relocation. After her accident, Maria moved to her daughter (externalising gender-role-based expectations linked to care) in Barcelona as she felt that she could not rely on anyone in Venezuela. This story also captures the macro structural context of the welfare regime that either provides sufficient care support or not. In relocating to Barcelona, Maria's relationship with her daughter and granddaughter was strengthened, but at the same time she lost her social network in Venezuela. She reflects on the profound impacts this relocation had on her social relations. She highlights how transitions that imply relocation might increase the cost of maintaining relations in social convoy and not all contacts might be willing to accept this change:

I've always had a good personal relationship with all the people who were around me, but everything has an ending. Because if you decide to move, or your plans changed, some of them disappear even if you want to keep your friendships.

Maria's current social relations in Barcelona do not fulfil her expectations. Due to the combined effects of being care-dependent and having a limited social network, she feels that she is dependent on her daughter which has a significant impact on her wellbeing: "I use diapers [due to urinary incontinence], it's very embarrassing... I would like to take out my own rubbish, but I cannot, and someone has to do it for me".

Cross-cutting dimensions

Maria's case is focused on relocation and ill-health; hence, it is very complex, allowing us to illustrate most of the themes we identified across all cases of the onset of ill-health: mental and physical challenges related to this transition; impacts of transition on perception and experiencing social relations, treatment-related inconveniences, self-perception, opportunities for social interactions and activities and developed coping strategies. We present these themes below, supported by quotes from different cultural contexts.

Many participants addressed mental and physical health challenges as directly impacting exclusion from social relations. Laura, from Spain, highlights the intersection of limited mobility with limitations in her social network, which further inhibits her activities and socialising opportunities:

I have problems to walk... I have this physical barrier. I need the help of other people to get out from home. There are some days that I would like to walk on the promenade, but I depend on other people. If nobody can help me, then I must stay home. (74y, SPA).

The onset of ill-health impacts social relations in many ways: it challenges existing relationships and limits socialising opportunities. In

narratives presented by participants, different types of health issues or disability meant different ways of coping strategies that could further increase risks of exclusion from social relations. In the case of some conditions, unpredictability of an impairment might lead to withdrawal from social relations and an avoidance of socialising. Some participants refused to take part in social events as they were too afraid that they might experience an unexpected worsening of their condition.

Participants also highlighted the negative impacts of the medical treatment they received on their social opportunities and intimate relationships. Some participants described how because of medical treatment they needed to change their activity patterns, which often limited their cultural participation due to the risk involved in being exposed to a large group of people, who might pose a contamination risk. Another aspect that emerged in our data was the impact of medical treatment on social relations and self-image. This is highlighted here by Adolf, from Austria, who refuses to take his medication as he sees it as a threat to his masculine identity and ability to sustain intimate relationships due to its impact on his libido: "But I don't take that, the tablets. Because they have suppressed the last bit of libido I have. And I want to live that out a bit more". (Adolf, man, 70y, AT).

The onset of ill-health impacted the way participants felt they were perceived by (significant) others, therefore affecting their self-image and social positioning. Steve from Ireland, who became visually impaired at a young age, talked about being rejected across many areas of society over his life-course, such as being excluded from the blind community and from participating in voluntary roles. Here he highlights that the most devastating was the rejection he experienced from his family members:

I would say one thing that's affected me, is family did not accept it [his accident], and they still don't, and they're very prejudiced. I fled from them, [...] the fact that you had to flee from your own flesh and blood, I think that's extreme. (74y, IR).

On the other hand, many participants described the social support they received from their family members and friends during the onset of ill-health. Participants reflected on the different nature of their relationship with formal caregivers who were not expected to offer close emotional support and the role of companionship and emotional support that was offered by their closest family members (typically referred to as informal support). In participants' narratives, exclusion from social relations and (physical and mental) ill-health were intertwined in a complex manner. In some cases, disability, or a diagnosis of mental illness, carried significant stigma, partly due to cultural beliefs and also the so-called anti-social behaviours that can result from cognitive impairment. Stigma not only affects self-esteem and causes personal distress, but affects social relations and can delay diagnosis of certain conditions, such as dementia.

For some participants, severe mobility issues limited opportunities for social interactions and activities occurring outside their household, thus contributing to social exclusion and isolation. For others the connections between mental health and exclusion from social relations were

not so straightforward. Lisa describes how social exclusion and depression were entangled in her life:

I was ill, and it was because of this, the illness of loneliness, I had a very shy character... I found myself alone..., I ended up in bed, I didn't get up at all, I didn't eat and in the end I don't know how, but I got out of this. I am treated by psychiatrists, and I have medications. One day I said, I have to do something and so I started signing up for activities. (69y, SPA).

Participants described many coping strategies to deal with the onset of ill-health. Some referred directly to social support and reflected on the role of support groups for connecting them to people with similar conditions. Such support groups provided social opportunities and a sense of belonging to many of the participants. Others, who did not get involved in support groups, highlighted the role of communication technologies in mediating their social relations. Nina from Czech Republic described how she continues to be in touch with significant others when face-to-face encounters are not possible due to her ill-health: “[I’m contacting people] By phone, very often and with many people. Either they call or I call. Very often, like 2, 3 calls every day”. (Nina, woman, 81y, CZ).

Narratives around onset of ill-health or disability highlighted that this transition can in some instances be linked with other transitional experiences, such as relocation. For example, after experiencing the onset of ill-health, some participants migrated to receive better medical care in their home-countries or to receive informal help from relatives living abroad.

Bereavement

Death of a significant other was often perceived by participants in this study as limiting their social network and decreasing available social support. It often involved a change in family relationships (feeling abandoned by relatives, experiencing conflicts with family members). Pavlina's case, presented below, illustrates how bereavement can impact on the quality and quantity of the social networks of some older men and women.

Pavlina's case: bereavement impacts on social relations

Pavlina is 88 years, a widow living alone in a large city in Czechia. Coming from a disadvantaged socio-economic background, her health limitations do not allow her to leave the apartment. Due to pressure from her husband (externalising gender-role-based expectations), Pavlina gave up a professional career to stay with her children and take care of the household. She experienced multiple bereavements. The death of her son at a young age had long-term effects on her relationship with her daughter. Since her husband passed away, she lives alone. Her family relationships were conflicted and strained for a long time. The death of her husband 23 years ago marks a significant transition in her narrative:

Yes, I felt that [loneliness] when my husband died. And those kids stopped visiting me. Then I felt very lonely. I cried every evening. And that took a year or two. Well, and then step by step, one gets used to everything. Step by step.

Experiencing multiple bereavements combined with a mobility impairment changed her social network by significantly limiting her day-to-day contacts to formal caregivers. Pavlina mentions that without formal caregivers she would be utterly alone and reflects that her longevity contributed to experiencing numerous losses in her social network:

We used to visit our friends, we had a few, but they've died. And I used to contact some people here at the house, but they all passed away already. [...] I had a lot of friends when I was young. [...] I've outlived them all.

Pavlina mentions that being able to access formal caregiver-support provided by the state is important for her wellbeing and coping with ill-health. The influence of the macrostructural context of care was another important dimension of transitional experiences for our participants.

Cross-cutting dimensions

Pavlina's case captures some themes we identified across all cases of the bereavement: exclusion from social relations; self-perception and social positioning resulting from bereavement, opportunities for social interactions and activities, and developed coping strategies. We present those themes below, supported by quotes from different cultural contexts.

Participants in this study highlighted the numerous and complex changes in the structure of the social network experienced in the aftermath of the loss of significant other(s). The experience of bereavement and its consequences depend on individual as well as on cultural context. In some cases, participants experienced multiple losses which led to shrinking of their social life, limiting available social support and translated into feelings of loneliness, sadness, and depression. Carmen from Spain highlights how experiencing multiple losses meant losing intimate relationships, social opportunities, social support and fundamental changes in her wellbeing:

My husband left [died], then my daughter, now three months ago I buried my son, three years ago his wife died, and three years after she died, he dies, and now my life is no longer what it was. I'm not excited about anything anymore (cries), they call me, let's go out, and I'm not going to be locked up here, but I'm no longer excited. (90y, SPA).

Participants described the loss of family members and peers (friends and neighbours) as exacerbating their exclusion from social relations. Being close to death leads to the loss of often long-term or lifelong relationships that cannot be replaced, and this is highlighted by Helena as she reflects on the losses she experienced in her community: “Those were our friends. She's poor now too. She's got Alzheimer's. Well, wonderful, wonderful people. I miss them”. (Helena, woman, 90y, CZ).

The most frequently described loss in our sample was the loss of a spouse or life partner. It emerged in our data as being gendered at several levels. First, it was experienced more often by women, who tend to live longer than men. Secondly, it had at least some economic consequences for widows. Thirdly, it impacted the social positioning of widows and limited their opportunities for socialising.

Coping strategies developed in response to these losses were also different for men and women. For some women in our sample, spousal bereavement led to an active search for new social outlets and activities. This was less common among the male participants, who instead focused on developing increased contact with immediate family. For example, Kurt from Austria highlights that after his wife passed away, he became closer to his children: “Since my first wife died, the contact with me is, of course, a bit closer, because I am the only relative (laughs) for them [his children]”. (Kurt, man, 84y, AT).

For some women in our sample, widowhood meant a liberation from the burden of caregiving, or from an abusive relationship with a violent partner. However, men in our sample did not reflect on the sense of liberation in the context of bereavement. On the contrary, for some men, losing their wife/partner was experienced as a total loss, as their wife/partner was their main (and in some cases the only) close social relationship they had. In many cases, their deceased partner/spouse possessed the stronger social network and acted as a gatekeeper to the broader social network for the couple. Therefore, in such cases the loss of a wife/partner meant the loss of access to wider social contacts for the bereaved man.

In some cases, bereavement was experienced as a transition which

strongly impacted self-image and social positioning limiting the sort of social opportunities and social roles that were now available to participants. For example, Bill from Ireland highlighted how losing his son also reduced his chances of becoming a grandfather, thus denying him access to future social opportunities through intergenerational social ties:

If my son was still alive, I'd obviously feel close to him, you know... [I'm] close to my daughter. It's just a sad...that I've lost family...I suppose, you'd like to grow old, and you have your daughter around you or have grandchildren. But, in my situation, my daughter is not married, she says she hasn't found the right person yet. (65y, IR).

Participants in this study view the possibility of finding a new life partner after losing a spouse/partner as difficult, yet the reasons for finding a new intimate relationship were gender-differentiated in our sample. For women, the reasons range from the need to have a loved one to confide in, to the practical reasons for having support with mobility and more demanding physical tasks. The men in our sample define the need for a new relationship by the need for sharing (Kafková, 2023). For them, the loss of a spouse meant the loss of a loved one with whom they could share every day and unusual experiences.

Retirement

The narrative around retirement as a transition in our sample was the most institutionally based transition that participant's highlighted and also the transition that reflected the most gendered structural factors. We present below Stefan's case as an illustration of potential retirement impacts on social relations of an older man.

Stefan's case: retirement impacts on social relations.

Stefan's case captures most of the themes we identified across all cases of retirement: institutionalisation of retirement, altered professional social network, self-perception and social positioning resulting from retirement, leisure, and developed coping strategies. We present those themes, supported by quotes from different cultural contexts after presenting Stefan's case.

Stefan is 77 years old, divorced, lives in a large city in Austria with a partner. He used to work as an engineer. Stefan contrasts his situation as a retiree with the situation of his professionally active partner, highlighting that retirement means him being more at home and a starting point for a less active phase of life:

My better half went to work, then I sat at home.... So this is a change from working life [...], of course, it's different in the pension[...] Well, that's life too [...] at some point a new phase comes, it's now called retirement and you have to orientate yourself.

At the same time, he normalises his experience referring to normative aspects of retirement as a transition expected to happen in older life. For Stefan, retiring was a turning point that led to attempts to re-connect with friends not associated with professional life, as contacts he developed in his professional life were not continued outside the professional context and he wished to compensate for this loss. Stefan highlighted that after retirement he proactively started to search for new social outlets:

And I have actually had a lot of [professional] contacts and that has, of course, shrunk a bit now [...] a lot changes when you retire. [...] And it's been two years now and, uh, I'm still on the search for contacts.

However, Stefan noted how linked lives might impact on abilities of social connectedness, as one of the friends he wanted to reconnect with was more occupied with family responsibilities and his friend's wife did not support this reconnection: "In the past, his wife was always against it [their meetings] and always blocked it. That's why we didn't

see each other for a long time. You can't suddenly break into another family".

Cross-cutting dimensions

Stefan's case captures most of the themes we identified across all cases of retirement: institutionalisation of retirement, altered professional social network; self-perception and social positioning resulting from retirement, leisure, and developed coping strategies. We present those themes, supported by quotes from different cultural contexts.

In our data, this focus on work related social positioning of an individual as a retiree was more visible in the narratives of older men than those of older women. Some participants, such as Pedro from Spain, highlighted that retirement operates as a significant cultural marker that impacts the social positioning of the retired individual:

The moment you are already in retirement then things are not as they were, it seems that it is so, that is to say that life goes this way, when one gets older, because that, it seems that they forget about you. (83y, SPA).

Regardless of one's reasons for retirement (e.g., onset of ill-health, onset of caregiving role) and the timing of retirement, the transition from paid work inevitably meant changes in the professional social networks of participants. For some, changes in the structure of their social network and the limited frequency of contact with former work colleagues contributed to a dissolution of work-related contacts. In the long-term, this translated into a reduced social network and limited social opportunities.

Limiting or withdrawing from professional activity during retirement for our participants meant increased time that could be used for leisure and widening social opportunities. Some participants, such as Šimon from Czechia, highlighted the fact that his working life limited his social relations. He reflected on how macrostructural determinants linked to socio-economic transformation in 1989 (when Czechia moved to an open-economy market economy) pushed him into a career path which required him to work night shifts, and thus limited his social opportunities:

Then the nuclear program was cancelled, so all the people around were laid off. So then I started a shipping business and I was working only at night again. Then I got into other jobs. [...]. But then they offer me go to [city1], well. Like, well, there was better money and stuff. So I bought a bigger car and I was driving at night again (laughs). So still the nights. (66y, CZ).

Regardless of the pathways to retirement (e.g., entering from unemployment or from full-time employment), working and not working beyond retirement age both have significant impacts for experiencing this transition in terms of developing coping mechanisms in response to the transition and the subsequent effects for social relations. For those who decided not to work past retirement age and were able to engage in new meaningful activities, retirement did not mean exclusion from social relations. Many of these participants experienced a widening of their social network and increased social engagement, but it was predominately the female participants who experienced this positive impact. For example, Joan from Ireland talks about her early retirement as being life changing, allowing her to develop new social opportunities and to become involved in voluntary work:

A life-changing event was stopping work...that was a very good...I chose the time, I never regretted it for a day, I just loved owning my life again...without a doubt yeah [it increased social opportunities] because I needed them more, you know work and home and husband and friends took up everything...[retirement] enabled us to go away more often, to travel more often oh no it was all good. (76y, IE).

Anna's story is a good illustration of continuity after retirement. Her

civic engagement was at a relatively high level during her working life, and she reflected on how she was able to widen her social network through increased civic engagement after retiring:

I'm committed (laughs) when I'm organised. And I always have been. And in retirement I thought about: What do I do now? And then I put it into a formula for myself: being available. So I have my pension benefits, I have time, I am available and people come. This can also be for children or for other generations with whom one perhaps has less contact anyway. (67y, AT).

She highlighted that her pension benefits were high enough that she did not need to search for additional work and could volunteer. The impacts of macro-institutional factors were visible across narratives from all jurisdictions. In general, where the welfare state provided sufficient pension benefits, for example in Austria or Ireland, motivation to be engaged in paid activities was lower. However, this varied within countries based on individual work-life trajectories and expectations.

A number of participants across countries committed themselves to organising meetings with ex-work colleagues to maintain the relationships developed in the workplace after retirement as a way to cope with the limiting impacts of the transition. It was also common among participants to invest more time and effort in relationships with extended family and friends from the past, and this at least in the initial stages of retiring contributed to positive changes in the quality of relationships in their networks.

In the narratives, linkages between social relations and retirement seem to emerge as particularly multidimensional compared to other transitions. On the one hand, transitioning into retirement has an impact on the social network. On the other hand, social relations available during transitioning impact on the retirement trajectory and transitional outcomes. Many participants highlighted alterations in terms of quality and quantity of social relations, as in Stefan's case. Retirement turned out to be a transition impacting social networks of both men and women, however men more often highlighted the negative impact of retirement on their general wellbeing.

Relocation

The relocation transition is present within the data across all countries and while there were some variations in the driver of this transition, marriage and work-related relocation featured prominently across all national data sets, as did relocation linked to retirement, bereavement, ill-health, and relational breakdown (albeit to a lesser extent). While both male and female participants experienced relocation, the findings point to some types of relocation being gendered and reinforced by societal and structural constructions of gender experiences as in Peter's case we present below.

Peter's case: work-related relocation impacts on social relations

Peter is 83 years old, married but living alone (his wife lives in a nursing home) in an urban location in Ireland. He experienced multiple work-related relocations as part of his work-life trajectory:

At first, we [he and his wife] moved to [town 1] ... And then I saw an advertisement for jobs and I applied and I got one of those so we moved to [city 1]...and we lived there for about 12 years...Then I saw a job in the paper again...and I applied to them and I got it and I moved to [city 2]...and I've been here ever since.

While Peter's work was a source of social connectivity for him, this quote is illustrative of the way linked lives can be impacted, either negatively or positively, by transitions. Here Peter recalls the differential and negative impact these relocations had on his wife's social relations: "She [his wife] lost her friends when we got married and she moved away from [town]".

Despite his many relocations, Peter maintained a degree of relational continuity, however, he lost this continuity when he retired. He reflects on the dynamic nature of his social relationships during his working life and the negative impact of retirement:

I had good work colleagues, and I was friendly with them. ..., I lost virtually all of those people when I retired, and the interesting thing was that none of them lived near me...and I've lost touch with all those.

Cross-cutting dimensions

Across all cases of relocation, we captured three themes: gendered nature of relocation; feelings of displacement, and developed coping strategies. Peter's case shows most thoroughly how relocation is different for older men and women even if they relocate together (as in the case of Peter and his wife).

The findings suggest a gendered pattern to the impact and drivers of relocation, and to structural and societal influences. In our sample, more women than men experienced relocation due to marriage or relocation linked to their spouse's work-life trajectory, while more men experienced work-related relocation. A number of women who relocated to their husband's community upon marriage described becoming disconnected from their social networks, often having to start over in terms of their social relations. This is highlighted by Carmel from Ireland who experienced multiple relocations linked to her husband's employment. Unlike her previous relocations earlier in life when Carmel was able to rely on her children and school-related social networks as a channel for social connectivity, there were fewer opportunities to meet new people and to form new social networks in later life.

That was difficult [making new friends]. It wasn't too bad when the children were small because very often you made connections through the parents of their friends...but I found the [last] move to [large town] was probably the most difficult because the children... were much older at that stage and that was difficult. (81y, IE).

Many of the participants experienced feelings of displacement when they moved to a new environment. Helga from Austria moved from her small rural community to an urban environment linked to her husband's employment and became displaced from her wider social network within that community. While Helga was able to maintain contact with her family, she eventually lost connection to the wider community, and highlighted the immediate impact of relocation and feeling lonely in a crowded city:

I'm very attached to [home village] ... [I felt] lonely. Of course, the first years in [large city they moved into] were terrible for me.... [back in home village] it was an extended family more or less... in [large city they moved into] I felt like I was alone, I was terribly homesick. (84y, AT).

Similarly, Augustyn, who returned to Czechia in later life, experienced a significant impact on his social relations, suffering emotional and social loneliness. He had originally moved to Spain earlier in his life for work with his two sons, however, after the death of one of his sons, he was too grief-stricken to remain and returned to his home village in Czechia. Now, living alone, he is unable to reconnect with people in his native village, and described his sense of loneliness and isolation, and the poor-quality relationship with his other son, all of which have been exacerbated by the COVID-19 pandemic:

I feel alone and I am alone because I have nobody. I'm alone here. I live alone. I have a second son in Spain who has lived there for a long time... now we can't have any contact, even if we wanted to, with the pandemic. So, we text each other on WhatsApp sometimes. Well, that's our contact. Because I'm alone, this misfortune is really crushing me. (79y, CZ).

Coping strategies to maintain social networks after relocation included the use of new technologies to stay connected. For some, like Augustyn, this altered form of social contact is experienced as inadequate, while for others, like Lucas, who moved from Argentina to Spain, the quality of relationships has not been impacted and non-personal interactions fulfil his social needs:

Change has not changed anything, I feel like we are still the same, at a distance, but still, with the same role, with the same trust between them and me because we tell each other almost everything, what happens in our lives, what we do, what we enjoy, in that sense I have few friends I am fine (65y, SPA).

Discussion

The main aim of this article was to explore the lived experiences of common life-course transitions that influenced exclusion from social relations for older men and women across four European country contexts. In doing so, we wanted to illuminate how gender might play a role in shaping those experiences. The study confirms the need for a gender-sensitive understanding of the contextual determinants of different transitions, including social norms transferred through societal and institutional processes (Diewald, 2016b; Lopata, 2006).

While the focus of our analysis was exclusion from social relations, we also found that social relations could improve for some individuals in later life as a result of some of the transitions, depending on prior life circumstances (Cornwell, Laumann, & Schumm, 2008). For example, a number of participants expanded their social connections in the community after bereavement or retirement, a pattern which has been established previously (Kohli, Hank, & Künemund, 2009). However, this was mediated by the availability of community resources. Some participants became more socially connected by joining and/or volunteering for organisations (e.g., in Austria and Ireland), whereas others did not have that opportunity as such organisations were not available in their immediate environments.

Interview narratives highlighted that diverse experiences of transitional trajectories for older men and women coexist within a given national context at any given time, and are perceived by individuals as having significant impacts on their social relations. The relative importance of these transitions is sensitive to macro-level influences as well as individual-level characteristics. As previous research has indicated, macro-institutional factors, such as the generosity and replacement ratio of pension schemes (Hofäcker, 2015; Oesch, 2008), child-care and older adult-care policies and provisions (Burch, Dugan, & Barnes-Farrell, 2019), life-long training policies (Wainwright et al., 2019) and the adoption and effective implementation of anti-age discrimination measures (Ojala, Calasanti, King, & Pietilä, 2016) impact on life-course transitions, such as retirement, care-giving and relocation (primarily work and care-related).

Considering micro-level factors, we found that all identified transitions (bereavement, onset of ill-health, retirement and relocation) were experienced by participants as influencing and (to varying degrees) constraining their connection to adequate levels of intimate relationships, social networks, social support and/or social opportunities. Participants' narratives highlighted that the mechanisms of exclusion from social relations that unfold from considered transitions are connected to (1) the transition type (as in the case of bereavement when the social network is diminished by definition), (2) the meaning assigned to the transitions, (3) coping strategies and (4) dynamic impacts of the transition.

The nature of all life-course transitions implies a change between two statuses (Van Gennep, 1960) and in the case of some life-course transitions, changes in social relations are explicit. In our sample such transitions were bereavement and relocation. In the case of bereavement, the loss of a specific social relationship with the deceased person is definite, while in terms of relocation there is a potential to

continue social relations with the support of new technologies as highlighted by Lucas from Spain. Similar findings highlighting decrease of social network size when a person moves to a different area point out the fact that some of the existing relationships can no longer be maintained as before, since visits and shared activities are no longer easily achieved (Jerusalem, Hahn, & Schwarzer, 1996; South & Haynie, 2004). Narratives collected in this study suggest that for our participants both of these transitions are gendered. For example, women in this sample experienced bereavement more often, while men tended to relocate more often due to work-life events and women due to marriage. For these women, marriage, combined with the gendered expectation to stay at home and be the primary caregiver for their children, often displaced them from their previous social networks, and hindered their social opportunities within their new community, as highlighted by the case of Peter's wife. The onset of ill-health impacted on the social relations of study participants mainly in terms of limiting their social opportunities. This reflects the findings of Haas, Schaefer, and Kornienko (2010) that adolescents in poor health form smaller networks and occupy less central positions than their healthy peers within these networks. While there was no gender-based differences in terms of types of health issues in our sample, framing of the experiences around ill-health and disability seemed to be different for the male and female participants. The findings confirm those of other studies of gender and ageing, in showing that older women are more concerned with the maintenance of supportive social networks and to express their emotional reactions to the experience of illness (Seale & Charteris-Black, 2008).

Our data suggest that meanings assigned to the transitions by the participants and their social environment are culturally mediated and therefore gendered as well (Coltrane, 2017). In the case of retirement, Stefan's story illustrates a change in the social positioning of retirees that might lead to exclusion from social relations for older men. An outcome of no longer being part of a couple was a change in self-image and the social positioning of widows in this study, who experienced contraction of social networks. In certain cultural contexts older single women might experience social stigmatisation (Reilly, Hafford-Letchfield, & Lambert, 2020). Our data suggest that older single women might also limit their cultural participation due to the sense of danger resulting from attending such events alone, particularly at night.

Meanings assigned to the transition by individuals and others in a given cultural context impact the developed coping strategies that might further impede their social networks by auto-marginalisation processes. Maria's case illustrates that a coping mechanism developed in response to disability onset involved gender-based care expectations and led to another transition—relocation to her daughter in order to receive informal care and support. This case illustrates how transitions are linked in a person's life (disability onset leading to relocation) and how they are connected through linked lives (here Maria's ill-health led to transition in her daughter's life). Across all narratives, we captured the intersection of linked lives and gendered care roles, as participants more often received informal care from their wives, daughters, and nieces. It is in this way that transitions in the lives of our participants impacted the life-courses of their informal caregivers, highlighting the culturally informed expectations around care roles and norms in providing care. Similar findings have been documented in the international literature. For example, Yee and Schulz (2000) showed that women predominate as caregivers; are more likely to engage in personal care than men; perform a wider range of tasks and spend more time in providing care than men; and are often the preferred caregivers by receivers.

Further, participants' narratives highlighted the dynamic aspects of exclusionary impacts of transitions they experienced. Whereas some transitions are more normative in the context of later life (e.g., retirement), others might occur at earlier life-stages and can still impact exclusion from social relations in older age. Exclusion from social relations experienced in transition trajectories is volatile as at different

stages individuals might feel less or more included. Some participants received increased levels of social support at the beginning of their bereavement trajectory but noted that this diminished with time. Further still, impacts of given transitions differ in the short-term compared to the long-term perspective.

Some participants, who in the aftermath of a transition or during their transition trajectory received support from NGOs and volunteers, included these contacts in their networks. However, they differentiated the social contacts with close significant others and with formal caregivers/volunteers highlighting the sense of intimacy and emotional closeness assigned or at least expected from the first group.

These findings draw attention to life transitions as potentially a key source of risk for exclusion from social relations in later life, helping to direct the timing and the nature of interventions (e.g. peer support groups during bereavement or retirement transitions). In promoting active social lives for older men and women and counteracting longer-term pathways of social isolation and loneliness, policy must attend to these transitions and the gendered elements of their construction and related subjective experience.

Applying a cross-country lens in our analysis allowed us to observe that general gendered patterns were evident in the narratives around transitions in older age. Furthermore, we discovered distinctions between genders in cross-country perspectives, which can be explained by the broader socio-historical context. For example, Franco's dictatorship in Spain hindered women's status and rights, while socialism in the Czech Republic encouraged women to enter the labour force, disrupting the traditional breadwinner/homemaker model. Nonetheless, across all jurisdictions, there seems to be a commonality regarding the influence of these transitions. This is not surprising, as these transitions are common life-course events and predominantly age-related (Carr, 2008; Dupuis-Blanchard et al., 2009; Hilberink et al., 2017), with retirement being the main age-based institutional transition in contemporary societies (Axelrad & Mcnamara, 2018). Our analysis highlights that gendered experiences of transitions are shaped in a specific welfare context. European-wide as well as national policy should therefore consider the role of gender in targeting supports for those experiencing those transitions in older age.

Strengths and limitations

To our knowledge, this is one of a small number of papers to explore the intersection of transitions and gender in exclusion from social relations in older age from the perspective of older people themselves. By including a culturally diverse set of participants from different welfare contexts, this article has captured empirically how impacts of transition on social relations in older age are gender-mediated and constantly negotiated phenomena. In terms of limitations, the complexities of conducting cross-cultural investigations and presenting it in a single paper means not all nuances within the data could be described and discussed. The small number of people with trans and gender non-conforming (TGNC) identities willing to participate in the study meant we could not fully capture the diversity of experiences of older adults from that community (Willis, Raithby, Dobbs, Evans, & Bishop, 2021). Another limitation is the fact that, due to the nature of the study design, we were unable to gather in-depth insights on transitions that were heavily entwined with other transitions (e.g., participants focussed on impacts of bereavement following onset of caregiving not providing many details on the latter one). This highlights the need for longitudinal studies and advanced research techniques to explore further correlated

transitions (i.e., transitions that are linked to each other in one's individual life-course), such as relocation after retirement or transitions that are linked to the lives of others (e.g., onset of caregiving role). Collected insights from lived experiences of exclusion from social relation resulting from transition might be useful for policymakers (Urbaniak & Walsh, 2021) and for practice intervention designs in supporting older adults experiencing those transitions.

Conclusions

This paper reflects a diverse group of Austrian, Czech, Irish and Spanish older adults' views on how their life-course transitions shaped their social relations. We focused on transitions that emerged as common across those jurisdictions for older people: onset of ill-health, bereavement, retirement and relocation. We found that experiences of these transitions are gendered, resulting in diverse sets of experiences of exclusion from social relations in the lives of older men and women, and in how these exclusions can constrain social and support networks, social opportunities and intimate relationships.

In conclusion, the main contribution of the current study is twofold. First, it corroborates prior research underscoring that life-course transitions are experienced differently by older men and women. Second, it highlights that developing an enhanced understanding of exclusion from social relations in older age can be usefully advanced through a gender-sensitive life-course perspective. This study emphasises the importance of adopting a gendered focus to explore transitional trajectories, both cross-nationally and within countries.

Funding

This paper is result of a GENPATH Project. GENPATH is part of the GENDER-NET Plus ERANET COFUND project, which has received funding from the European Union's Horizon 2020 Research and Innovation program under grant agreement No. 741874. The national teams have been supported by the following grants: Austria (FWF I4210/GNP187), Czechia (TAČR ZÉTA TJ03000002), Ireland (GNP-187), Israel (Ministry of Science, Technology and Space 3-15667), Norway (NFR 299859), Spain (PCI2019-103627), and Sweden (Vetenskapsrådet 2018-00929).

Declaration of Competing Interest

The author(s) declare none.

Data availability

Data will be made available on request.

Acknowledgement

GENPATH is part of the GENDER-NET Plus ERANET COFUND project, which has received funding from the European Union's Horizon 2020 Research and Innovation program under grant agreement No. 741874. The national teams have been supported by the following grants: Austria (FWF I4210/GNP187), Czechia (TAČR ZÉTA TJ03000002), Ireland (GNP-187), Israel (Ministry of Science, Technology and Space 3-15667), Norway (NFR 299859), Spain (PCI2019-103627), and Sweden (Vetenskapsrådet 2018-00929).

Appendix

Appendix 1

Gender differences in transitional experiences.

Transition	Number of cases where participants reflected on given transition as significantly impacting their social relations	Exclusionary impacts on social relations	Gender differences
Onset of ill-health	68	<ul style="list-style-type: none"> Disconnection from adequate levels of intimate relationship Constrained social opportunities due to health condition and/or received treatment Social network extended by formal caregivers and medical professionals Higher levels of instrumental assistance 	<ul style="list-style-type: none"> Those who received care during this transition most often received it from women Women more frequently reflected on emotional disconnection from adequate levels of social relationships
Bereavement	68	<ul style="list-style-type: none"> Disconnection from adequate levels of intimate relationship Changes in frequency of contacts with friends and relatives Negative changes in the density, heterogeneity, and multiplexity of ties within participants social networks. 	<ul style="list-style-type: none"> Women more often faced limited social opportunities for various reasons (stigma, material conditions). Men more often received instrumental support. Women more often received instrumental and emotional support Men had smaller friendship networks and less frequent contacts Women more often resumed social contact and participation Men less often established new contacts. Women more often engaged with new groups and established new contacts, more often engaged in volunteering
Retirement	32	<ul style="list-style-type: none"> Negative changes in the density, heterogeneity, and multiplexity of ties in the social network 	
Relocation	56	<ul style="list-style-type: none"> Disconnection from adequate levels of intimate relationship Negative changes in the density, heterogeneity, and multiplexity of ties in the social network 	No gender differences observed in the sample

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