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Coping strategies for happy childless ageing: an explorative study in Poland

Anita Abramowska-Kmon[1*], Monika Mynarska[2] and Sylwia Timoszuk[1]

*Correspondence:
aabram@sgh.waw.pl

[1] Institute of Statistics and Demography, SGH Warsaw School of Economics, Warsaw, Poland
[2] Institute of Psychology, Cardinal Stefan Wyszyński University in Warsaw, Warsaw, Poland

Abstract

Childless older people face many challenges resulting from their lack of children that may have an impact on their subjective well-being, especially in a country where family ties are strong, and children are the main source of support. In this paper, we examine the coping strategies that childless seniors in Poland employ in order to mitigate various risks related to having no offspring. We use a qualitative approach, drawing upon in-depth interviews with 42 childless men and women aged 65 or older. We frame our analyses within the life course approach, stressing the biographical development of coping strategies over the life course. Our results corroborate previous findings, and show that the major challenges older childless people in Poland face are related to feeling lonely, and to having insufficient (practical) support and care in case of dependency. We describe the actions the respondents consciously took in response to these challenges, and examine how these actions changed over the life course. The strategies aimed at promoting healthy ageing or helping older people expand their social networks are strongly in line with the respondents' personal predispositions and earlier lifestyles and experiences.

Keywords: Childlessness, Subjective well-being, Quality of life, Happiness, Old age, Older people, Poland

Introduction

Children may contribute to the subjective well-being of their older parents by serving a source of emotional, psychological, physical, and financial support[1] (Rempel, 1985). Thus, it is not surprising that parenthood is often mentioned as one of the most important factors in quality of life in old age. However, the results of previous research on this topic are not conclusive. While some studies have, as expected, shown that childlessness has a negative effect on well-being among older individuals, and especially among women (Becker et al., 2019; Buber & Engelhardt, 2008; Hansen et al., 2009; Křenková, 2019), other analyses have found no differences in life satisfaction between older parents and childless individuals (Gibney et al., 2017; Hank & Wagner, 2013; Solé-Auró & Cortina, 2019; Vikström et al., 2011).

[1] As *subjective quality of life*, *subjective well-being*, *life satisfaction,* and *happiness* are strongly interrelated in the literature review below, we use them interchangeably.

The lack of clear evidence that the subjective well-being of the two groups differs may be attributable to various positive and negative aspects of the two life situations. For childless older adults, whether they were voluntarily childless can influence their well-being; while for older adults with children, the quality of their relationship with their children can affect their well-being (Koropeckyj-Cox, 2002; Uhlenberg & Mueller, 2003). Moreover, many socio-economic characteristics as well as individual life course developments can mitigate the expected negative impact of childlessness on the subjective well-being of older people, including sex, health status, marital status, financial situation, level of education, and access to health services (Zhang & Liu, 2007).

While many of these factors are partially or completely beyond the control of the individual or are strongly shaped by the context in which people live, people are not passive observers, but are, rather, active agents in their life course. To date, the studies on the actions that people might take to buffer some of the negative consequences of being childless in old age focused mainly on efforts to find alternative sources of support. For example, these studies looked at how childless individuals develop their friendship networks (Jerrome & Wenger, 1999), gain access to informal care by developing closer relationships with relatives or friends (Wenger, 2009), or engage in intra- and intergenerational transfers (Albertini & Kohli, 2009, 2017; Hurd, 2009). To the best of our knowledge, only Wenger (2009) approached the topic from a more comprehensive perspective, but her findings were limited to the context of rural Wales.

Our study contributes to this strand of the literature. We investigated the coping strategies childless seniors in Poland consciously used to mitigate various risks they faced because they had no children, and to improve their subjective quality of life. We employed a qualitative approach, drawing upon in-depth interviews with 42 childless men and women aged 65 or older. We framed our analyses within the life course approach, showing how the coping strategies of respondents developed and changed over time, while still remaining rooted in their earlier lifestyles and experiences.

Our study was conducted in the Polish context, or, more broadly, in the Central-Eastern European context, where parenthood is highly valued (Fokkema & Esveldt, 2008), and children continue to be the main providers of care for their elderly parents (Szatur-Jaworska, 2012). In such a context, using active strategies to deal with the potentially negative consequences of having no children might be particularly important. Moreover, it should be noted that the situations of childless older people in this region and/or country differ significantly from those of their counterparts in other parts of Europe, because they spent the majority of their lives in different socio-economic settings (i.e., significant parts of their lives were spent in the communist era, and, later, in the transitional period), which may have affected their lives, circumstances, and decisions. In addition, it could be argued that for childless older people, having to adapt to new circumstances based on the expectation that their needs in old age will be different because they have no children may distinguish them from people who have children they may be able to rely on. Thus, this paper expands our knowledge of life satisfaction among childless older adults in Poland, a topic about which relatively little is currently known.

A life course approach as a tool for analysing subjective well-being in old age

Our considerations regarding subjective quality of life in old age are structured within a life course approach (Giele & Elder, 1998). The basic feature of the life course approach is that it conceptualises human life as a "*sequence of socially defined events and roles (…) that constitute the sum total of the person's actual experience over time*" (Giele & Elder, 1998, p.22). This sequence encompasses events and roles in different life spheres. It develops as a product of the strategic adaptations people make to reach their individual life goals, and under circumstances that change over (biographical and historical) time (*ibidem*). More recently, a comprehensive approach to understanding the life course, the life course cube model, was presented by Bernardi and colleagues (Bernardi et al., 2019, 2020a, 2020b). They argued that the individual life course can be seen as a multifaceted process of human behaviours generated by individual decisions, actions, and experiences that affect the person's biography. Overall, people's behaviour and decisions are guided by their beliefs about what is good for them. They will usually take actions to improve or at least maintain their well-being. Of course, people's actions are strongly influenced by various factors that are not necessarily under their full control: i.e., by their individual predispositions, abilities, resources, and opportunities. But people's actions are also strongly determined by their earlier decisions and experiences, as well as by their expectations about the future (so-called "shadows of the past" and "shadows of the future", Bernardi et al., 2019). At any moment of the life course and in any life domain, a person's situation can be seen as a product of individual characteristics and predispositions, individual (past and present) decisions and actions in all other life spheres, as well as social relations and wider societal, economic, institutional, and cultural contexts (Bernardi et al., 2019).

The theoretical framework outlined above structures our thinking about subjective well-being in old age. The situations of seniors can be viewed within the framework of this theoretical model: namely, as resulting from their (past and present) individual characteristics, life course developments, decisions made in various life spheres, social relations and external conditions, and expectations and fears about their future. On the one hand, analyses of older people's well-being show that behaviour in old age tends to be strongly grounded in the past ("shadows of the past"). These findings appear to support the continuity theory, which suggests that people's lives are characterised by internal and external continuity, and, thus, that people's actions when they are older are likely to be consistent with their previous activities and lifestyles (Atchley, 1989). Older people may continue to be active at a similar level by replacing previous activities with new ones (Hasworth & Cannon, 2015). This implies that active individuals will remain active in old age, while inactive individuals will continue to be inactive. On the other hand, changes in people's current circumstances, especially if their health status deteriorates or they lose their spouse, may be a trigger for changing their behaviour and activities. This observation supports the disengagement theory, which posits that older individuals often naturally withdraw from various activities and social interactions. It should be noted that proponents of this theory have argued that a steady withdrawal from different activities, including from the labour market, may be beneficial for seniors and for society (Hasworth & Cannon, 2015). However, older people's levels of agency and control over their environment might diminish (Cumming et al., 1960; Hochschild, 1975), which could

reduce their subjective well-being, given that having a purpose in life is an important determinant of well-being (Burrow et al., 2014; Musich et al., 2018; Pinquart, 2002) In general, both theories have been criticised for failing to take into account the individual histories, decisions, possibilities, and opportunities that shape people's behaviours in old age (Hasworth & Cannon, 2015; Markson, 1975).

In the next section, we will discuss the key elements of the life course that may contribute to the subjective well-being of childless seniors, and that could mitigate the negative consequences of having no children. We will pay particular attention to the active strategies childless older people use to adapt to their circumstances.

Factors related to the subjective well-being of childless older people—a literature review

The determinants and correlates of subjective quality of life among older people have been extensively investigated, including sex, age, educational level, marital status, family situation, health status, and financial situation (Artés et al., 2014; Becker et al., 2019; Blanchflower & Oswald, 2004, 2008; Böhnke & Kohler, 2010; Easterlin, 2003; Frijters et al., 2004; Gerdtham & Johannesson, 2001; Waite, 2009). These factors can influence the subjective well-being of childless individuals in specific ways, as they may exacerbate or mitigate some of the negative consequences of having no children (Buber & Engelhardt, 2008; Dykstra, 2006, 2016; Gibney et al., 2017; Křenková, 2019; Zhang & Hayward, 2001).

First, there is some evidence that older childless women are more satisfied with their lives than their males counterparts (Dykstra & Hagestad, 2007a; Umberson et al., 2010; Zhang & Hayward, 2001). Women tend to develop and maintain more diverse and higher-quality relationships with other people than men do, and this tendency might alleviate some of the negative consequences of childlessness for women in particular (Dykstra & Hagestad, 2007b; Pesando, 2019). Nevertheless, it should be emphasised that the impact of childlessness on people's lives has been much less investigated for men than for women (Dykstra, 2009). Thus, male respondents are largely invisible in this strand of research, and researchers lack social scripts that could be used to describe the effects of (especially involuntary) childlessness on men (Hadley, 2018, 2019).

One of the most important factors in subjective well-being in old age is marital status, and, more broadly, marital history. As is the case for the general population, childless individuals who are married tend to have higher life satisfaction than their unmarried counterparts (Buber & Engelhardt, 2008; Dykstra, 2016; Gibney et al., 2017). Overall, previous research suggests than people's partnership histories have a much larger effect on their life satisfaction that parenthood (Bures et al., 2009; Dykstra & Wagner, 2007; Keizer et al., 2008). Thus, childless people might seek to mitigate the negative impact of having no children by investing in and cherishing their romantic relationships. However, for others, being childless may be related to being single (Mynarska et al., 2015), which might be a particularly adverse situation at older ages.

Although health status (physical and mental) is strongly related to subjective well-being in old age, the findings of existing research on this association among the childless are not conclusive (Quashie et al., 2019). Childless older women seem to have worse health outcomes than women with children (Wu & Hart, 2002), which may be partly

explained by childless women being in poorer health over their life course, which may have caused their childlessness (Graham, 2018). In contrast, there is some evidence that the health of older people (and especially of men) is influenced by their partner and/or their adult children having a healthy lifestyle (Kendig et al., 2007; Umberson et al., 2010). Thus, childless individuals may be disadvantaged if they lack such relationships.

In addition, it has been shown that high socio-economic status (SES) is linked to better late life outcomes. Specifically, there is evidence that men with lower socio-economic status as well as women with higher socio-economic status are more likely to remain childless (Berrington, 2017; Dykstra & Hagestad, 2007a, 2007b). Moreover, compared to her counterparts with children, a childless woman might have a longer professional career, a higher income, and more savings when she retires, as she had no breaks in employment to rear children (Abma & Martinez, 2006; Ivanova & Dykstra, 2015). As a result, a childless woman may be more satisfied with her life, and be in a better position to purchase formal care services on the market if necessary (Ivanova & Dykstra, 2015).

The factors discussed above are all well-established determinants of subjective well-being for all seniors. Additionally, by interacting with parity status in various ways, these factors can influence the specific situations of childless people. There are also factors that might mitigate or exacerbate the negative effects of childlessness that are specific to people with no children. Most importantly, "*how someone ends up without children may be more important than not having a child* per se". (Kohli & Albertini, 2009, p. 1176). Older people whose childlessness resulted from a conscious, voluntary choice might be better adjusted to their situations and have higher subjective well-being than people who are involuntarily childless (Dykstra, 2009; Koropeckyj-Cox, 2002).

Finally, the role of social networks should be mentioned. It has been shown that compared to parents, childless adults have, on average, fewer and lower-quality contacts with close family members (Dykstra, 2006; Dykstra & Keizer, 2009; Dykstra & Wagner, 2007), but bigger networks composed of friends and more distant relatives (Klaus & Schnettler, 2016; Schnettler & Wöhler, 2016). Because they have fewer familial obligations, childless older adults are also more inclined to be involved in voluntary and charity activities, and are more prone to support other people (Albertini & Kohli, 2009). They may develop very close relationships with the children of other family members (nephews, godchildren) as a substitute for having children of their own (Dykstra & Hagestad, 2007b). Nevertheless, as these relationships are unlikely to fully compensate for the support older people normally receive from their adult children (Albertini & Kohli, 2009), childless people are less likely to be involved in intergenerational exchanges (Albertini & Kohli, 2009; Albertini & Mencarini, 2014; Deindl & Brandt, 2017; Wenger et al., 2000), and face a higher risk of having to use formal care services at home or in an institution (Aykan, 2003; Deindl & Brandt, 2017; Dykstra, 2009; Ivanova & Dykstra, 2015; Wenger et al., 2000).

Both childlessness and the overall life situations of childless older people stem from various individual characteristics, circumstances, and biographical developments in various spheres of life (Dykstra, 2009, 2016; Keizer et al., 2008; Mynarska et al., 2015). According to the life course model, people's situations are produced by the cumulative experiences and decisions of individuals. Importantly, while some of these experiences are largely beyond the control of individuals, childless people may engage in conscious,

deliberate actions to improve their quality of life at older ages. Of these active strategies, actions oriented towards building large and diversified social networks are probably the most extensively discussed in the literature. Evidence from qualitative research has indeed shown that some childless people consciously invest in various forms of social contact "*to compensate for their childlessness*" (Wenger, 2009, p. 1254). However, in many studies, the agency of actors is only implicitly assumed. Thus, the question of to what extent people have control over their own well-being as they get older is usually not addressed.

Aims and context of our study

The current study contributes to the literature on the factors that could mitigate the negative consequences of childlessness in old age. In particular, we focus on the actions that the seniors in our study consciously and deliberately took to overcome the various challenges they were facing because they had no children. We specifically focus on how these strategies developed over time, and how they were related to the respondents' earlier experiences and decisions ("shadows of the past"). This perspective should enable us to gain a better understanding of the situations of childless people as they age. Our findings might also have important practical implications, including by showing how older people's actions can be supported or promoted to improve their well-being. Only a few previous studies have taken such a perspective, and, to the best of our knowledge, no research of this kind has been conducted in Poland.

Overall, relatively little is known about the situations of older childless individuals in Poland, although it may be assumed that their lives are particularly challenging. These challenges may be linked to older individuals' reasons for remaining childless given the societal perceptions of childlessness and the levels of childlessness in older birth cohorts and previous historical periods. For many decades in Poland, childbearing was almost universal, and the share of childless women remained stable over successive birth cohorts. For example, estimations by Sobotka (2017) indicate that the share of childless Polish women among the 1935–1965 birth cohorts was very low, at between 5 and 10%. Moreover, this share was lower and more stable than it had been in other European countries, where it was increasing, especially among women born in the late 1960s and later. Similarly, based on data from a large survey carried out among people aged 60 + in Poland (PolSenior 2), Szatur-Jaworska (2021) found that about 92% of respondents had at least one living child. Thus, it may be assumed that in many cases, older women in Poland who have remained childless did not make a conscious decision to do so. Instead, their childlessness may be largely explained by external factors beyond their individual control, particularly given that about 95% of the women in the analysed birth cohorts married (Sardon, 1993). This low level of childlessness among older birth cohorts may be explained by low public acceptance of voluntary childlessness and strong social pressure to have at least one child (Sobotka, 2017), which may, in turn, be linked to high levels of religiosity among the older generations (Pew Research Center, 2018). This pattern likely also reflects the differences in levels of childlessness by educational attainment among these birth cohorts: i.e., the share of childless women was especially low among women with low and medium levels of education, and was higher, but was still low, among women with tertiary education (Beaujouan et al., 2016). This suggests that

for older women in Poland, labour market activity was not an obstacle to having a family. Thus, in light of this background, it is clear that the situations of childless older people in Poland are likely to be very challenging at both the micro and the macro levels—especially given that in Poland, family members are the main providers of care for older people, and institutional care is poorly developed (Szatur-Jaworska, 2012). In addition, the subjective well-being of childless people might be negatively impacted by the cultural context of the country. If they live in a country where there is a strong emphasis on family values and children are viewed as the main source of happiness (Fokkema & Esveldt, 2008), not having children may be a source of stress for non-parents. Moreover, non-parents may experience social disapproval, even if their childlessness was not voluntary (Mynarska, 2010). In countries where childlessness is perceived as a free choice of individuals and is not stigmatised, the effects of being childless on life satisfaction may be weaker (Deindl & Brandt, 2017; Hansen et al., 2009; Huijts et al., 2013; Pesando, 2019). Importantly, given that Poland has undergone significant socio-economic changes since the 1990s, the older people in the country grew up and spent a significant part of their adult life in the socialist era or in the transition period. These experiences might have influenced their ability to develop effective strategies for adapting to childlessness. In other words, as the life course model states, the historical setting and the macro-level context also strongly shape individual biographies.

Against this background, our study took a qualitative approach, which is a well-established method for studying experiences and actions (Hennink et al., 2011; Maxwell, 2012). Drawing on in-depth interviews with men and women aged 65 or older who never had any children, we sought to answer the following research questions: (1) What are the key challenges that childless seniors face that may affect their subjective well-being, and that are directly related to a lack of offspring? (2) What coping strategies—i.e., actions that are consciously designed and taken—do childless seniors use to overcome these challenges? And, most importantly, (3) how are these strategies developed, and how do they change over the life course?

The method & the sample

The sample

Since our aim was to investigate the situations of childless older people, age and a lack of offspring were key criteria for selecting participants. We included individuals aged 65 or older who never had any biological, adopted, or foster children. To account for various life situations and experiences, we wanted the sample to be highly heterogeneous in terms of other socio-demographic characteristics. We attempted to balance the sample by sex and place of residence, and to include participants with different living arrangements and different marital statuses.

A professional research company was responsible for recruiting seniors for the study. The company drew on their database of respondents as well as their network of recruiters to find participants who met our key predefined criteria using the snowball method. To ensure that the sample had a sufficient level of heterogeneity, the study was conducted in three voivodships in different regions of Poland. In each region, we planned 14 interviews in large cities, as well as in small municipalities and villages. In the analyses, the saturation point (Miles et al., 2014) was reached at around 30 respondents, but we

Table 1 Socio-demographic data of the participants, n = 42

Characteristics	Categories	*n*
Age	65–69	25
	70–74	9
	75–79	5
	80 or older	3
Sex	Women	22
	Men	20
Marital status (legal)	Married	10
	Widowed	10
	Divorced	5*
	Never married	17
Living arrangements	Living alone, a private household	21**
	Living with a spouse or other family member(s) a private household	15
	Living in a nursing home	6
Place of residence	Warsaw	8
	City 100–350 k	24
	Town under 55 k or a village	10
Education	Low	2
	Medium	30
	Higher	10

*However, one of the divorced participants described herself as "widowed (from cohabitation)".

**One person perceived himself as living alone, even though a family member was staying at his place four days per week (to reduce the time he spent commuting to his job). Throughout the whole interview, the participant continued to describe his situation as living alone.

Source: own elaboration.

decided to complete all 42 interviews to balance the numbers of respondents in different life situations.

The final sample consisted of 22 women and 20 men. Table 1 presents the basic characteristics of the study participants. Most of the respondents were between the ages of 65 and 74, while only three were aged 80 or older. The informants had different (legal) marital statuses, but the largest share had never married. Of the participants in the "never married" category, two were women who had been in a long-term relationship (lasting 15–20 years), and three were women who had been in shorter relationships in which they were living with a partner for some period of time. Moreover, two women and one man had cohabited after they were divorced or widowed. The sample was also heterogeneous with respect to place of residence (big/small cities, villages), living arrangements (living alone/not living alone in a private house, living in a residential care institution), and education.

The data collection and interview guidelines

All interviews were conducted between March and May 2015. Since some of the topics covered in the interview were personal and intimate, all of the participants were interviewed face-to-face in private settings, either in the participant's house (36 cases) or in the participant's room if s/he was living in a residential care (six cases).

The interviews were conducted by two female interviewers who were trained and experienced in qualitative research. Before each interview, the interviewer explained the scope and the purpose of the study to the participant, and answered any questions s/he had before obtaining the informed consent of the interviewee to participate in the study. All of the participants gave the interviewer permission to record the interview for research purposes. Every informant received an incentive of 80 PLN (approx. 20 EUR).

The interviews were semi-structured, and the guideline covered several themes, each of which was introduced with an open, general question. The general questions were asked in a similar way and in the same order across the interviews. After posing these general questions, the interviewer used a more flexible approach of asking numerous probes and more in-depth questions based on the informant's narration. In each interview, many topics related to quality of life and the participant's well-being were discussed. The participants talked about their financial situations, family issues, friends, hobbies—i.e., about a range of topics that might be important for their quality of life. In addition, they were asked explicit questions about their life satisfaction, happiness, fears, and joys. Moreover, the participants were asked to think about the impact childlessness had on their lives. The topics covered in the interview guidelines are presented in the appendix.

Data analysis

The recordings of the interviews were transcribed verbatim. Two demographers with different backgrounds (psychology and economics) analysed the content of the interviews. To ensure the validity of the interpretations, the researchers analysed the data independently, using two different approaches. One person coded the interviews using the bottom-up technique. In the process of open coding (Strauss & Corbin, 1998), or First Cycle coding (Miles et al., 2014), the main categories were identified in relation to our research questions: namely, main challenges and coping strategies. The coding process was performed using the qualitative software NVivo 11. Simultaneously, the second researcher analysed the material by reading and summarising each interview, describing each participant's overall opinion about the challenges that may have arisen in his/her old age due to his/her childlessness, whether these challenges influenced his/her quality of life, and what strategies the participant used to reduce the potential negative impact of his/her childlessness. Next, the researchers compared their results to check whether they had identified the same topics and patterns, and had reached the same conclusions. Every discrepancy between the investigators' results was tackled by returning to the original data and reviewing them. There were, however, no significant discrepancies of this kind, and only minor issues had to be discussed and resolved. In the final step, the two researchers jointly performed axial coding (Strauss & Corbin, 1998) or Second Cycle coding (Miles et al., 2014), which enabled them to link the open codes in a more coherent structure to indicate the relationships between them using the life course perspective.

Results

The presentation of our results is divided into three sections. First, we will briefly outline the key challenges associated with not having children, as described by our interviewees. Next, we will summarise the main coping strategies the informants developed to respond to these challenges. These sections present the outcomes of our open coding

procedure, and illustrate the key categories that emerged from the data. In the final section, the results of the axial coding are presented.

Childlessness: what are the challenges?

In the interviews, all of the informants were asked to evaluate their subjective well-being, and to discuss things they were happy or worried about. After this topic had been introduced, the informants were asked to compare their lives with the lives of their counterparts (friends, family members) who are parents. In these sections of the interview, the informants were asked to share their views on the challenges posed by childlessness, and the worries and concerns that stem from it. Not surprisingly, the main concerns the participants reported were related to a lack of practical support and care when they had occasional health problems or (especially) experienced dependency. They also mentioned other challenges and worries, such as loneliness and isolation or concerns related to dying childless, including leaving behind a spouse and not having anyone to take care of the funeral and various post-mortem formalities. Each of these aspects is discussed briefly in the following sections.

"Who is going to look after me?"

The consequence of having no children that the participants feared and discussed the most was not having sufficient practical support and care when they were experiencing occasional health problems or dependency. The interviewees mentioned the different levels of support they expect to need depending on the severity of a potential illness. The most grim visions were of not being able to look after themselves and requiring daily care. The informants repeatedly observed that in such cases, children typically help their parents.

> *"Children have a moral obligation to give their parents some decent old age. (…) if I were a widow [with children], I would not have looked for a friend. I would have thought that the children should take care of me". (IDI 09, Fem, 66, widowed, cohabiting)*
>
> *"I fear for my health to get worse. After all, I don't have any children to take care of me". (IDI 34, Male, 76, married)*

The respondents also mentioned numerous practical elements of support that could have been provided by children if the informants had any, including shopping, helping around the house (especially with heavier tasks, such as cleaning windows, handling small repairs, or chopping wood), and running small errands. According to the participants, such support is needed when people are disabled, but also when they have an occasional short-term health problem, such as when they have to stay in bed for some period of time. Several participants observed that not having children poses real challenges when there is nobody else to help with shopping, cooking, or taking out the trash. As one of the respondent put it:

> *"Of course we regret it [that we have no children]. As I said, old age means loneliness. When we both got sick once, we were lucky that we had enough food at home. We only produced piles of trash". (IDI 13, Male, 68, married)*

Loneliness

Fear of being lonely and isolated was cited as another main concern related to not having children. Our interviewees said that the lives of their counterparts with children are richer in this respect. Children were described as the closest family members, and not having children was perceived as being especially painful around various festive occasions or holidays (e.g., Christmas). The following quote summarises this concern well:

> *"Without children, one is lonely. Lonely, he has virtually no contact with family. As children are the closest family. (...) When a man has no children, what does it look like? He will not go to a neighbour. After all, the neighbour has a family of his own. True, neighbours or friends will invite you to come over on the second day of Christmas. But not on Christmas Eve or on the Resurrection Sunday. Family meets on these days, these are family holidays. And this is sad. For those who have no children this is a bit sad". (IDI 37, Male, 70, married)*

A fear of dying childless

It is safe to say that fear of dying is not unique to childless older adults. However, the participants mentioned two specific consequences of dying childless. First, if one member of a childless couple dies, the other spouse remains alone, without any close family. Some of our informants were very concerned about this issue. A vivid example of this fear was expressed in an interview with a woman whose husband was experiencing increasing problems with his memory. For her, the risk that she might die before her husband was terrifying:

> *"I have to take care of everything myself. And now completely on my own. Because my husband keeps forgetting things. He does not remember. I even have to go to the doctor with him. (…) And I am terribly scared that I will start having problems with my memory. Because this time might come. This is inevitable. And I am scared of what will happen. And there are nights when I cannot sleep because I keep thinking: what if I'm the first to die? That basically means a nursing home for him, because he will not manage on his own. And this is really terrifying". (IDI 38, Fem, 69, married)*

The second major concern the participants expressed about dying childless was related to the funeral and the post-mortem formalities. Some of the childless participants who did not have any close family said they feared that there would be nobody to organise the funeral for them, to take care of their things, and to make sure that all of the administrative issues were properly addressed (e.g., related to insurance, bank accounts). In some cases, the participants expressed worries related to their house pets as there would be nobody to take care of their dog or cat after they died. The following extract from the interview with a 67-year-old woman summarises these issues:

> *"I am alone and I cannot count on my family. And someday there will be my own funeral. And I do not have anyone. I have a friend, I wanted to give her my keys, in case anything happens. Because anything can happen (...) And I try to think positively. That I am in good hands and that the surgery goes well. But after all, I am 60-something, almost 70. And sooner or later, whether as a result of a long illness, or*

whether a car hits me… That's it, it can happen to me at any time. And I would like someone to cremate me, to take care of my dog". (IDI 23, Fem, 67, single)

Economic insecurity

Before we discuss the coping strategies our informants developed as potential responses to the above challenges, the issue of economic insecurity should be mentioned. In general, financial aspects are very important for well-being, regardless of a person's age and family status. Our respondents repeatedly mentioned various worries related to their material situations. However, financial concerns were hardly discussed in relation to childlessness. This issue was not raised when the respondents compared their situation to that of their peers with offspring. While children were perceived as a natural source of practical and emotional support, the topic of receiving economic support from offspring was barely raised in the interviews.

Lack of children—lack of support—how to cope?

Clearly, a lack of companionship and support were identified as the main challenges related to childlessness. The childless seniors in our sample generally acknowledged that because they have no children, they need to take care of themselves and stay healthy, or to make sure that alternative sources of support are available. Two main types of strategies for tackling these challenges were mentioned in the interviews: taking action to remain independent and self-reliant for as long as possible, and taking action to secure companionship and potential formal or informal sources of support.

Remaining self-reliant

The coping strategies of the first type, which can be described as strategies related to "active ageing", were discussed in 18 interviews. They include actions to help the individual remain independent and self-reliant for as long as possible, including engaging in health-related behaviours such as physical activity (most commonly long walks, but also gymnastics, fitness, swimming, or yoga), having regular check-ups, going to sanatoriums, and having a healthy diet. These actions were mentioned in the following quote, which was quite representative to our informants' views:

"I have to exercise so that my bones don't get stiff. And there are some issues with my stomach, so I need to be careful with food. Otherwise, I try to keep up. Because if I lay down, I'm not going to stand up. So I have to walk. Exercise. Ride a bicycle (…) I go to sanatoria. Everywhere I can. To improve my health even just a little bit. " (IDI 11, Fem, 70, widowed)

Another category of activities mentioned by the respondents was related to mental health. Our interviewees pointed out that in order to remain independent, they have to be mentally fit as well. As one informant explained:

"One has to think about health. To be fit physically and mentally. (…) You have to defend yourself against stagnation, you cannot just sit, you have to be on the move. To do mental exercises. I solve crossword puzzles. One needs to read, keep up, because the mind is ageing". (IDI 24, Fem, 70, single)

In the above quotation, the respondent suggested some ways to remain mentally fit, including reading, following the news, and solving crossword puzzles. Other ideas that were mentioned in the interviews included learning how to use the internet, going to lectures at the University of the Third Age, and taking up various hobbies, such as singing in a choir or working in a garden.

Alternative sources of support: a social network

As they were lacking companionship and support from children, the childless older people in our sample discussed extensively the actions they were taking to expand their social networks and to sustain close contacts with their family and friends. These actions were discussed in 21 interviews, and they were often as simple as staying in touch and spending time with various family members, friends, and acquaintances. However, the informants also mentioned various activities that allowed them to widen their circle of friends and to build new, meaningful relationships. These activities included joining various formal or informal groups and taking up new activities that exposed them to social contacts. The respondents gave examples of attending clubs for seniors organised by municipalities, NGOs, or the Church, as well as choirs or the University of the Third Age. The participants also reported developing informal networks, such as neighbourhood networks or friendships with other dog owners whom they met in the park. In addition, several informants said they were working in a part-time job or as a volunteer in a Catholic or a lay organisations. Examples of such actions were described in the following quotations:

> *"As I came to the conclusion that I'm going to be alone, I am generally kind to all people. Recurrently other people are surprised that I give more [working as a volunteer] than I take. But I think that maybe, when I need support, there will be a person… maybe not a person I count on at the moment… but there is going to be someone among people I know. Someone to help me, to lend me a hand". (IDI 01, Fem, 66, single)*
>
> *"With my neighbours here, I made an attempt to talk and to make this neighbourhood different. More like a family. And surprisingly, I have succeeded. And we are really close here. If one gets ill, another one finds out and helps. We help one another". (IDI 15, Fem, 74, single)*

Notably, even though more than half of the respondents described themselves as churchgoers, clear benefits related to social contacts in religious communities were reported in only a few (three) of the interviews. Participation in local parishes or activities organised by the Church was not mentioned more frequently than participation in any other organisations or clubs.

The informants described expanding their social network as the most important form of protection against loneliness. However, they noted that while friends and acquaintances can provide companionship, only a limited amount of practical support can be expected of them. According to the participants, friends and acquaintances can help with shopping or small errands, but they are not potential sources of support and care in case of a serious illness and dependency. They observed that other types of social ties are

needed to obtain that type of support, and that to build such ties, different strategies are necessary.

In some cases, the informants invested heavily in contacts with nieces and nephews or younger siblings. These family members were perceived as substitutes for children in providing long-term old-age support. Our informants invested their time and energy, but also their financial resources into tightening their ties with these contacts, and, when necessary, into securing their support as caregivers. The following quote illustrates this strategy:

> *"I live with my niece. Even when my husband was still alive, she helped me. Because she works and lives here. She has one room and I have the other. (…) She helps and cleans. She has been living with me for seven years. And I have already registered her here. One never knows how long one is going to live. One never knows what tomorrow will bring. Will I get up tomorrow? This is life.*
> *Q: So this apartment is going to be for your niece?*
> *At some point it will be, yes". (IDI 11, Fem, 70, widowed)*

As the quote above indicates, even when the childless people in our sample were not able to pay for support when needed, they tried to use the resources they had to secure their future. In the interviews, the respondents reported some very elaborate schemes of this kind, including arrangements with unrelated individuals. For example, a 65-year-old man who—together with his wife—bought a small house in a village said that they had made friends with their neighbours, and were spending a lot of time with their neighbours' sons. He added that he was considering leaving the house to them if they let him live there until his death and look after him. In the interview, he said:

> *"This is another possible option. You know, everything might change. I might stay in V. [the name of the village]. (…) I would make an arrangement with the neighbours, with the parents of these boys: I will leave the house to you, but I want to die there. Maybe they would agree? I would have a nursing home there". (IDI 08, Male, 65, married)*

Alternative sources of support: formal care

In the interviews, the topic of institutionalised care for older people came up quite frequently (it appeared in 17 interviews). If the interviewees did not see any options for receiving support within their social networks (or if this support was limited), they acknowledged that a nursing home might be the only solution. In fact, six of our informants were already living in such institutions.

In some respects, a nursing home was considered a better option than informal care. Several of our informants expressed the view that in such institutions, older people are given proper care, everything is organised and provided, and they do not feel like they are a burden to their family. All of these arguments were brought up repeatedly by our interviewees.

> *"My neighbour has a sick mother here. She is hardly able to walk. And he has a problem of how to wash her. Because she doesn't want her son to wash her (…) And if he placed her in a nursing home, he would be calm. He would visit her from time to*

time. She would get proper care". (IDI 05, Fem, 65, married)
"Life is organised here [in a nursing home]. I stayed at home for some time after I had fallen ill. As I have no family, I was on my own there. So it was hard. And I decided to move here, because I have everything here. I have meals, I have a place to sleep, I have my laundry done. I can take a bath". (IDI 22, Male, 68, widowed)

Notably, not all of the informants considered a nursing home to be a good solution, and some of them said they strongly feared ending up in such an institutional arrangement. As one interviewee put it: "one hears different stories about places of that sort". While such negative views were not dominant in our interviews, quantitative studies based on a representative sample are needed to establish what the prevalent attitudes towards nursing homes are among childless individuals. Moreover, given that for our interviewees, going to a nursing home was sometimes perceived as the only solution if they needed care, it is likely that they attempted to downplay the negative consequences of this option as a defence mechanism.

Life course perspective and the importance of time

In the final step of the analyses, we linked the challenges and coping strategies presented in the previous sections to form a coherent picture based on the life course perspective. First, for each discussed topic, we attempted to establish at what point in the life course it was related to the informant's narration in order to establish the temporal order. Next, within each respondent's narration, we looked for consistencies and inconsistencies in order to identify any changes in his/her lifestyle.

The challenges that the childless seniors faced and the strategies they employed to cope with these challenges clearly changed over biographical time. First, the childless people who had reached older age, but were still healthy, active, and self-reliant, reported taking (or trying to take) steps to remain that way for as long as possible. As long as they were still able to take care of themselves, a lack of companionship and loneliness were considered most worrisome by the childless older people. Thus, they reported engaging in various activities aimed at expanding their social networks. These activities were oriented towards sustaining old social bonds and creating new ones, including relationships that went well beyond family networks (friends, acquaintances, neighbours etc.).

At this stage, the actions taken by our informants were strongly related to their personalities and lifestyles at younger ages. These activities were developed at much earlier stages of life, and thus were not adopted specifically to help them cope in old age. If a person had been sociable in his/her youth and middle age, s/he was often able to find ways to sustain or even expand his/her social network in old age. Those individuals who had always been withdrawn and introverted chose strategies in line with their character, mostly investing in their physical and mental health; e.g., reading, doing crossword puzzles, and pursuing a healthy lifestyle. Clearly, there was continuity between people's behaviours at older ages and their earlier habits. Moreover, it appears that these habits were sometimes difficult to change, even if the respondents felt they should be. For instance, even when interviewees indicated they were aware that physical activity would allow them to remain healthy and self-reliant, they found it extremely difficult to engage in exercise if they had not been active at younger ages. They acknowledged that physical activity was important for them, but they spoke about it in terms of vague plans; i.e.,

as something that "should be done", but without indicating how and when. An extract from an interview with a 72-year-old man provides an excellent example of this way of thinking:

> *"This is the worst thing… I should be more active… but… I don't know… I just sit and watch TV. I have too little exercise. I should have more exercise. But I have told myself, starting this year, when summer comes, I will try to ride a bicycle". (IDI 35, Male, 72, divorced)*

Nonetheless, most respondents who used to be very active at younger ages were able to identify and engage in new forms of their favourite activities when the previous forms became too strenuous or too difficult for them to engage in for other reasons. Several respondents reported substituting more active sports with long walks and rehabilitative exercises. One very sociable respondent became engaged in group discussions and social contacts over the internet, as her options for leaving home became limited due to an illness. A few others developed contacts at the University of the Third Age, or they worked as a volunteer in an effort to regain the rich social life they had when they were still active in the labour market.

When we look at the later biographical trajectories of our respondents, we see that other challenges and other coping strategies came into play. As these childless people grew older and their health deteriorated, their challenges became acute. In particular, they faced an increased risk of serious illness, dependency, and long-term disability, as well as fears of dying childless. When considering these challenges, the strategies of staying active and healthy and extending their social networks were no longer perceived as sufficient. At these stages, the seniors were more concerned about finding (informal or formal) care providers who could compensate for their lack of children.

As we described in the previous section, to secure informal care in old age, the respondents often took very specific actions that had been planned well in advance. Some were able to find potential care providers, and to make suitable arrangements with them. Others found this process more problematic. Some of the respondents turned to institutional care, while others simply avoided the topic. As one of our informants described it, she applied a strategy of Scarlett O'Hara from *Gone With the Wind*: "*I will think about it tomorrow*". In the interview, this woman explained:

> *"It is most convenient. Because… well, can I change anything? No, I cannot. And if I cannot influence things, then… well… I just hope I will not become dependent. That I will pass away before that happens". (IDI 03, Fem, 67, single)*

Her view was shared by several respondents in our sample: when asked what they would do if they were to develop a serious illness or were unable to take care of themselves, eight interviewees refused to think about possible "*coping strategies*", or indicated that they could not find any solutions they considered satisfactory.

Notably, almost all of the interviewees were reluctant to consider negative future scenarios. Most reported postponing thinking about things such as finding a nursing home, and they repressed thoughts of becoming ill or having problems with activities of daily living. On the one hand, this approach may have increased their subjective

well-being. In some cases, it was related to having a (rather) positive and optimistic attitude, as in the following example:

> *"It is better not to worry in advance. Worries will go away with time. There is always something to worry about. (...) It will be just the way it will be. Why should I worry in advance?" (IDI 16, Fem, 68, single)*

However, this approach may have led to situations in which people were facing a serious illness unprepared. Indeed, in some cases, this way of thinking seems to have blocked the ability of some respondents to come up solutions, even though they were aware that they should have been doing so. This dynamic is illustrated in the following quote from a respondent who—given that he had no informal caregivers—was considering a nursing home as an option if his or his wife's health were to deteriorate:

> *"If there is a need we will have to go to a nursing home (...) To be honest, I should go and find out more about it... but... (...) Maybe God will call me sooner?" (IDI 34, Male, 76, married)*

At the time of the interview, the situation of this respondent was relatively good. Neither he nor his wife had any serious illnesses, but they were becoming less and less active. In the interview, he repeatedly said he was aware that they should be taking some precautions for the future. Nonetheless, the grim vision of dependency in old age somehow blocked them from taking action.

Summary and discussion

Using qualitative interviews, we described the coping strategies childless older people in Poland consciously applied to mitigate numerous threats they faced because they had no children, and to improve their quality of life and subjective well-being. The core of our results corroborated previous findings from the literature, while also adding evidence for Poland. As Poland is a country with strong family ties and a high appreciation of children as a source of happiness, it is an interesting context for studying quality of life among older childless adults. To the best of our knowledge, this study is one of the very rare examples of research on this topic in Poland, and in Central-Eastern Europe more generally (Gedvilaitė-Kordušienė et al., 2020).

Our results showed that as the childless people in our sample grew older, they faced challenges similar to those identified by childless seniors in other contexts, including fears of loneliness and social isolation, the need for occasional help when dealing with temporary health problems, and the need for more extensive support and care as their health deteriorated. More nuanced information on those challenges emerged in our data, including in relation to fears or dying alone. The strategies developed by the respondents, such as actions oriented towards active ageing and expanding their social networks, are also not unique to the Polish context (Wenger, 2009). With our results, we documented that these actions were consciously applied by childless individuals in response to childlessness in order to improve their subjective quality of life, which is often implicitly assumed in the research (with a few notable exceptions, see: Wenger, 2009).

Moreover, in our study, we demonstrated that the strategies the respondents developed should be considered in conjunction with their general characteristics and previous experiences. In line with the continuity theory of ageing (Atchley, 1989), we found that the participants' actions that were oriented towards facilitating active ageing, diminishing social isolation, and securing sources of occasional support were largely built on their earlier lifestyles. Unless this is taken into account, some of the behaviours of older individuals might be seen as signalling a tendency to withdraw. A person who spends most of his/her time solving crossword puzzles at home or surfing the internet might actually be applying quite innovative strategies for remaining mentally healthy and socially active, consistent with his/her previous lifestyle. Similarly, a retired teacher who helps a neighbour's child with maths or a woman who is involved in online forums for addicts might be further developing longstanding skills and interests.

Continuity and building on previous experiences were also shown to be important, albeit in a different way, as the childless seniors' health became fragile, and they needed daily and more intense care. Our results confirmed that at this stage, the respondents' contacts with friends and more distant relatives no longer sufficed (Albertini & Kohli, 2009; Albertini & Mencarini, 2014; Dykstra & Keizer, 2009). The childless seniors feared that institutional care would be their only option. In an attempt to avoid this form of care, a few of our informants had found a person (a distant relative or even an unrelated person) who might be willing care for them in future, and had invested in a relationship with him/her (which sometimes included financial arrangements, e.g., passing their estate on to the potential caregiver). However, to the extent that such solutions were implemented, they were planned well in advance.

Most of the coping strategies developed by the childless respondents in our study were strongly embedded in their previous experiences and lifestyles ("shadows of the past"). However, they also consciously and actively implemented these strategies in response to their experienced and expected challenges related to childlessness. "Shadows of the future"—i.e., feared aspects of ageing and the necessity of facing them without offspring—clearly guided the respondents' actions. Nonetheless, some of our respondents reported feeling terrified by the prospect of becoming seriously ill and dependent, and feeling helpless and unable to do anything about the future. According to these individuals, the only strategy they could apply was to avoid thinking about it. Importantly, for these older people, the issue was not about *being helpless,* but about *feeling helpless*. They were worried that their situation could become very difficult as they got older and their health became fragile. They admitted that they should be preparing for the time when they would likely become dependent on others. Nevertheless, some of them applied the "Scarlett O'Hara" strategy: they explicitly admitted that they kept postponing taking any action or were ignoring the problem.

Such cases should concern us. Why do some people actively search for solutions to secure their future well-being, while others do not? Of course, people might withdraw when their situations become extremely difficult, but identifying other factors and conditions that could lead people to give up is an important avenue for future research. The extent to which resources and opportunities are actually available, and are subjectively perceived as being available (Ajzen, 1991), should be investigated, along with individual predispositions. Some of the related psychological factors have been extensively

investigated by psychologists, such as learned helplessness (Peterson, 2010), or, more generally, a person's locus of control (Lefcourt, 2014). It is clear that there is a need to consider these factors with respect to coping strategies in old age, especially in the context of increasing rates of childlessness. Of course, the macro context of the individual life course has to be considered as well. It could be hypothesised that because our respondents grew up in turbulent times characterised by socio-economic changes, they learned to avoid any long-term planning. Examining the role of the macro-level context and the historical setting is another line of inquiry that could be explored in future cross-national comparative studies.

Our study does have some limitations. Like most qualitative studies, it was based on a small sample, and its results cannot be generalised to the whole population of childless older people in Poland. Importantly, our sample was highly diverse, and included informants from groups who tend to be less represented in studies on the consequences of childlessness in old age. For example, we included men as well as women, and respondents in institutions. While this diversity was beneficial for our analyses, as it provided a broad overview of people's experiences, it restricted our ability to make comparisons. An attempt to compare even men and women did not yield any meaningful results. Thus, we were unable to determine whether there were no (large) differences in the coping strategies of men and women, or whether the diversity of the life situations of our respondents did not allow us to detect them. Future research should pay closer attention to such potential differences. In particular, future studies should examine how the life situations and coping strategies of individuals who have never been in an intimate relationship differ from those who are in a union, or are recently divorced or widowed. The situations of childless seniors should also be compared to those of their counterparts with children. In the contemporary context of increased mobility and migration, not all parents can rely on their children's support as they get older. Thus, it is important to investigate whether parents develop any conscious coping strategies to account for such situations. Moreover, it should be noted that among younger cohorts of women (i.e., born in 1970 or later) in Poland, childlessness has become a more complex process than it was among the previous cohorts, especially in terms of the levels of childlessness and the life trajectories that lead to childlessness (Mynarska et al., 2015). Among these women, childlessness is more common than it was in the past, and—more importantly—it is more likely to be voluntary. Additionally, as these women have lived their lives under different socio-economic circumstances than today's older adults have, their situations in old age may also be different. However, the question of whether the consequences of childlessness will be similar or different for these women in the future remains open, and requires further investigation.

Appendix

Interview guidelines: an abridged version

For each theme area, a general introductory question is given, along with some key topics that should be covered in a given section of the interview.

1. **Introduction: general life situation**
   General life situation of the respondent, especially in relation to work, living arrangements, etc.
   First of all, I would like to find out more about your life. What does it look like? What do you do?
   Probes related to: Work (history and current situation); Daily routine.
2. **Relationships**
   History of relationships and the current situation of the respondent.
   Can you please tell me more about your private life? Can you please tell me more about important men/women in your life?"
   Probes related to: Past and current relationships and their quality; Partner's children.
3. **Family, friends, social network**
   Informant's family and social network.
   Do you have any close family or friends? People that you stay in touch with? Could you please tell me more about them?
   Probes related to: The quantity and quality of contacts; History of contacts; Informant's satisfaction with social network; Additionally: Religiosity and churchgoing (to establish links to a religious community).
4. **Quality of life**
   Main problems and challenges as well as main sources of joy and happiness. Sources of support. Coping strategies.
   I would like to ask how satisfied you are with your life. What aspects of life are you happy or unhappy with? What is your main source of joy, and what is your main source of worries?
   Probes related to: Health; Material situation (including housing); Available sources of support in case of various problems; General well-being and life satisfaction.
5. **Comparison with counterparts with children**
   How is the informant's life different from the lives of those who have children?
   In your opinion, how is your life different from the lives of your friends/colleagues/family members who have children?
   Probes related to: Main advantages and disadvantages of being childless, as perceived by the informant; Consequences of childlessness for the informant.
   Additionally: Reasons for the informant's childlessness.
6. **Past and future: summing up/closing questions**
   Closing questions related to the informant's biggest successes and regrets in the past, as well as to his/her key wishes and hopes (as well as fears).
   If you take a look back at your life, are there any regrets, things you would like to change? What have been your main successes in life? Looking into the future, what would you like to achieve? What are your hopes and wishes?

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Author contributions
AAK: concept and design, literature review, preparation of a draft manuscript, review of the manuscript, coordination of the project within which the study was conducted. MM: concept and design, data analysis, description of results, preparation and review of the manuscript. ST: concept and design, data analysis, description of results. All authors read and approved the final manuscript.

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The research was conducted in line with the University legal and ethical standards. The institutional guidelines for research on adults did not require formal approval by an ethical commission for this study. Informed consent was obtained from all the participants for being included in the study.

Consent for publication
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