Original Article

Meanings of Loneliness for Women Using Social Services in Spain: An Intersectional Analysis

Ainara Arnoso[1] (ID)**, Maitane Arnoso**[1]**,
Edurne Elgorriaga**[1]**, Nagore Asla**[1]**,
Miren Aiertza**[1]**, Ane Bengoetxea**[1]**,
and Maribel Pizarro**[2]

Abstract

Loneliness and social isolation are widely recognized problems facing society. Women in situations of economic and social vulnerability are particularly impacted by loneliness. Yet, we know less about the intersectional dimensions of women's experiences. The study, carried out in Basque Country (Spain) used phenomenological interviews and non-random sampling ($N = 8$) to explore the subjective experiences of loneliness among women clients at community social services using an intersectional approach as an analytical strategy. Intersectionality theory provides insight into how different forms of marginalization intersect to shape the experiences of loneliness of women with high social disadvantages. Among other aspects, the study explores the intersection of loneliness with different variables such as gender, socio-economic and residential inequality, migratory status, as well as physical or mental health problems. The results yielded four themes associated with the loneliness of women, with an interweaving of gender in different axes of exclusion: loneliness and unfulfilled need for meaningful relationships; vulnerability to situations of violence suffered during life; social and economic inequality and responsibility for care; and multiple stigma and discrimination. From a practical perspective, this study identifies policy implications that can be used by social workers to understand and mitigate women's loneliness in community social services.

Keywords

community programs, intersectionality, loneliness, phenomenology, social exclusion

[1]Unibertsity of Basque Country (Social Psychology), San Sebastian (Gipuzkoa), Spain
[2]Gipuzkoa Hope Telephone, San Sebastian (Gipuzkoa), Spain

Corresponding Author:
Ainara Arnoso, Unibertsity of Basque Country (Social Psychology), San Sebastian (Gipuzkoa), Spain.
Email: ainara.arnoso@ehu.eus

Introduction

Loneliness and social isolation are widely recognized problems facing society. Women in situations of economic and social vulnerability are particularly impacted by loneliness. Loneliness continues to be a burden for women today despite advances in psychosocial care, an increase in the availability of community-based services and programs, and great strides made in loneliness research (Fokkema et al., 2012). This study examines the subjective experiences of loneliness among women who are in community social programs in Basque Country (Spain). The study was thus aimed at improving social workers' capacity to reduce loneliness among women clients.

Social isolation is an objective state, defined as the number of social relationships and contacts a person has. In contrast, loneliness is a subjective experience; a negative emotion associated with a perceived gap between the quality and quantity of relationships we have and those we wish to have (Peplau & Perlman, 1982). It is worth mentioning Weiss (1973) classic differentiation between emotional loneliness and social loneliness. Emotional loneliness involves the loss of significant social relationships with feelings of emptiness and anxiety. Conversely, social loneliness refers to the lack of a social network—that is, family and friends supporting and involving the person in their interests and activities—which comes with feelings of marginality, lack of support or help, etc.

Current literature is inconclusive in its findings relating to loneliness and gender. Some studies have suggested that women report more loneliness than men (Pinquart & Sorensen, 2001; Pyle & Evans, 2018), even more so in unfavorable socioeconomic situations and in situations of poor health (Fokkema et al., 2012). However, a recent meta-analysis does not support the idea of gender differences in loneliness by showing that gender alone cannot explain loneliness (Maes et al., 2019). It shows that the analysis of this relationship is somewhat more complex and must be understood in conjunction with other variables (Pyle & Evans, 2018): age, gender, marital status, income, functional diversity, health, number of adults in the household, care responsibilities, relationship with the neighborhood, family and friends, and feelings of belonging and satisfaction with the local area where they live. Exploration of how these individual differences might function intersectionally to predict loneliness is lacking in the literature (Barreto et al., 2021), with few studies analyzing how gender and intersectional locations influence women's experiences of loneliness.

Women's Loneliness and Social Exclusion

The negative effects of social isolation and the exposure of women to greater situations of social and economic vulnerability can be explored under the umbrella of social exclusion, including segregation from social, economic, political, and cultural systems within society (Wilkinson & Marmot, 2003). Overall, social exclusion describes a state in which individuals are unable to participate fully in economic, social, political, and cultural life, as well as the process leading to and sustaining such a state (UN DESA, 2016). More specifically, the World Health Organization (2010) defines social exclusion as a dynamic and multidimensional process in which four dimensions interact: economic (income, employment, housing, and living conditions), political (access to rights and services), social (social and family support networks), and cultural (acceptance of social values and norms). In the European Union, the concept of social exclusion has been used to address situations of poverty, inequality, vulnerability, and marginalization of segments of its population. Thus, the current processes of social exclusion coexist alongside traditional forms of poverty, with implications for the dimensions of social inclusion, such as the lack of quality employment and access to decent housing.

It is estimated that 21.9% of the total population at the European level is at risk of poverty and/or social exclusion (Guio et al., 2021). To measure poverty and social exclusion, the AROPE (At Risk Of Poverty and/or Exclusion) indicator of the European Network for Combating Poverty and Social Exclusion is used as a reference.

In the Spanish context, according to the latest report on the risk of poverty and exclusion carried out by EAPN-Spain (European Anti-Poverty Network) in 2019, 26.4% of the population were at risk of poverty and/or social exclusion (Llano, 2021). In Spain, the AROPE rate, the risk of the poverty rate, and the percentage of households with low intensity of employment are all higher than the average for European Union countries. Approximately 27.2% of women have high levels of severe material deprivation and poverty, and low employment intensity (compared to 25.6% of men). In addition, the risk of poverty and/or exclusion is aggravated in households with children and a mother in sole charge of the family. Among the most vulnerable groups are young adults, people with disabilities, and migrants, given their experiences of unemployment, precarious employment, difficulties in accessing housing, etc. Moreover, in all these social groups, inequality is aggravated by gender, with women finding themselves at levels of greater social and economic vulnerability compared to their male counterparts (Damonti, 2019). Currently, the OXFAM report (2020), with data referring to the Spanish context, highlights the significant deterioration that the COVID-19 pandemic will bring to young people, women, and migrants, thus worsening the situation of social disadvantage in these groups.

The finding that loneliness is associated with the absence of social networks that offer support (Jehoel-Gijsbers & Vrooman, 2008) suggests that loneliness is closely related to social exclusion. By extension then, the most excluded people in society (including women) may be the most affected by loneliness. In the international context, research shows a higher prevalence of loneliness among women without economic resources and who are homeless (Fokkema et al., 2012; Rokach, 2005). In Rokach's (2005) study, homeless women showed greater vulnerability in some factors of the experience of loneliness (social inadequacy, interpersonal isolation, and alienation) than women in the general population. Another study associates women's loneliness with various physical and mental health problems, as shown by Chang (2018), where the negative effects of loneliness on symptoms of anxiety and depression were exacerbated for women.

Higher levels of loneliness have also been found among female victims of gender-based violence (Farris & Fenaughty, 2002). Findings also show that violent victimization, emotional loneliness, and social loneliness are associated with mental health issues (Kunst et al., 2010).

Migrant women are a particularly vulnerable group. They express more loneliness and face greater difficulties such as situations of rejection and multiple forms of discrimination compared to non-migrant women and migrant men (e.g., Isaakyn & Triandafyllidou, 2016). A longitudinal study (De Maio & Kemp, 2010) found that among immigrants with low socioeconomic status, migrant women showed more frequent feelings of loneliness and sadness compared to migrant men, which increased the longer they were in the host country. In turn, the loneliness, separation from family, and isolation experienced by many migrant women was linked to mental health problems (Irfaeya et al., 2008).

Multiple forms of discrimination are exacerbated in the case of homeless women. Matulič et al. (2019) highlight the invisibility, statistical under-representation, and loneliness that characterize homeless women's experiences, whose homelessness, compared to men, is often hidden in that it occurs in private spaces (accommodation in the homes of relatives, friends, and/or social institutions). The profile of homeless women (Guillén et al., 2020) was one of the young women with children who had experienced stressful life events before the age of 18, had made suicide attempt(s), with high substance use and had involvement in sex work at some point in their lives. Compared to men, women had lower levels of education, less access to employment, health, and social services, less income, more conflict with their family network, and more mental health problems (Winetrobe et al., 2017). The most frequent triggers of the processes of exclusion and homelessness in women were the fragility or absence of social support networks, the loss or break-up of relationships with close relatives, and emotional separations (Baptista, 2010).

The marginalization experienced by homeless women is also exacerbated by the gender inequalities structured throughout their life cycles, linked to the labor market, to assigned cultural roles such as responsibility for family care, as well as to greater vulnerability to situations of male violence and sex work as a survival strategy (Moss & Singh, 2015).

Intersectionality and Social Work

An intersectionality is an analytical tool that is useful for research and social work addressing loneliness among women with a high degree of social disadvantage or marginalization.

Since Crenshaw (1991) coined the theory of intersectionality in the early 1990s, an expanding body of literature has used this theoretical perspective to explore the experiences of people who carry multiple minority identities. Intersectionality is a predominant framework in feminist scholarship that examines how multiple social identities intersect at the individual level to mirror macro-level systems of oppression in women's lives (Mehrotra, 2010). As Crenshaw's (1991) intersectionality theory explains, gender, race, ethnicity, citizenship, and many other socially constructed designations, along which marginalization and privilege play out, are never disconnected from one another, and, rather, through mutual influence, they operate simultaneously to structure people's experiences.

Intersectionality has been widely used in health promotion (Fredriksen-Goldsen et al., 2014), psychology (Cole, 2009), and social work (Murphy et al., 2009). Feminist social work scholars insist on accounting for the multiplicity of experiences and social positionality (Mehrotra, 2010). For example, Samuels and Ross-Sheriff (2008) argued that it is no longer possible to consider gender as an analytical category separate from other systems of oppression or without consideration of context. Intersectionality enables the examination of how gender is interwoven with other axes of inequality in different contexts (McCall, 2005). Each person experiences privilege and oppression in specific ways based on their many interacting social locations.

Intersectionality also involves transforming current approaches to social inclusion, by paying attention to the relationship between inclusion and exclusion and to the complexities of lived experience (Hunting et al., 2015). For the purpose of this study, the experiences and meanings of loneliness among women are defined as embodied processes that are integrated with other diverse social locations and experiences within women's individual contexts.

Context of the Study: Social Services in Spain

The study focuses on Spain, where social services aimed at addressing exclusion are emerging. Such services are designed for individuals and families in situations of social exclusion or marginalization and who show a willingness to become involved in social inclusion processes. The residential centers for social inclusion prevent homelessness by providing safe and affordable supported housing in a communal setting. The Base Social Services in each municipality handles the applications for the resources and provides information and guidance, care and coverage of basic needs, harm reduction, support to halt personal deterioration, attention to people with difficulties or the need to follow a time-based process with specific objectives.

However, some research (e.g., Moss & Singh, 2015) points out that social services do not adequately address the multiple problems faced by women. Today's situations of social exclusion, therefore, require further research and specialized training in social work and gender (Agrela & Morales, 2017). The present study employed qualitative methods to explore how gender and intersectional locations influence women's experiences of loneliness. Among other aspects, it explored the intersection of loneliness with different variables such as gender, socio-economic and residential inequality, migratory status, as well as physical or mental health problems. In this sense, the study aimed to answer two key questions: how women users at community social services describe the meaning of

their loneliness, and what identities or conditions of social disadvantage intersect with their experiences of loneliness. This analytical approach represents a novel contribution in the Spanish context since international studies on the loneliness of women users at community social services are scarce, most of them being quantitative and without a feminist perspective.

Method

Qualitative research was conducted using a phenomenological approach. Phenomenological research is a qualitative process that allows the researcher insight into the rich experience of a group of individuals through the perspective of individuals experiencing that phenomenon. This method allows researchers to explore the meaning, structure, and essence of the phenomenon and to search for the underlying meaning through its protagonists (Creswell, 1998). To get to the heart of the experience of loneliness in this study, data were collected mainly via in-depth qualitative interviews. An open-ended question guide was developed to ensure detailed data collection. The information was supplemented by quantitative data from the Instrument to Assess Social Exclusion of the Basque Social Services System. This is the assessment instrument used by the Basque Government to evaluate the degree of social exclusion (Decree 385/2013), including information about income, occupation, employment, community relations and family coexistence, and cognitive and interaction competencies, among others. The instrument was administered by professionals from the resources and programs of the social services in a standardized fashion through semi-structured interviews.

The main focus of the questions in the interviews was centered on women's experiences of loneliness, using questions such as: What does loneliness mean to you? Could you tell me about your loneliness?

The interviewer had a guide with questions, which was adjusted to the interviewee. We followed the recommendations of Bowleg (2008) to focus questions about intersectionality on meaningful and substantive constructs, rather than demographic or identity-based questions.

For example, the interview process began with an overview of the experience of loneliness. Over the course of the interview, as their intersectional locations emerged and they described other social identities on which their experiences were based, interviewees were gradually asked to speak freely about their loneliness associated with the following topics: economic and employment situation; housing and accommodation; mental and physical health; social skills and abilities; emotional attachment and receipt of social support.

Standard questions were used to explore these topics. For example, in relation to the economic and employment situation, the interviewer asked: "Please tell me about your experience of loneliness in relation to your economic and labor situation. How has your economic and employment situation affected your relationships and your experience of loneliness? Has it always been like this or has it changed over time?" They reflected on the general situation regarding the issues mentioned, its relationship with loneliness, the associated emotions, the available support, and if the situation had remained stable or had changed throughout their lives.

Participants

Different community programs were selected for recruitment because of their underlying approach to exclusion. Purposeful site selection was a key recommendation by Patton (1990) in the search for in-depth, rich cases.

Eight women who responded to recruitment material consented to participate. The age range was between 26 and 61 years, with an average age of 46.13 years ($SD = 10.84$). Six were Spanish (native), and there were two migrants of Moroccan and Bolivian origin. In terms of marital status, they all identified as single, separated, or divorced. Of the women interviewed, four had children. These

women were clients in various social centers and services participating in this study: residential centers for social inclusion ($n = 2$), residential centers for women victims of domestic abuse and other residential services for women ($n = 3$), programs for the promotion of inclusion and prevention of exclusion such as the helpline "Telephone of Hope" ($n = 2$) and the help program for migrants ($n = 1$). With regard to housing, five women were in residential centers for social inclusion, and three lived in their own homes. Related to income, occupation, and employment, seven women had a number of difficulties. Regarding community relations and family coexistence, all participants had poor relations with extended family, and most, seven women had poor social support from secondary and community networks. In relation to their health, six identified as having some mental illness (e.g., major depressive disorder, schizoaffective disorder, borderline personality disorder), and another six identified as having some type of important physical illness and/or functional diversity (e.g., human immunodeficiency virus, left branch block, functional deviation of the spine, osteoarthritis).

All of them showed high levels of loneliness (scoring above six points out of nine) on the UCLA scale (Hughes et al., 2004). This scale consists of three questions with three response options (1— Almost never, 2—Some of the time, and 3—Often) that serve to measure subjective feelings of loneliness as well as perceived social isolation, for example, How often do you feel that you lack companionship? (Cronbach's alpha = .72).

Procedure

The sample was selected in Gipuzkoa (Basque Country), a region with a long history of social policy and social services (Social Services Law 6/82). Non-random sampling was used, where the search for participants was intentional in relation to the characteristics of the research to ensure the saturation of information regarding variables such as gender, origin, exclusion situation, age, dedication to care, and physical or mental health problems. This type of sampling makes it possible to approach hard-to-reach, stigmatized, or hidden participants (Guest et al., 2006).

The criteria for inclusion in the study were: (a) women with a high level of perceived loneliness; (b) women users at community social service programs in the Basque region; and (c) women who were willing to participate in the study.

Participants were selected by service providers who were the professionals of reference in social inclusion centers and programs. They explained the study, its objectives and requested their participation.

Prior to each interview, researchers provided participants with a detailed explanation of the study and informed them of key ethical principles, such as voluntary participation, confidentiality, minimal risk of psychological distress, and time cost. These procedures were in accordance with the institutional ethical guidelines of the Provincial Council, both national and international (American Psychological Association). Specifically, informed consent was given for both the collection of demographic data, the loneliness scale, as well as the in-depth interview. Before obtaining written consent, the professional staff made sure that the participants understood that their participation was voluntary and confidential, and that they could withdraw at any time. In the study report, each participant was referred to by an ID (i.e., E1 to E8) to ensure anonymity. Participants are also identified in the test by number, place of birth, and age.

To contextualize the interview, professionals of reference also took care of all data collection corresponding to the inclusion criteria, through the UCLA scale and the Social Exclusion Assessment Instrument of the Basque Social Services System, respectively. This information was gathered prior to conducting the interviews and was collected by professionals working in the community programs attended by the women interviewed. The interviews were carried out in the summer of 2019 at the organizations that referred each participant in a quiet room that the interviewee knew. The interviewers were two women researchers trained in clinical psychology and with a gender perspective.

Interviews lasted from 60 to 150 min and were recorded and transcribed verbatim, including annotations of non-verbal expressions such as silence, laughter, and crying.

Each interview was transcribed, read, and coded in the language used to capture the subtlety and cultural specificity inherent in a narrative (Twinn, 1997). Quotes and themes were subsequently translated into English for presentation.

Data Analysis

The interviews were digitally recorded and then transcribed textually by two members of the research team. A third member of the team listened to the recordings and reviewed the transcriptions.

In the first step of the phenomenological analysis of the data, the researchers conducted an independent qualitative analysis of the data and identified the substantive statements (i.e., direct quotes) relevant to the phenomena of loneliness. Each statement was treated as having the same value, that is, horizontalization of the data (Moustakas, 1994). An initial list of emerging themes associated with women's experiences of loneliness in processes of exclusion was developed and then summarized into larger categories of themes and sub-themes based on similarity and overlap, eliminating repetitive and overlapping statements (Creswell, 1998). The purpose of having three individual researchers conduct a phenomenological analysis for each interview was to ensure triangulation of the analysis, as a key approach to facilitate the reliability or credibility of the results (Creswell, 1998). Overlaps between the analysis of the three researchers were retained as general themes, and discrepancies of divergent analytical aspects were integrated or new clusters were created with the consensus of the researchers. This process resulted in a comprehensive description of the phenomena examined (Patton, 1990).

In line with phenomenological assumptions, the researchers' biases were examined to enable the data to speak for itself (Moustakas, 1994). Inter-judge debriefing, co-analysis, and supervision during data collection and analysis by the principal investigator helped to counteract the researchers' biases (Lincoln & Guba, 2000). The trustworthiness of the study findings was enhanced by applying the Lincoln and Guba (1985) criteria: credibility, transferability, dependability, and confirmability. Co-analysis, the search for disconfirming evidence, reflexivity, and comments from feminist research experts supported credibility. Detailed information on the sample was provided to ensure that readers can determine how the study is transferable to other contexts.

The participants were also invited to respond to the research conclusions. A focus group with eight professionals representing the different community programs was held to deepen the analysis (six women and two men). The focus group members confirmed the key findings.

By analyzing women's experiences of loneliness, the researchers sought to ensure that non-dominant voices and lived experiences were acknowledged. This included articulation of the complex ways in which multiple social locations intersect (i.e., intersectionality), as well as the realities of being socio-economically, culturally, and politically excluded from non-dominant groups (i.e., social exclusion).

Findings

The analysis yielded four main themes in relation to women's meanings of loneliness and intersectional locations. In the following section, each theme and its sub-themes are discussed in detail. In addition, to help readers contextualize the results, we include participant identity, country of origin, and age for each quote in the article. In describing lived experiences, participants' narratives lend some support for the presence of intersectional marginalization due to their social locations. The first theme explored loneliness as an unmet need for meaningful relationships. The second topic focused on loneliness and vulnerability to situations of violence. The third associated loneliness

with low status or social class, analyzing the difficulties of having a house and finances and caring responsibilities. And the fourth examined loneliness and its relationship to the multiple stigmas and discrimination experienced by women.

Meanings of Loneliness and Unmet Need for Meaningful Relationships

In describing their experiences of loneliness, interviewees pointed out the absence of family and networks, as well as the lack of company when they need it. The lack of meaningful relationships was expressed by different respondents as a feeling of emptiness, nostalgia, sadness, anguish, or despair.

Emotional and Social Loneliness

The participating women recognized the differences between the subjective perception of loneliness and their objective experience. They explained how, despite having objective contact with different people, the subjective experience of loneliness persists, sometimes even becoming a chronic experience. "Sometimes you're with a lot of people, but in the end—deep down—you're alone. There's an emptiness inside of you. That loneliness is there with you, it accompanies you wherever you go" (**E6: Moroccan, age 26**).

They referred specifically to emotional loneliness, described as the absence of attachment relationships, that is, the lack of relationships that are particularly meaningful to the person. "For me loneliness is not being with people or not being able to be with the people I really want to be with. Not having the presence of the people I love" (**E1: Spanish, age 57**).

Thus, loneliness was expressed in feelings of abandonment, marginality, or feelings of not being accepted by others. "It's that you're alone, you don't know what you're going to do … you're lost in the world, you don't have anyone to fight for … you're forgotten. Those are feelings of loneliness for me" (**E6: Moroccan, age 26**).

A recurring element in the interviews referred to the loss or rupture of relationships with close relatives. These emotional separations were experienced as a key life situation related to the feeling of loneliness.

> I've been admitted to psychiatric centers for depression, the first time was when I was 23 years old. A lot of suffering. My long-time boyfriend … eight years together and it ended. For me it was a hard blow. A hard blow that affected me too much, and with that I began to feel loneliness (**E1: Spanish, age 57**).

> When my children were small, I was very happy but now that they are teenagers it is very difficult, now, alone, the situation is beyond me (**E4: Bolivian, age 46**).

The search for company, friends, partners, or networks with whom to spend time and share daily life was expressed by the participants in terms of longing and nostalgia. They narrated life in relation to others, especially when they recalled significant dates or social rituals. In their descriptions, sharing had a symbolic social value that functioned as a mirror of loneliness.

> We used to get together a lot, all the in-laws, siblings, and all of that is what I really miss a lot. Family was everything to me, in fact, we used to go camping and now in summer I miss it a lot … (**E1: Spanish, age 57**).

Loneliness of Migrants

In the stories of migrant women, the nostalgia and uprootedness with respect to the place of origin and the family sometimes aggravated feelings of loneliness. An example of this was the feeling that

they do not have their relatives close by to ask for help with the problems that arise during the migration process.

> Another thing is that we're immigrants, and you don't have family support. Back home in my country, if we had any problem, my brother, my uncle … we helped and protected each other. But now when there are problems and you don't have that support, it's a lot harder (**E4: Bolivian, age 46**).

Migrant women interviewees described how they often hide the situation they find themselves in from their families of origin with the purpose of avoiding suffering. Consequently, this led to an aggravation of the processes of social isolation and loneliness. "I don't let them know what happens here, in order to avoid worrying my family. 'Papa, my son's studying well', I tell my father, because I don't want to worry him, he's older now" (**E4: Bolivian, age 46**).

Coping Strategies to Fill the Loneliness Gap

The women interviewed referred to different coping strategies. Such strategies offered ways to "cover it up" or "fill that gap." Some described uncontrolled intakes of food, alcohol, or other drugs. Other women pointed out, a greater inclination toward emotional dependence and the urge to not be alone. This dependence led to being easily hooked into toxic relationships just in order to be with someone, or to lose control in handling money.

> When you feel alone, you always want to fill that emptiness with something, with consumption (drug or alcohol). Sometimes with (romantic) partners that happens, I don't know how to choose well, and what happens is that I get hooked. To cover that pain, I use those things (**E6: Moroccan, age 26**).

Lifetime Violence Leads to Loneliness

The second theme focuses on loneliness and its relationship to forms of violence. This includes family violence in childhood, male violence, and sexual violence experienced during homelessness.

Family Violence in Childhood

From the women's testimonies, we observed the role of the family in the experiences of loneliness. The feeling of abandonment or lack of family affection that they felt from a very early age by their parents or siblings was evident in the data.

> The first time I felt alone was the day I came to Spain and my father abandoned me here. How could they leave me in a youth shelter? No one comes to visit you. No one. I didn't even know how to speak Spanish. And there, in that moment, that thing came over me, you only know that you're alone, I just wanted to go back home, and no one helped me go back … my mother got married and left with her husband. She chose her husband over me (**E6: Moroccan, age 26**).

Experienced Male Violence

Talking about loneliness was also a way of connecting with experiences of male violence. Such connections were made either because of having been exposed to male violence in childhood or because of having experienced violence from a partner or a family member.

It's like I've had loneliness forced upon me. Before coming here I'd been abused by one of my brothers, I felt destroyed by him. That's why I'm here: I didn't have anywhere else to go except to my parents' house, but it's his house (**E1: Spanish, age 57**).

In some cases, interviewees reported having lived with attachment figures and/or couples who had substance use problems. Living in such hostile environments generated situations of violence, fear, and insecurity in their children. "I was going out with a toxic guy, a toxic relationship. I didn't matter to him at all, because he drank and I got worse. He hurt me, buried me" (**E5: Spanish, age 51**).

Within the framework of life as a couple, some women reported having endured harmful relationships due to the existence of children or the fear of losing them. They also described being in relationships where they lost the rest of their support network and how this led them to social isolation.

I separated from him when she was six years old, but I was afraid they'd take her from me, I don't know why, some insecurity I had. So I went back to him until I couldn't take it anymore. When she turned eighteen it was over. I put up with him because of the girl (**E5: Spanish, age 51**).

Homelessness and Sexual Violence

Women who had lived in a street situation for periods of time reported frequent and intense harassment situations. Moreover, they suffered situations of sexual objectification or the demand for sexual favors in exchange for support.

There are a lot of wild people on the street. The street's like that because no one looks out for anyone else … it's a toxic situation. There's always someone to help you, but they always want something in return. And if you're a girl, it's worse (**E6: Moroccan, age 26**).

From a very young age, I had periods of problems with drug use. When I was alone, with no family to lean on, there were men who took advantage of me. They would give me my dose in exchange for sleeping with them (**E7: Spanish, age 40**).

Some women living in a street situation resorted to group strategies to increase their sense of security. This involved looking for relations with other people in the same situation who provided links of support and mutual aid. However, integrating into groups of men came with the consequent risk of harassment and hidden prostitution.

I've been rejected by my family, but as for the rest of it … I've been okay on the street, I met a guy who knows all about life on the street, and he helped me a lot. He taught me what the street's really like, that it's hard and painful (**E7: Spanish, age 40**).

Loneliness and Low Status or Social Class

The third theme focused on women's loneliness associated with the situation of socio-economic inequality. This focus was in relation to street experiences/residential centers and to the situation of precarious employment or economic dependence.

Institutional Support and Lack of Autonomy or Individualization

It was clear that the situation on the street had a direct impact on the loneliness of the women participants. Fear and the feeling of insecurity seemed to be determining factors in the search for institutional support.

> When I was left without a home, I was more alone than you can imagine. A lot of anguish, just terrible anguish. It was as if my heart was going to leave me. Later I stayed in shelters … you get there at seven and have a shower, they serve you dinner, and then at nine, back to the street. But you can't go inside until seven, and what are you supposed to do all day in the street? When I'm used to having a home, having to be outside so much time is terrible (**E8: Spanish, age 46**).

While providing a degree of social contact and support through peers and professionals, living in residential centers involved a loss of autonomy and intimacy. It also created problems of coexistence. Women are often confronted with a lack of social services specifically for them as a result of male bias in general services.

> To date, the women's center is configured as a different program, but the regulations, the philosophy of the center and the objectives are common to those of the men (**E1: Spanish, 57 years**).

> We have hours when we can go out, and at eight you have to be back at the center. It's not the same as living in your own home. How would I like this place? It's not suitable for me. As far as the physical space goes, it's nice. But I asked for help because of an abusive situation, and they stuck me here. I mean to say, I'm not the sort of person who's in need of rehabilitation. There's no type of camaraderie with the others who are here. They're people who have lived a very different life than I have (**E1: Spanish, age 57**).

Unemployment and Precarious Employment

From the interviews, it was clear that women were vulnerable in terms of unemployment, precarious employment contracts, and low-income households. Almost all of the women interviewed shared the desire to have a job in decent conditions, which would allow them to be more autonomous. The desire for autonomy meant having the certainty of being paid at the end of the month and not depending so much on external resources.

> I think the most important thing is to have a dignified job, the security that you'll get paid every month. After that, find an apartment at a good price, that's not damp, and not to keep living like we're living now (**E4: Spanish, age 46**).

In addition, work fulfilled a fundamental function: providing a sense of contribution, social utility, and personal fulfillment. In this way, meaningful work helped to alleviate the feelings of loneliness and to escape from daily worries.

> When you're busy, you don't keep thinking over things again and again. One thing leads to another … if you work, it's easier to relate to other people. If you're working, you can go into a café and make friends (**E2: Spanish, age 61**).

Care Responsibilities

The loneliness derived from caring for other people became apparent in some interviews. Having to take care of their parents led to having to leave work, abandoning personal projects, and dedicating their time to care. The economic precariousness derived from this decision also meant that their social life was reduced in favor of caring for people.

> Loneliness is heavy. When I stayed with my parents to help them, sometimes I needed to vent my feelings because my parents weren't doing well. I left my own life to care for them. If someone else had been

taking care of my parents and I'd been working, I think I'd see life differently. Now I'm even more alone. I could have been married, had children, I'd be working, I'd have more money, be more relaxed (**E2: Spanish, age 61**).

In the case of migrant women participants, caring was fundamentally a part of their work environment. In addition to the greater vulnerability to abuses such as situations of exploitation, they faced endless working days or little predictability of when they would be called to work. All of this resulted in not being able to build and maintain a support network, and even in not being able to take care of their own family.

I could lose my job at any moment, because I don't know when it's over. So I've been working all summer, from Sunday to Sunday, putting in overtime, putting my family to the side. Sometimes they call and say "Can you go to this or that service?" I can't plan my day or make plans with anyone (**E4: Spanish, age 46**).

Loneliness, Stigma, and Multiple Forms of Discrimination Affecting Women

In addition, the interviews showed how women suffer multiple forms of discrimination due to economic inequalities. This economic inequality was experienced in part because they were recipients of economic benefits, or lived in residential centers, or in situations engendering emotions of shame derived from stigmatization and social rejection. Such experiences occurred in addition to other identities linked to their condition of migrant status or mental health problems that generated multiple forms of discrimination.

Economic Stigma

The women interviewed who were recipients of economic benefits said that they felt ashamed of receiving this assistance, even though they were aware that it is a social right that they have.

In my second medical examination review they raised the percentage of my disability. So it means that I'm not well, that I've gotten worse. On the one hand, I am ashamed to say that I get this help. I would like to earn it by myself and not have to go through what I'm going through. Handouts will not cure what I have (**E5: Spanish, age 51**).

Financial difficulties limited their opportunities to relate to other people, but they were also a reason for rejection by the social circles to which they belonged.

For me it's like this: if you have money, you're someone, and if you don't have money, you're nobody. If you go back to having money, you're someone again, people say hello to you, they want to be around you. If you don't have money, everyone pushes you aside (**E2: Spanish, age 61**).

Disease Stigma

Disability stigma and health problems also made relationships difficult, with a specific impact on women's loneliness. "My health has gotten worse, and my friendships have suffered as well. I can't even consider going out with my friends, because even though they ask me, I just physically can't" (**E3: Spanish, age 42**).

At the specific level of mental health, loneliness increased the risk of anxiety and depression and/or vice versa. Although the direction of causality is unknown, loneliness was also related to serious mental illnesses, such as schizophrenia or borderline personality disorder, in addition to affective

disorders. "Above all, when you're alone and depressed, the depression is so terrible you could just die from the loneliness. They say that you have to have contact with people, talk, have friendships, and if you don't, it's awful" (**E8: Spanish, age 46**).

Women with mental illness or physical limitations pointed out how, through these situations, they were stigmatized and socially rejected. "If you tell people that you have a mental illness, they treat you differently. More paternalistic and keeping a distance" (**E3: Spanish, age 42**).

Discrimination on Ethnic and Cultural Grounds

Being a migrant woman also had an impact on the social relationships that interviewees had. Sometimes they suffered verbal abuse and racist insults and/or were forced to give explanations of cultural and religious differences. "People just don't accept you it seems. Sometimes there are people you want to talk to, and then they ask where you're from, they start saying things about your religion that make you uncomfortable" (**E6: Moroccan, age 26**).

Participants pointed out that there are barriers on the part of the native population to relate to them because they were migrants. They perceived stigma and indifference from the native population. The closed character of the native population was mentioned as a reason for their lack of contact or lack of participation in community spaces. They contrasted this reservedness with the friendliness and the ways people related to each other in their countries of origin, which they perceived as much more welcoming to people from outside.

> Here people are really closed. Even in the elevator, sometimes you say hello and no one says anything. In the end you just stop saying hello. The work crews here are the biggest thing: they're not interested in making new friends, because people already have their friends, the group is closed. Being an immigrant is related to loneliness, things you can't share in. For my part, I think I've really tried to integrate myself here, with dance classes, I do my part. In my country in South America, we're much more welcoming, we open our homes, the little that we have, we share (**E4: Bolivian, age 46**).

Discussion

This research study has provided important insights into the complexity of loneliness for women in a range of community-based programs for social inclusion. We examined how gender and intersectional marginalization influenced women's meanings and experiences of loneliness. These meanings constituted an iterative process, fraught with tensions between their unmet needs for meaningful relationships, violence suffered during the life cycle, unfavorable socio-economic conditions, responsibility for care, stigma, and discrimination.

By collecting testimonies from women clients of community-based programs for people who are at risk or socially excluded, the intersectional realities of these women's lives emerged naturally. Our approach was consistent with phenomenology, including the use of the process called bracketing (Creswell, 1998). It offered important insights into the meanings of loneliness, especially from marginalized perspectives, including the realities of oppression and discrimination in our power-based society.

The findings illuminated the need to consider women's experiences of loneliness as a part of social context, inequity, and intersectional marginalization. Structures of inequality—such as access to resources and opportunities—contextually influenced how women constructed meanings of loneliness in an intersecting process. Participants' stories of loneliness over their lives highlighted the many ways in which they had faced exclusion and oppression. Existing systems did not adequately meet their needs across multiple moments in their lives. Overall, these experiences of loneliness offered a lens through which women exposed significant shortcomings in the social protection

system, community-based services, and their own families, among others. Indeed, the implications of this study highlight that poverty and discrimination have both a material and affective impact.

The first theme explored the meanings of loneliness fundamentally associated with the perceived quality of women's relationships and exposed an unsatisfied need for meaningful relationships. In particular, women pointed out the absence of family and social networks and the lack of company when they need it, experienced as a feeling of emptiness, nostalgia, sadness, anguish, or despair. Understanding women's loneliness from the gender roles assigned by the patriarchal system, women were expected to complete their life projects with a male partner. They had been socialized as vulnerable beings, they had learned to feel incomplete in the absence of a partner, to feel an inner emptiness, and to be dependent on a male partner. The scarce relations with their children were a differential element of the experiences of loneliness of the women interviewed. When financial and work difficulties were added to those associated with mental health, the possibilities of losing their relationship with their children increased, and the processes of guilt and social isolation were accelerated.

The second theme focused on loneliness and its relationship to the various forms of violence suffered in their lives from the family of origin and male violence. The absence of the family due to abandonment emerged as a relevant issue in the experience of women's loneliness. These results are consistent with research on family abandonment and violence. For example, studies have linked many of the following factors: a fragility or absence of social support networks, the loss or break-up of relationships with close relatives, emotional separations (Baptista, 2010), as well as a large number of stressful events, both during childhood and adolescence and throughout their lives, related to family abandonment, mental health problems, sexual, and physical violence in the family environment (Guillén et al., 2020). In connection with female homelessness, some women interviewed experienced situations of sexual objectification or the demand for sexual relations in exchange for support, along the same lines as other research that shows the use of sex work as a survival strategy (Moss & Singh, 2015).

The third theme focused on women's loneliness associated with the situation of socio-economic inequality. The study considered inequality both in relation to dependence on residential centers as well as financial dependence affecting women. Housing in residential centers, while providing some degree of social contact and support with other residents and professionals, often lacked permanence and as such did not appear to meet women's needs for meaningful relationships. In fact, participants in our study often avoided contact with other residents. This strategy helped avoid problems of living together due to conflict over individual differences or deterioration of relationships. Centers were also not sufficiently prepared to provide women-specific services, which is consistent with other research (Moss & Singh, 2015). This lack of adequate services to address the multiple problems faced by women was significant given the centers' focus on helping people who experience social exclusion. In this situation, loneliness was strongly associated with the loss of autonomy and intimacy due to institutionalization. Residential resources often promoted the infantilization of these women's decision-making, with parentalized care resources, where autonomy and individualization were lost. In general, our findings suggest that welfare resources, social services, and public policies are not adequately designed with a gender perspective on loneliness in mind: one that takes into account the different needs of men, women, and non-binary people.

A fourth theme associated loneliness with stigma and the multiple forms of discrimination experienced by women. Interviewees experienced family rejection, the stigma associated with their economic status and lack of housing, as well as that derived from other identities linked to their status as migrant women or as people with mental health problems. This rejection undermined their self-perception, existing relationships, and their ability to form new ones. In the case of migrant women, loneliness was explained through migratory mourning and uprooting from their place of origin and family. Communication with the family of origin was often characterized by concealment

of the real situation in the country of destination, which affected the quality of social support that could be received from the family. This made migrant women interviewees particularly vulnerable to loneliness, anxiety, and depression (Irfaeya et al., 2008).

The loneliness of women with mental illness or physical limitations was likewise identified as a specific loneliness related to processes of stigmatization. They saw their social roles reduced and interpersonal communication impeded, as found in the study by Liebke et al. (2017). Although the causal direction is uncertain, loneliness increased the risk of suffering anxiety and depression and/or vice versa, consistent with Chang's study (2018), which showed that the negative effects of loneliness on symptoms of anxiety and depression were aggravated in the case of women.

An intersectional approach was central to analyzing the substantive themes of loneliness identified in this study's phenomenological analysis. In using this approach, the researchers showed how different axes of social disadvantage are interwoven in different contexts, levels, and settings, either between or within a social group (McCall, 2005). Given feminist social work's specific dedication to the pursuit of social justice, this study contributes to understanding loneliness associated with the multiple oppressions and identities that effectively intersect in women's lives.

One element of the relationship between feminism(s) and social work (Collins, 1986) is the debate about whether social work is inherently feminist. It being a gendered profession does not necessarily mean there is a strong bond between feminism(s) and social work. Such a position is often much more related to personal ideological views and self-understandings of what social justice is and how it is linked to gender (Agrela & Morales, 2017). This is certainly an area that deserves further research.

The present research highlights the importance of the quality of existing relationships, the quality of closer ties, and the bond with family. Social workers involved in the care of women who are socially excluded can take these findings into account by developing interventions that can alleviate loneliness. Therefore, rather than focusing solely on the extent of the social network in terms of objective characteristics, a professional effort can focus on improving the quality of closer relationships (Shiovitz-Ezra & Leitsch, 2010).

Many community-based solutions, for example, adopt an asset-based community development approach, whereby members of the community work together to create local economic opportunities by identifying and mobilizing existing community assets (Ennis & West, 2010; Mathie & Cunningham, 2003). Until now, employment has been the main way to access the most basic material needs and to provide a space for social relationships and belonging. In this regard, guaranteed employment policies might be necessary. There is an urgent need for investments and financial support services, social assistance, or exemption policies that increase women's ability to generate income, which can improve their overall situation (Souleymanov & Zhang, 2018). Previous studies have documented that women's empowerment can also contribute to improved coping (Kotzé et al., 2013).

Another societal approach that is increasing in popularity around the globe is the use of large-scale public awareness campaigns to increase awareness of loneliness, reduce stigmatization, and promote positive social behaviors (Lim et al., 2020). These solutions could be very interesting if they also incorporate a feminist and intersectional perspective.

We are convinced that the work carried out through psychosocial intervention has a fundamental role to play in social transformation and overcoming social inequality. In this sense, it would be necessary to share reflections and practices of what feminist mainstreaming implies in the approach to loneliness in order to offer a comprehensive response to the multiple problems faced by women in social disadvantages (Moss & Singh, 2015). Thus, it is necessary to incorporate the feminist perspective both in the continuous training of professionals and in the training activities they carry out for their users, promoting the participation of women, awareness of their situation of inequality, and empowerment. In this sense, both social work and gender studies are committed to changing the

situation of women's inequality with similar objectives of social change and transformation, guided by ethical values related to human rights and equality. They also use similar social intervention approaches and methodologies that enhance the democratization and participation of the subjects (Agrela & Morales, 2017).

The most obvious limitation of the study is its small sample size. Nevertheless, the analysis pointed out relevant insights in relation to loneliness, and how gender intersects with other axes of inequality. With a view to further research, it would be useful to look for other profiles until there is a broad representation of women in processes of exclusion (young women, older women, racialized women, victims of male violence, rural and urban women, with different gender identities, with physical and mental illnesses, etc.). Such research would deepen our understanding of loneliness. Future researchers and providers should incorporate an intersectional approach and consider how gender and intersecting identities shape women's experiences of loneliness, identifying which aspects of gender inequality are responsible for a differentiated impact on the experiences of loneliness in women and how these can be addressed.

Finally, researchers and practitioners also need to avoid a possible tendency to see certain social locations as totalizing or determinative (Cole, 2009). Rather, they need to discern individual and contextual variations in the way social identity shapes members' loneliness. Integrating a strengths-based perspective (Walton & Oyewuwo-Gassikia, 2017) could support ways to build from the resilience and creativity of women as they respond to the considerable obstacles in their lives, and seek meaningful connections with others.

ORCID iD

Ainara Arnoso https://orcid.org/0000-0001-5472-9508

Supplemental material

Supplemental material for this article is available online.

References

Agrela, B., & Morales, A. (2017). Knowledge hierarchy of social work and gender studies in Spain. *Affilia: Journal of Women and Social Work*, *32*(3), 276–291. https://doi.org/10.1177/0886109917692373

Baptista, I. (2010). Women and homelessness. In V. Busch-Geertsema, E. O'Sullivan, N. Pleaz, & D. Quilgars (Eds.), *Reflections on homelessness research in Europe, 1990–2010: A Festschrift Honour Bill Edgar and Joe Doherty* (pp. 163–186). FEANTSA.

Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, *169*, 110066. https://doi.org/10.1016/j.paid.2020.110066

Bowleg, L. (2008). When Black + woman + Lesbian ≠ Black Lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles*, *59*, 312–325. https://doi.org/10.1007/s11199-008-9400-z

Chang, E. C. (2018). Relationship between loneliness and symptoms of anxiety and depression in African American men and women: Evidence for gender as a moderator. *Personality and Individual Differences*, *120*, 138–143. https://doi.org/10.1016/j.paid.2017.08.035

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, *64*, 170–180. https://doi.org/10.1037/a0014564

Collins, B. G. (1986). Defining feminist social work. *Social Work*, *31*(3), 214–219. https://doi.org/10.1093/sw/31.3.214

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. http://dx.doi.org/10.2307/1229039

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Sage.

Damonti, P. (2019). Desigualdad de género y procesos de empobrecimiento y exclusión social [Gender inequality and impoverishment and social exclusion processes]. *Documento de trabajo 3.10 para el VIII Informe FOESSA*, Fundación FOESSA, Cáritas Española Editores. https://www.foessa.es/viii-informe/capitulo3.

De Maio, F., & Kemp, E. (2010). The deterioration of health status among immigrants to Canada. *Global Public Health*, *5*(5), 462–478. https://doi.org/10.1080/17441690902942480

Ennis, G., & West, D. (2010). Exploring the potential of social network analysis in asset-based community development practice and research. *Australian Social Work*, *63*(4), 404–417. https://doi.org/10.1080/0312407x.2010.508167

Farris, C. A., & Fenaughty, A. M. (2002). Social isolation and domestic violence among female drug users. *The American Journal of Drug and Alcohol Abuse*, *28*(2), 339–351. https://doi.org/10.1081/ADA-120002977

Fokkema, T., De Jong Gierveld, J., & Dykstra, P. A. (2012). Cross-national differences in older adult loneliness. *The Journal of psychology*, *146*(1-2), 201–228. https://doi.org/10.1080/00223980.2011.631612

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., & Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry*, *84*(6), 653–663. http://dx.doi.org/10.1037/ort0000030

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59–82. http://dx.doi.org/10.1177/1525822X0527

Guillén, A. I., Marín, C., Panadero, S., & Vázquez, J. J. (2020). Substance use, stressful life events and mental health: A longitudinal study among homeless women in Madrid (Spain). *Addictive Behaviors*, *103*, 106246. https://doi.org/10.1016/j.addbeh.2019.106246

Guio, A. C., Marlier, É., & Nolan, B. (2021). *Improving the understanding of poverty and social exclusion in Europe*. Luxembourg: Publications Office of the European Union.

Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, *26*(6), 655–672. https://doi.org/10.1177/0164027504268574

Hunting, G., Grace, D., & Hankivsky, O. (2015). Taking action on stigma and discrimination: An intersectionality-informed model of social inclusion and exclusion. *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice*, *4*(2), 101–125.

Irfaeya, M., Maxwell, A. E., & Krämer, A. (2008). Assessing psychological stress among Arab migrant women in the city of cologne/Germany using the community oriented primary care (COPC) approach. *Journal of Immigrant and Minority Health*, *10*(4), 337–344. https://doi.org/10.1007/s10903-007-9091-5

Isaakyn, I., & Triandafyllidou, A. (2016). Female high-skill migration in the 21st century: The challenge of the recession. In A. Triandafyllidou, & I. Isaakian (Eds.), *High-skill migration and recession: Gendered perspective* (pp. 3–21). Palgrave Macmillan.

Jehoel-Gijsbers, G., & Vrooman, C. (2008). *Social exclusion of the elderly: A comparative study of EU member states*. Centre for European Policy Studies.

Kotzé, M., Visser, M. J., Makin, J. D., Sikkema, K., & Forsyth, B. (2013). Psychosocial factors associated with coping among women recently diagnosed HIV-positive during pregnancy. *AIDS and Behavior*, *17*, 498–507. https://doi.org/10.1007/s10461-012-0379-7

Kunst, M., Bogaerts, S., & Winkel, F. W. (2010). Domestic violence and mental health in a Dutch community sample: The adverse role of loneliness. *Journal of Community & Applied Social Psychology*, *20*(5), 419–425. https://doi.org/10.1002/casp.1040

Liebke, L., Bungert, M., Thome, J., Hauschild, S., Gescher, D., Schmahl, C., Bohus, M., & Lis, S. (2017). Loneliness, social networks, and social functioning in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment*, *8*(4), 349–356. https://doi.org/10.1037/per0000208

Lim, M. H., Eres, R., & Vasan, S. (2020). Understanding loneliness in the twenty-first century: An update on correlates, risk factors, and potential solutions. *Social Psychiatry and Psychiatric Epidemiology*, *55*(7), 793–810. https://doi.org/10.1007/s00127-020-01889-7

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Sage.

Lincoln, Y. S., & Guba, E. G. (2000). *The only generalization is: There is no generalization*. Case Study Method, pp. 27–44.

Llano, J. C. (2021). *El estado de la pobreza. Seguimiento del indicador de riesgo de pobreza y exclusión social en España 2008-2020. [The state of poverty. Monitoring of the indicator on the risk of poverty and social exclusion in Spain 2008-2020]*. European Anti Poverty Network. EAPN. Retrieved from https://www.eapn.es/ARCHIVO/documentos/documentos/informe-AROPE-2021-contexto-nacional.pdf.

Maes, M., Qualter, P., Vanhalst, J., Van den Noortgate, W., & Goossens, L. (2019). Gender differences in loneliness across the lifespan: A meta-analysis. *European Journal of Personality*, *33*(6), 642–654. https://doi.org/10.1002/per.2220

Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. *Development in Practice*, *13*(5), 474–486. https://doi.org/10.1080/0961452032000125857

Matulič, M. V., De-Vicente, I., Boixadós, A., & Caïs, J. (2019). Las mujeres sin hogar: Realidades ocultas de la exclusión social [Homeless women: Hidden realities of residential exclusion]. *Trabajo Social Global – Global Social Work*, *9*(16), 49–68. https://doi.org/10.30827/tsg-gsw.v9i16.8198

McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, *30*(3), 1771–1800. https://doi.org/10.1086/426800

Mehrotra, G. (2010). Toward a continuum of intersectionality theorizing for feminist social work scholarship. *Affilia*, *25*(4), 417–430. https://doi.org/10.1177/0886109910384190

Moss, K., & Singh, P. (2015). *Women rough sleepers in Europe. Homelessness and victims of domestic abuse*. PolicyPress.

Moustakas, C. (1994). *Phenomenological research methods*. Sage.

Murphy, Y., Hunt, V., Zajicek, A. M., Norris, A. N., & Hamilton, L. (2009). *Incorporating intersectionality in social work practice, research, policy, and education*. National Association of Social Workers.

Oxfam (2020). *Superar la pandemia y reducir la desigualdad* [Overcoming the pandemic and reducing inequality]. https://f.hubspotusercontent20.net/hubfs/426027/Oxfam-Website/oi-informes/superar-covid-reducir-desigualdad-oxfam-intermon.pdf.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Sage.

Peplau, L., & Perlman, D. (1982). *Loneliness: A source book of current theory, research and therapy*. John Wiley &Sons Inc.

Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, *23*(4), 245–266. https://doi.org/10.1207/S15324834BASP2304_2

Pyle, E., & Evans, D. (2018). *Loneliness – What characteristics and circumstances are associated with feeling lonely?* Office for National Statistics.

Rokach, A. (2005). Private lives in public places: Loneliness of the homeless. *Social Indicators Research*, *72*(1), 99–114. https://doi.org/10.1007/s11205-004-4590-4

Samuels, G. M., & Ross-Sheriff, F. (2008). Identity, oppression, and power: Feminisms and intersectionality theory. *Affilia*, *23*(1), 5–11. https://doi.org/10.1177/0886109907310475

Shiovitz-Ezra, S., & Leitsch, S. A. (2010). The role of social relationships in predicting loneliness: The national social life, health, and aging project. *Social Work Research*, *34*(3), 157–167. https://doi.org/10.1093/swr/34.3.157

Social Services Law 6/82. https://www.euskadi.eus/y22-bopv/es/bopv2/datos/1982/06/8200685a.pdf.

Souleymanov, R., & Zhang, Y. (2018). Coping strategies of economically destitute women who acquired HIV through paid blood and plasma collections in rural China. *Affilia: Journal of Women & Social Work*, *33*(3), 363–378. https://doi.org/10.1177/0886109918762563

Twinn, S. (1997). An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. *Journal of Advanced Nursing*, *26*(2), 418–423. http://dx.doi.org/10.1046/j.1365-2648.1997.1997026418.x

United Nations (2016). Department of Economic and Social Affairs. (2016). Leaving no one behind: The imperative of inclusive development: Report on the World Social Situation 2016. UN.

Walton, Q. L., & Oyewuwo-Gassikia, O. B. (2017). The case for #BlackGirlMagic: Application of a strengths-based, intersectional practice framework for working with Black women with depression. *Affilia*, *32*(4), 461–475. https://doi.org/10.1177/088610991771221

Weiss, R. (1973). *Loneliness: The experience of emotional and social isolation*. MIT Press.

Wilkinson, R. G., & Marmot, M. (Eds.). (2003), *Social determinants of health: the solid facts*. World Health Organization.

Winetrobe, H., Wenzel, S., Rhoades, H., Henwood, B., Rice, E., & Harris, T. (2017). Differences in health and social support between homeless men and women entering permanent supportive housing. *Women's Health Issues*, *27*(3), 286–293. https://doi.org/10.1016/j.whi.2016.12.011

World Health Organization. (2010). *Poverty, social exclusion and health systems in the WHO European region*. WHO Regional Office for Europe.

Author Biographies

Ainara Arnoso, PhD, in Psychology and Master in Group Analysis. Associate Professor in the Department of Social Psychology at the University of the Basque Country. Director of the Master's in psychology of Organizations and Psychosocial Intervention at the same University. Board Member of the Spanish Association of Group Psychotherapy and Techniques (SEPTG). Leading research studies on gender violence, social exclusion and evaluation of psychosocial intervention programs. She has published extensively on migration processes and mental health, gender violence, child-parental violence and group interventions.

Maitane Arnoso, PhD, in Political Science and Assistant Professor in the Department of Social Psychology at the University of the Basque Country. Her main research interests are in the area of human rights, intergroup

relations, transitional justice and the culture of peace using qualitative and quantitative methods. She has published in high level, national and international journals in social sciences, three books and several book chapters.

Edurne Elgorriaga, PhD, in Psychology and Master in Group Analysis. Associate Professor in the Department of Social Psychology at the University of the Basque Country. Her research work focuses on migration processes and mental health, on child-to-parent violence and on groups interventions. She has experience in the evaluation of psychosocial intervention programs with different populations and in group psychotherapy.

Nagore Asla, PhD, in Psychology and Master in Child Protection. Associate Professor in the Department of Social Psychology of the University of the Basque Country. She has extensive research experience in issues of child vulnerability, gender violence, social exclusion and people living with HIV/AIDS with the qualitative and quantitative methodology. She also has experience in the design, intervention and evaluation of programs of psychosocial intervention.

Miren Aiertza, PsyM. Master in Organisational Psychology and Psychosocial Intervention at the University of the Basque Country and Postgraduate in Mental Health in Situations of Political Violence. She has experience in research on social exclusion and as a technician in social intervention. She currently works in the psychotherapeutic and educational field, and has clinical training in the systemic model, sexology and the humanistic-integrative current.

Ane Bengoetxea, PsyM. Master in Organisational Psychology and Psychosocial Intervention at the University of the Basque Country and Postgraduate in Mental Health in Situations of Political Violence. She has experience in research on social exclusion and as a technician in social intervention. She Currently works on social intervention with socially excluded and homeless people.

Maribel Pizarro, PsyM. Social Psychologist. Expert in Evaluation with a Gender Perspective. For 25 years she has worked in the university field (Research and Teaching at Master level). She currently works at the Telephone of Hope in Gipuzkoa as Director of the organisation.