

Understanding midlife single women's care as radical

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www.feministreview.com**Alison Lamont¹ and Sonya Sharma¹**

Abstract

Single women's lives are important but marginalised. The care that they do is meaningful and can be radical. In this article, we argue that within neoliberal patriarchal capitalism, radical care work is care that emerges from the margins, is self-and-other regarding and envisions change through maintenance and small acts. This definition draws insights from an emerging body of literature that uses the term 'radical care' to explore its potential in empirical studies of care and interview data with UK single women in midlife (37–62 years old), with and without children and experiences of romantic relationships. We develop the concept of radical care through a reflexive thematic analysis of accounts of care performed by these women. The decisions they make about their relationships are in part made by the care that those relationships enact, and single status allows rationalities of care to emerge which are not driven or defined by the pervasive 'couple-norm' that marginalises them. We argue that this kind of care work, governed by pursuit of a life that is meaningful and self-sustaining, is radical because it pushes against the neoliberal edicts of self-advancement and competition and instead centres relationality, survival and world-repair. By foregrounding the common yet marginal status of female singlehood in midlife, this article develops a vantage point that advances debates about radical care.

Keywords

care work, maintenance, margins, midlife, radical care, single women, singlehood, small acts

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Introduction

Single women in midlife represent a marginalised, peripheral group despite not being a particularly small demographic. The population of single women in England and Wales in 2018 was estimated to stand at 31.7 per cent of all adult women (ONS, 2019). By 2017, the single population among men and women aged 50–64 had increased to 12.9 per cent of that group from 6.1 per cent in 2002 (ONS, 2018). Single women in midlife are abundant yet their experiences are kept on the margins by patriarchy's gendered ageism (Lahad, 2017), by the neoliberalist responsibilisation of the individual for their romantic outcomes (McRobbie, 2004) and by a couple-norm that mediates respectable adulthood (Roseneil et al., 2020). With this as our context, we explore an area that has received scant attention: the care work that single women in midlife do, framing it as 'radical care', that is, care that sustains life within the margins. We draw on interviews with eight single women in midlife in the UK, conducted between 2023 and 2024.

We address first how we define 'care', drawing on feminist approaches. We then explain our research process and methods. Subsequently, we present our data through the lens of radical care that enables survival in the margins and resistance to structures of domination. Our theorisation is informed by Black feminist thought, activists and social scientists and studies of racialised women, crip, queer and other minoritised groups. Our contribution addresses radical care as consisting of three overlapping themes: 1) it emerges from the margins, 2) it is self-and-other regarding and 3) it envisions change through maintenance and small acts. We explore single women in midlife as familiar figures who are marginalised by singlehood and age, whose care work radically resists patriarchal expectation to care for themselves and others but is invisibilised by existing beyond the couple-form.

On care

Feminist activists and theorists have demonstrated women's burden of care, its unequal weight, marginalisation and invisibility. In arguing this, they have also been concerned about what 'care' is – a moral virtue or a form of labour – and how it is enacted (Keller and Kittay, 2017). We employ the definition of care that it is always relational and '*includes everything we do to maintain, continue, and repair our "world" so that we may live in it as well as possible*' (Fisher and Tronto, 2003 [1990]: 34, emphasis in original). This includes ordinary activities from cooking dinner and planning a birthday party to replanting our forests. Care as an object of feminist thought and research developed in the mid-20th century. Sara Ruddick (1980) articulated that from childcare practices, 'maternal thinking' emerges alongside feelings and labour. Soon after, Carol Gilligan (1982) argued that women are orientated to an 'ethics of care' and men to an 'ethics of justice', linking gender and moral development. While critiqued for its lack of 'other perspectives' (Fraser and Nicholson, 1990, cited in Bourgault et al., 2024: 1), Gilligan's research is important because it recognised the value of care amid the social structuring of patriarchy that frequently devalues it.

Berenice Fisher and Joan Tronto (2003 [1990]: 36) argue, however, that recognition does not necessarily raise the status of care work, and nor does it lead to more equality. They set out 'the components of caring': 'caring about' means first recognising a need; 'taking care of' is taking responsibility to care for that need; 'caregiving' is the task of doing care work; and 'care-receiving' is the response to the care given (Fisher and Tronto, 2003 [1990]: 34–39). These care processes are not straightforward and contain within them tension and conflict and the complexities of what can enable care, such as '*time, material resources, knowledge and skill*' (Fisher and Tronto, 2003 [1990]: 35, emphasis in original). While recognised as foundational, care ethics have been critiqued for their colonialist and

Western-centric underpinnings and for needing to be more cognisant of intersectionality (Bourgault et al., 2024). Thus, whose care work is recognised and how and by whom are ongoing issues of care and social justice (Bourgault et al., 2024). Eva Kittay's (2020) work further demonstrates how social institutions and normative framings of care have failed to address the integral dependency which is at the heart of care. From this starting point in the literature, we argue that single women's care work in midlife is one space where care work has not been recognised normatively or institutionally, and where care scholarship could meaningfully develop. Psychosocial theorist Lisa Baraitser (2017: 14) points out that care 'is inextricably bound up with histories of the antithesis to care, or failures of care' and that failing to think can also be a failure to care. We aim here to rectify the lack of thought on how single women in midlife think about and enact care.

We are interested in what single women in midlife do and where they direct care when it is not channelled towards motherhood or the couple-form as is expected of normative adult womanhood. The care that single women do is systematically ignored by the hierarchies of care that centre the couple-norm and the care practices that develop from it, symbolised by the nuclear family. Joan Tronto (1993: 120–121) argues that 'privileged irresponsibility' occurs when 'those who are relatively privileged are granted by that privilege the opportunity simply to ignore forms of hardship that they do not face'. In this sense, single women in midlife's hardships around care are underexamined by the privilege accorded to coupledness.

Being in a couple as an adult is a privileged normality: the cross-cultural research of Sasha Roseneil et al. (2020: 24–26) identifies four norms buttressing contemporary intimacy, of which the norm that adult intimacy should occur within a couple is the most tenacious. They write:

Whether a person is coupled or not is fundamental to their experience of social recognition and belonging: the good citizen is the coupled citizen, and the socially integrated, psychologically developed and well-functioning person is coupled. Being part of a couple is widely seen and felt to be an achievement, a stabilising status characteristic of adulthood, indicative of moral responsibility and bestowing full membership of the community. To be outside the couple-form is, in many ways, to be outside, or at least on the margins of, society. (Roseneil et al., 2020: 4)

Single women in midlife are assumed to have failed in their social position and status and in their social contribution to the normative realms of care. While many single women who are also mothers experience marginalisation and precarity (Bencheckroun, 2025), their singlehood can be experienced differently because of how society privileges motherhood. Thus, by being in a couple or being a parent, one is buffered to a certain extent by the privilege these statuses hold and in relation to care.

Further, the parenting couple or nuclear family is understood as the default mode through which care is organised in European societies; indeed, 'the family has monopolised care in a way that makes it more difficult to build alternatives' (Gotby, 2023: 12). While European welfare states have become more individualised than family-orientated since the 1990s, women are still not fully 'individualised' (Lewis, 2002) in that they continue to earn less than men, are more likely to work part time than men and are more likely to take time out of the labour market for caring responsibilities (Women's Budget Group, 2024). While mothers are less individualised than single women, this does not mean that single women are wholly independent and carefree as they are likely to still have caring dependencies with parents and friends: but these are rarely recognised as socially significant (Roseneil, 2004).

Against this backdrop, Krystal Wilkinson and Julia Rouse (2023: 78) found that single, childless working women at the beginning of midlife (36–44 years old) experience 'late fertility as a crisis point' if they have not achieved the 'balanced mother ideal'. They describe these women's 'sense of

failure', 'sadness' and 'powerlessness', which 'are unspeakable negative states in postfeminism and neoliberal feminism' (Wilkinson and Rouse, 2023: 79). Postfeminism focuses on choice and the array of options women have but amidst achieving coupledom and pronatalism. The path to such success lies in a woman's career ambition and sexual freedom (Budgeon, 2016; McRobbie, 2004), sculpting one's body and cultivating confidence (Orgad and Gill, 2021). Neoliberal feminism (Rottenberg, 2014) moves away from the struggle for gender equality and instead 'leans in' (Wilkinson and Rouse, 2023). 'The ideal neoliberal feminist subject is entrepreneurial in taking control of her situation, assuming responsibility for organizing (if not always doing) care labor and managing her own working life and well-being' (Wilkinson and Rouse, 2023: 70). Yet as single women in midlife anticipate and contend with perimenopause and menopause, their need for and ability to provide care changes. Simultaneously, there is an attendant shift in experiences of femininity and socially expressed value and a drop in representations of their desirability (De Graeve and De Vuyst, 2022).

What care, then, can single women in midlife expect and live out in a society dominated by a couple-norm? Within this context, we move to look at radical care as a possible concept that is cognisant of systemic inequalities and alive to the personal costs and opportunities of relational care work. We now turn to address our research process and methods.

Research process and methods

From the literature around female singlehood there is good evidence that single life is stigmatised and usually understood as a deficit status by adults living in societies dominated by a couple-norm. As researchers, we have also witnessed this at a personal level. Both authors experienced long periods of singlehood in adult life and share a personal interest and individual observations about how we experienced this status. We both entered (what have turned out to be) long-term relationships in our 30s and noted the change in conversations with others about life: shifts towards anticipatory questioning around marriage and parenting, more complicated discussions around returning to the parental home for holidays or changing feelings about working late. This journey through 'chronic' singlehood to 'late-onset' coupledom sensitised us both to the different expectations placed on single adult women. We both came close to 'missing the boat' and got a clear view of what the future looked like if we stayed on singlehood's shore.

From this experiential moment, we took note of representations of female adult singlehood in the media, culture and news, and we began exploring the small but active related academic literature in the UK and elsewhere. While the UK still has a fraying welfare state that enables women to claim benefits without being married or a mother, these benefits are affected by austerity cuts and by specific policy inequalities such as pension discrimination (Giusta and Longhi, 2021). There is a widespread discourse of 'choice' for women in the UK and pride in gender equality (Thwaites, 2016), which exists in parallel with marked inequalities for coupled mothers in childcare and domestic work (Zamberlan et al., 2021) and within the 'motherhood penalty' in paid work (Jones et al., 2023). But for single women, the face of singlehood remains painted as a problem (e.g. the film *Bridget Jones: Mad About the Boy*, 2025). Academic interest in singlehood grew in the 1990s (Gordon, 1994) and explores the concept of 'singlism' (DePaulo, 2006), or the discriminatory attitudes and behaviours towards long-term single people, particularly single women. The literature has documented the inequality and discrimination that single women experience (Pickens and Braun, 2018) and their narrow and discouraging representations in media (Gilchrist, 2022), and it has challenged the deficit model of singlehood (Addie and Brownlow, 2014; DePaulo, 2023a). This

literature provides evidence for understanding single women's lives as marginalised and gives us a wider perspective than just personal experience.

However, there is a jarring gap between experience and reporting: yes, for both of us, singlehood was sometimes a problem and sometimes a lonely or worrisome status, but it was also sometimes a joy or an opportunity. More significantly, it was always a small part of our layered, complicated and rich lives. We neither rejoiced nor rejected singlehood but noted how it shaped our experiences and expectations about the future, particularly when anticipating the care we would give (and were giving) and receive if we remained single. It is this 'other' part of life – the part not defined by couple or motherhood status – that we find missing in the current literature and that we approach with this research. Care is such an integral part of how women's subjectivity is shaped that its relative absence in the single women literature is curious.

With a shared desire to explore this gap, we embarked on this research together in 2023–2024 to see if we could take up the challenge of designing research that embeds an anti-singlist approach (DePaulo, 2023b). We focused on exploring the viability of interview-based research in capturing this 'other' part of single life – the care, community and connection in single women's lives – through a small-scale study. We drew broadly on feminist principles of interviewing (Herron, 2022), focusing on close listening and reflexivity to understand, as far as possible, the information shared with us from our participants' perspectives.

Following Bella DePaulo (2023b), we checked our interview schedules for questions open to positive rather than negative storytelling from participants in interviews. From the wide literature on care, we knew that the term 'care' is not easily pinned down. Therefore, rather than asking directly about singlehood, we decided to ask participants about their experiences of community and friendships and to see what emerged by asking about non-romantic relationships in order to learn what kind of, when and where (and if) care became relevant. Taking into account the well-established social significance of food for social connections and relationships (Lupton, 1994), and inspired by Audre Lorde's (1988: 42–43) striking account of a dinner in *A Burst of Light*, we decided that raising the topic of food could be a useful way to explore the wide range of participants' life experiences that may reflect singlehood along with paths and connections beyond it.

The research design was approved by our university's ethics board. With the aim to recruit up to 10 single women to interview, we drew on networks around us and some wider snowballing. Our final sample consisted of eight interviews (as two participants withdrew due to ill health): one in person, six online and one who preferred to answer the interview guide via email. Our participants are all women residing in the UK, identifying as White British ($n = 5$), White European ($n = 1$), White Canadian ($n = 1$) and British South Asian ($n = 1$).

The age of our participants ranged from 37 to 62 years old. Our initial definition of midlife ranging from 40 to 60 years old broadened with our sample, which we justify because of the social pressure associated with fertility and its end, which intensifies for women from their mid-30s onwards (Wilkinson and Rouse, 2023), and the added weight this gives to the status of singlehood (Pickens and Braun, 2018). Survey findings have shown that women in the UK become more active in seeking health information about menopause and perimenopause in their 30s (Munn et al., 2022), and wider findings from singlehood studies suggest that the mid-30s onwards is a time when conversations about the 'problem' of relationships become more loaded (Lahad, 2017). Therefore, to account for the long shadow cast by menopause and the gendered aspect of aging that makes women feel 'older' before their male counterparts, our study stretches the understanding of 'midlife' for women to include single women in their 30s.

In line with the qualitative research paradigm, we do not seek to claim broad generalisability or representativeness in our sample but instead focus on deep understanding of the stories our participants shared (Braun and Clarke, 2022). Our student research assistant transcribed the interviews, which we then all read through, made memos about and coded individually. We met multiple times to discuss emerging themes (Braun and Clarke, 2022). To ensure a good understanding of the interviews, we shared the transcripts with our interviewees and offered them the opportunity to redact or comment on any of the content, which some did. Notably, one participant responded that she was surprised by how positive her account of her life sounded and wanted to add that she did experience singlehood as lonely and difficult sometimes. This was important for us to note: we do not seek to create a falsely positive narrative of singlehood, but instead we seek to fill in the rest of the picture of single life beyond romantic attachments. However, as the project was framed and advertised through the lens of singlehood, some participants reported that they anticipated more questions about their relationships.

Other limitations of the interview schedule were that we did not ask directly about work or health experiences, both of which turned out to form the basis for much discussion: reflexivity and willingness to follow our participants' responses ameliorated this omission. We also found that our questions generated more talk around the care given than care received, which means that our discussion is primarily focused on the care work that our participants reported doing. As Jean Keller and Eva Kittay (2017: 546) point out, 'Once we ask, "who cares for whom?" what comes into view is the way in which power relations structure and are implicated in the labor of care': it may be that our interview schedule leant towards eliciting stories of single women in midlife as unrecognised caregivers in response to those structures of power relations. Hence, our findings are partial but still form an opening through which to start understanding the overlooked care work of this group of women. With this in mind, we turn to the analysis of our findings.

Radical care amongst single women in midlife

In this section, we theorise and discuss the notion of radical care through our interview data. As above, an ethics of care in tune with a feminist approach, even though it has its critiques, aims to decentre hierarchies of care and to foreground alternative pathways to care equity (Bourgault et al., 2024; Hartsock, 1983). It also seeks to heed those excluded from epistemologies of care: here, midlife single women. 'Radical care' itself is a concept that has arisen in response to precarious worlds and marginalisation (Hobart and Kneese, 2020). Following writer and activist adrienne maree brown (2017: 11–12), we define 'radical' as grounded in imagination and movement and, following Fisher and Tronto (2003 [1990]), we define 'care' as always relational. Drawing from Black feminist and social sciences literature and participants' interviews, we theorise and demonstrate radical care through three overlapping themes from our analysis: 1) it emerges from the margins, 2) it is self-and-other regarding and 3) it envisions change through maintenance and small acts. While 'care' aims to capture all forms of caring activity (Fisher and Tronto, 2003 [1990]), we define 'radical care' as care that sustains life on the margins. It pushes against neoliberal edicts of self-improvement, individual advancement and competition, and instead centres relationality, survival and world-repair.

Emerging from the margins

First, system-conscious forms of radical care emerge from those who have been on the margins themselves and from those who shed light on those who are marginalised. bell hooks (1989) writes about growing up in the margins in Kentucky and of the spaces she could enter but in which she was not allowed to live. Her experience enabled her to theorise the margin as a 'site of radical possibility'

(hooks, 1989: 20). While our participants are situated differently to hooks, their reported experiences within a culture of the couple-norm also speak of being on the margins and marginalised, which has attuned them to questioning and thinking about other possibilities in ways that share a resonance with hooks' reflections. One of our participants, Nicola, aged 50 and an Anglican vicar in rural England, told us:

The big thing at work has been, I've ended up doing an old lady's washing because she's been in hospital, and she doesn't have anyone. She doesn't have a family. They live a long way away, so they can't come and take washing and then bring it back because it's too far. So, that's really brought home to me the idea that we need to look after our single people, because what do you do if you're in hospital, and there's nobody to do your washing, you know, what do you do? If you're in hospital, there's nobody to bring you a bottle of squash [i.e. fruit drink].

Nicola, in part because of her work, is part of a social infrastructure of care for an elderly woman on her own. Being a single woman in midlife, she understands intimately the care this woman needs, and she questions who you can call if you are on your own. Nicola's caregiving counters hegemonic discourses that assume care work comes from children or a partner. Because care is gendered and the Church intends to be caring, it might be assumed that a female vicar would do this anyway; however, emphasising that the parishioner 'did not have anyone', Nicola instead connects her care work through a fellowship of singlehood. In having thought about her place as a midlife single woman in the Church and the questions she raises here, Nicola invokes similar ethical imaginaries to those that Sarah Lamb (2018: 52) found in her ethnography of single women in India. The women in Lamb's study seek belonging, to be 'someone who counts, is worthy of recognition, and is intimately connected with others as part of the social body'. In Nicola doing this older single woman's laundry along with getting her preferred drink, she does the work of recognition and belonging, which connects Nicola and this older single woman to community. Thus, in the everyday, at the micro level of relationality, care from the margins can be radical because of what it helps to question, reimagine and facilitate.

From the margins, other forms of care emerge. Laura (45 years old) uses her spare time to bring people together who have a niche trait in common. She said:

It's basically for people who are [trait] to meet up and socialise and discuss things that we kind of get and other people might not get ... I just like to bring people together, so they don't feel like they're on their own, I guess ... because of my own experiences.

Laura had previously suffered from a long illness, during which she also experienced long-term singlehood. From this, she learned 'self-compassion' and what it is like to be isolated, alone and on the periphery. For Laura then, the margins enable a way 'to see and create, to imagine alternatives, new worlds' (hooks, 1989: 20) where those on the edges like her are worthy of recognition. Likewise, in her workplace, Laura is part of equality, diversity and inclusion networks and has brought colleagues together with grassroots initiatives; she said:

My work colleagues are having quite a difficult time at the moment [...] so a few of us got together to think of some activities we could do to boost the mood. We did a lunchtime walk with them. I did a little craft workshop; we had a charity coffee morning.

Laura's purpose for these activities is to 'connect people' and 'getting together to just chat'. Situated outside the couple-form, Laura's care work emerges as pro-social and reflexive, building and sustaining

community ties rather than family ties. She does not consider these activities as career-advancing. We also observed that she uses language that limits the importance of these activities, describing them as ‘small’, ‘little’ and doing things ‘just’ for connection, perhaps locating her care work as peripheral to her paid work or as insufficient to meet the care needs she has identified in her workplace. Nonetheless, Laura’s care work emerges from the margins to imagine better work and life spaces that move towards connection and world-repair. Listening to accounts of single women in midlife reveals the margins as a space from which to question and exercise other possibilities. In the margins, intersectional considerations such as gender, family and health norms are not far away, and while they can inhibit they can also be resisted, for it is in the edges that one can attempt to live differently and shift power relations, even if in ‘little’ or ‘small’ ways. We return to the importance of ‘small’ below.

Self-and-other regarding

Second, radical care is self-and-other regarding because it heeds self-preservation to take care of the other. This can be observed in reflections shared by Evie (60 years old), who works in a garden centre and is a single mother of an adult daughter who has a child:

... after I’d spent time caring for Mum, I thought even though those previous jobs were great and relatively well paid, I was always bringing work home in the evening. I always did loads of voluntary hours and talks. And so, when Mum died, I thought, whatever job I get, it’s got to be very close to where I live to save the planet and working with plants, because plants help the planet. And I don’t have to do work in the evening or when I’m ill ... I sent my CV off to the [garden centre] and then they called me during COVID to see if I would work with them.

Many who have theorised radical care begin with Black lesbian feminist writer Audre Lorde’s (1988: 131) statement that ‘Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare’. What precedes this part of her statement is her explanation of understanding the difference between ‘overextension’ and ‘stretching herself’. Overextension had ‘devastating effects’, especially as she was receiving treatment for cancer at the time of writing, and it was important for her ‘to monitor the difference’. Lorde’s self-preservation is synonymous with an act of political warfare because it aimed to protect herself and, therefore, what she could be and do for others. Lorde’s self-preservation is a dialectical act of radical care for self-and-other, for by defending herself she gives to herself and her community, thereby altering the wider struggle. While Evie’s life is different to Lorde’s, Evie’s decision to care for herself and other beings through the kind of work she chooses to do corresponds with Lorde’s intention. It also resists ‘the capitalist approaches that stand in opposition to wellness for marginalized people’ (Kim and Schalk, 2021: 329). By removing herself from work that is life-depleting, she can replenish and engage in purposeful work. She also has more time, which she uses to attend and participate in climate action groups.

Similarly, for Jodie (56 years old), self-preservation came about because of her work environment. Speaking on how she recently left a job not because of the work itself but for the unpaid care she felt obligated to provide, Jodie said:

People would say, ‘Oh, do you want to go out for lunch?’. And I thought, ‘Oh, that sounds great, I can go out for lunch with my colleagues’. But because I’m a middle-aged woman, what they wanted was free counselling. So, I would sit with them at lunch, and they would just bang on about themselves, not everybody, and they wouldn’t ask me one question about myself, not one ...

Jodie sought to protect the presumed limitless care she represents as a friendly woman in midlife, but this has not prevented colleagues calling her at home or asking for her personal advice. She attributes these intrusions to her gender and age rather than her singlehood, noting that her male peers do not experience them. Singlehood may make her care seem more available, however, particularly for those colleagues calling her at home. Women conducting 'emotional labour' that is both demanded yet unrecognised and unremunerated in the workplace is not new (Guy and Newman, 2004). Indeed, women are understood to 'manage expression and feeling not only better but more often than men do', both in work and at home (Hochschild, 2012: 164). The expectation of this 'free' care work from a single woman in midlife suggests a presumption that she is both caring and care-free, as having a 'care surplus' that is available to anyone in need. Jodie reflected that: 'I think I'm a very caring person, but I'm very wary [...] because it's really, it's one way. It's not reciprocal'. Her experience echoes Lorde's (1988) observation on the costs of overextension. Similar to Jodie, Robin actively takes steps to guard her wellbeing by removing herself from undesired and depleting environments. Perceiving Sunday as a day for 'couples with their kids in the buggy and the dog' and 'hurtful' because she is not included in this, Robin chooses not to leave her home on Sundays unless with a friend. Out of 'stopping' comes self-protection and care of the self, which in turn is an act that enables Jodie and Robin to care for others, such as friends and colleagues, in ways that are not self-depleting.

In an interview with Aisha (40 years old), we heard about how she values and cares for herself in a way that enables her to give to others. Talking with us about food, Aisha said:

One thing I've noticed, which I think has changed over the years, is that I don't now cut any corners just because I'm living by myself. I will cook the same standard of food as if I had an audience ... I don't really think 'Oh, no, I'll only do this if so-and-so is coming over', I'll just do it.

In Aisha's statement, there is a sense of not putting her tastes and self on hold just because she is on her own. She does not practise higher standards just for others but does so for herself and makes the food she wants. She explained that she is able to do this in part because she had moved into a house of her own, which 'changed my quality of life' and 'all of those self-care practices and high standards for myself, I'm now acting on them'. Having long worked internationally in the third sector helping others, Aisha's experiences of accommodation have varied, but moving into a home of her own has assisted her to realise her priorities for herself. It is also a home that she offers as respite to others. Black feminist Desireé Melonas (2021: 53) on radical self-care remarks that 'self-care does not implicate the individual only' but rather 'we are individuals in context, persons situated in communities, meaning, then, that the well-being of those around us has an inevitable bearing on us and our capacity to strive'. In the wider work of care about which Lorde (1988) speaks, Aisha's engagements with food and home are acts of self-preservation that enable her to intentionally give to others. Amongst these women's experiences, care can be considered radical because it pushes against neoliberal edicts of self-advancement and competition and instead centres relationality, self-sustainability and world-repair.

Envisioning change through maintenance and small acts

The third and final theme that emerged from our analysis is that radical care envisions change through maintenance and small acts. Living and surviving on the margins is hard work and corresponds to the time and resources that one has. For many single women in midlife, this can differ depending on how they are socially and economically situated. Maintenance refers to ongoing practices that keep us

going, and small acts refer to the iterative change that can arise from micro-level actions. Maintenance and small acts can work separately but also together. We observed them both at work for Robin (37 years old), a bodywork therapist and climate activist; she said:

I'm getting up in the morning, I sit down and meditate and speak affirmations and then meditate in the evening for quite a while ... I just feel like even if the day turns out to be crappy, I kind of feel like I can monitor it better. And then the evening is more a letting go of what has happened. And I often just sit and see what comes up ... I really tune into my body and see maybe really small movements and see where the perfect place is to be ... well, it processes the day and also, it centres me, and it lets me come back to myself. Well, even though I live alone, and I work mostly alone, I have to deal with a lot of people and different people and all kinds of styles of life and ageing, all through activism and [bodywork]. And, so, it's easier for me to let go of that and come back to myself ... and if [I] don't do it, the day doesn't feel right.

Baraitser (2017: 49) theorises maintenance as 'durational practices that keep "things" going; objects, selves, systems, hopes, ideals, networks, communities, relationships, institutions ... and are in part generated by conditions of vulnerability that we all share' but that often remain 'hidden'. Here Robin describes her practice of meditatively tuning into her body to maintain herself, which in turn enables the care work she does as a bodywork practitioner and climate activist. Different to self-preservation, which is more in defence of the self, maintenance is a 'tinkering away' to keep going, something sociologist Yasmin Gunaratnam (2013) writes about in her research on diasporic bodies in healthcare. Maintenance is open to improvisation, not stopping something, finding a workaround. Living alone, Robin's meditation brings her back to herself, implying that her work scatters her: she has found this workaround, this act of maintenance that holds her together. Acts of maintenance are necessary for survival, and small acts of care are necessary to incrementally challenge the status quo. Maintained by meditation, Robin's work seeks incremental changes both in her bodywork practice and in her wider climate activism, offering a small challenge to the status quo of exhausted bodies and exhausted planet. brown (2017: 21) claims that 'small is all' to conceptualise how social change arises out of small acts. In Robin's account, being conscious of herself and her body signifies care, and if maintained over time it can help to 'shape change and change worlds' (brown, 2017: 5–19). in those whom she treats and educates about climate change.

We also identified this thread of change through small acts in other interviews, for example in pushing against the centrality of coupledness. The Church as an institution is one where social norms related to coupledness and family are maintained (Gaddini, 2022; Sharma, 2011). Nicola raised this in her interview regarding the language used in her church events that promote the 'family'; she said:

It's about the language that we use. So, 'a family service'. Is it for families? Shall I not bother going then? Cause I haven't got one. So, it's trying to be mindful, and it's the language that we use, the things that we do.

Many churches endorse the notion of a 'church family' and aim for it to welcome all (Sharma, 2012), yet this language inadvertently espouses marriage and the nuclear family, which is what Nicola was referring to. By removing and replacing words in church announcements and the running of events and weekly services, Nicola's small acts can inform inclusion and shape change. She attends to the margins and not the centre. These small acts propose that relationality starts from the edges in an effort that other worlds come into view. Nicola elaborated: 'Most of my congregation are older people,

a lot of whom are widowed or on their own, and you want a cheer for them as well'. Nicola's efforts echo hooks (2001: 129), who states that 'Communities sustain life – not nuclear families, or the "couple," and certainly not the rugged individualist. There is no better place to learn the art of loving than in community.' Collective care is thus essential to radical care (Hobart and Kneese, 2020).

Other forms of community-based inclusivity emerged in our participants' stories. Aisha shared that when she found herself amongst a group of friends discussing parenting and children for long periods of time, she enacted self-regarding care and removed herself because she found them exclusionary; she said: 'That happened a few times where I had to take myself off, with my very full glass of wine, and go and sit on the stairs'. Off the back of this, she reflected on how she is more discerning of inclusivity in such situations, for example by choosing not to dominate conversations with her career interests or assuming everyone is equally engaged in her personal endeavours. Small acts of care are necessary to live amongst the status quo but also to challenge it. These everyday acts challenge 'external directives' and demonstrate 'living from within outward', which is responsible to one's 'deepest sense' and enables 'acts against oppression' (Lorde, 1984: 58). In doing so, they make possible other forms of support and care such as friendship and inclusive conversation that counter the everyday structural effects of the reproductive couple-norm. Whether doing the laundry for an elderly woman or removing oneself, such acts of care for others and oneself not only assist in maintaining and enduring our world but also conjure imagination, movement and radical care to make our world more equitable and liveable.

Conclusion

In this article, we sought to address three questions: What happens when single women in midlife are excluded from heteronormativity and, more broadly, from the couple-norm as a support system? Where does their care work go, if it is not made visible through the couple? How are practices of radical care a counterpoint? Within this article, our understanding of single women in midlife is shaped by Roseneil et al.'s (2020) work demonstrating the tenacity of the couple-norm, against which midlife single women are understood as a marginal group with more tenuous claims to social inclusion than coupled women: they are peripheral to heteronormative forms of care. In our interviews, women identified ways through which they enact care and self-care. They shared with us their loneliness, but this was not the dominant thread of discussions: all our participants live rich care-full lives, and where they experience exclusion they often also promote ways of enabling inclusion, from one-woman cru-sades against church language that marginalises to activism to protect the planet.

If we understand radical care as those practices that reimagine who we care for and how, that enable survival within the margins and that have the potential to push for wider social change through small acts, then we can say that these practices resist the exclusion and fight for the inclusion of single women, be they in midlife or not. Radical care helps us orientate our ways of looking at the work that single women in midlife do, framing practices not as actions formed out of loneliness or eccentricity but as ones that seek to 'maintain, continue, and repair our world' (Fisher and Tronto, 2003 [1990]: 34). Michèle Barrett and Mary McIntosh (2015 [1982]: 80) argue that the nuclear family is 'a major agency for caring, but in monopolizing care it has made it harder to undertake other forms of care': perhaps this is the case, but maybe we are not used to recognising care that is not tagged and labelled neatly by familial relations. By pouring energy into community activities such as setting up support networks in workplaces, the women we interviewed work to rebalance care deficits around them in meaningful ways. Radical care, therefore, centres ways in which small actions of survival on

the margins enable care to be experienced beyond the nuclear family and envision different sorts of relationships and social spaces as sites for care.

Though our small, majority white sample limited a rigorous intersectional analysis, we spoke to women from different socioeconomic backgrounds, working in various occupations in fields ranging from academia and the charitable sector to self-employment, some of whom are mothers and others who are child-free. We also captured some variation in ethnicity and nationality, as well as different health experiences from long-term serious ill health to self-reported good health. Where finances allowed, self-fulfilling possibilities brought transnational life and career changes centred around personal interests. Where finances were constrained, choices were still made, for example to pursue lower-paid jobs that could be left at the doorstep, enabling leisure time. Our research captured these elements, leading to further questions about single women in midlife: How does radical care that is self-and-other regarding extend one's sphere of options? How do practices of care from the margins cultivate collective care and wellbeing from which others can learn? How does radical care contribute to social solidarity and mobilisation for more equity and justice? Our article, moreover, reveals that single women in midlife have much to contribute towards advancing debates on radical care and what it means to live life-giving, world-repairing and noteworthy lives.

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Consent for publication

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