Ageing with place: examining the relationship between ageing and therapeutic landscape among mid-life women in rural Sweden, Ireland and Scotland

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research article

Ageing with place: examining the relationship between ageing and therapeutic landscape among mid-life women in rural Sweden, Ireland and Scotland

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This article examines the relationship between the natural environment as therapeutic landscape and the ageing of mid-life rural women. The concept of ageing 'with' or 'alongside' place has received less academic attention than that of ageing 'in place' within the homeplace or locality, but is equally worthy of further exploration. Three distinct studies over separate time periods during 2013–21 were conducted within selected rural areas of Sweden, Ireland and Scotland to explore the relationship between the natural environment, its therapeutic qualities and the ageing of mid-life women. Qualitative data from one-to-one in-person interviews were gathered and analysed from a lifecourse perspective and informed by constructivist grounded theory. Findings from these three studies extend existing narratives on the relationship between perspectives on ageing and the natural therapeutic environment. While the research sites of these studies are all rural, nuanced geo-socio-demographic differences exist that produce deep participant diversity on ageing and the natural environment as therapeutic landscape. Overall, the natural environment was perceived as a positive, therapeutic contributor to ageing, but from different perspectives, for which three descriptors have been created. The 10 participants in Värmland, Sweden, viewed therapeutic landscape from a 'utilitarian' perspective; the 25 participants in Connemara, Ireland, viewed it from a 'pragmatic' perspective; and the 12 participants in the Outer Hebridean islands, Scotland, viewed it from an 'aesthetic' perspective. Such diversity of perspective is important to note as it suggests that mid-life rural women use their environments differently and follow culturally heterogeneous pathways toward ageing.

Keywords ageing • mid-life • women • rural place • therapeutic landscape

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Introduction

This article examines the connecting pathways between the ageing of mid-life women and their experience of the natural landscape as therapy within three distinct rural sites

in Ireland, Scotland and Sweden. Sites were purposefully selected to include diverse rural areas within the three countries. Geographic diversity in this context refers to divergence in landscapes. The Scotland site comprises an archipelago of islands on the north-west coastline, linked by a series of causeways. The Sweden site is inland and landlocked, comprising widespread lakes and woodlands. The Ireland site comprises coastlines and low mountainous terrain with a small town as a focal centre. All three sites are underpopulated and have ageing populations. The sites were considered to be underpopulated due to their low population densities.

'Ageing in place' has been widely recognised as a feature of population ageing, and it is argued that most older people aspire to age in the familiar surroundings of home to which they have formed an attachment (Altman and Low, 1992; Rowles, 2018) derived from personal and emotional bonds to place identity (Gilleard et al, 2007; Lebrusán and Gómez, 2022). Place identity relates to those dimensions of self that define one's personal relationship to the physical environment. The concepts of ageing and place, and the role of place in shaping the experience of ageing have been comprehensively discussed by social geographers and environmental gerontologists, and there is now an understanding that place itself is wider than just the physical landscape. A more holistic approach to the 'active relationships' (Cutchin, 2018) between ageing and place leads us to consider ageing 'with' or 'alongside' place and to question the compatibility of landscapes with lived experiences in ageing (Yarker et al, 2024). The examination of ageing 'with' or 'alongside' place is distinct from that of ageing 'in place', a concept that has come to be equated with ageing at home or within a *homelike* context. While ageing 'in' place and 'with' place may be related concepts, they come from different perspectives. Ageing 'in place' is generally taken to be a positive, desirable outcome of ageing in a homelike environment. Ageing 'with' or 'alongside' place takes a more holistic perspective on what constitutes 'home' and drills down into the relationship, positive and negative, between how one ages and the place where one lives. Andrews (2004) in particular notes a gap in the literature in terms of establishing connections between ageing and therapeutic landscape that are cultural and gender specific. This article goes some way to addressing this issue.

The urban as well as the rural can lay claim to providing therapeutic landscapes, as can be evidenced by a continuous push for green space in cities to enhance mental well-being (Cook, 2020). This article, however, is concerned with rural and remote rural landscapes – both on the mainland and on islands – and landscape's relationship with gendered mid-life ageing. The concepts of therapeutic place and gendered rural ageing have tended to be examined as separate entities. This article attempts to detail the connective relationships. Mid-life women, defined here as women in their mid-forties to mid-sixties (Lachman et al, 2015), were chosen as a demographic in each of these studies to help fill a gap in gerontological research, which focuses mostly on those beyond retirement age. Being on the threshold of 'old age', mid-life is considered to be a lifecourse stage in which one looks back and plans forward. This article differentiates mid-life from old age, with old age considered as being beyond the general retirement age of mid-sixties. It is generally held that different lifecourse events and influences manifest in each of these categories, thus rendering them worthy of distinct study. By examining the relationship between mid-life and therapeutic landscape, we can better understand the mutual influences that may impact all aspects of mid-life. In particular, the three studies reported here examine how therapeutic landscape intersects with such factors as work, social relationships and

identity and how it influences the way mid-life women age. Findings from mid-life women may help to shape the discourse in a world where the mid-life population sector continues to expand.

This article includes a literature review examining theory around gendered rural ageing, therapeutic landscape and place attachment. The methodology is then described, and theoretical and pragmatic decisions are explained. Empirical findings from the three studies are presented next. The article ends with a discussion and conclusion that address the topic of the 'Ageing with place: examining the relationship between ageing and therapeutic landscape among mid-life women in rural Sweden, Ireland and Scotland' project.

Literature review

Island and mainland

Whether mainland or island, Keating and Phillips (2008) ask whether rural communities are good places to grow old in and position the answer within the context of social-political-cultural and geographic environments. The term 'rural' is country specific. Each of the countries studied (Sweden and Ireland in the European Union [EU] and Scotland in the UK) may conceptualise the term 'rural' differently in accordance with its population size, density or distance from urban areas. The term 'rural' may also be considered as a social representation (Martin, 2000) linked to self-identification in which people choose to identify as living in a rural place. It thus may be considered that there is no such thing as an objective definition of rurality, only hybrid rurals (Halfacree, 2006: 45; Woods, 2011: 34). Hybrid rurality in this article is defined as those sites that may be considered wholly rural or partially rural.

All three research sites are rural, but only the island site may be considered remotely rural. By comparing remote rural island sites with rural mainland sites, it is possible to more adeptly consider the non-homogeneous nature of the rural lived experience. This is critical for policy makers, who may otherwise be in danger of developing and implementing standardised rural policies that are not fit for nuanced purposes. Remote populations are considered smaller, more isolated and more dispersed. Political power is considered to be weaker in remote areas, while socioeconomic disadvantage is greater (Wakerman et al, 2017). To analyse rural place, it is critical to examine both shared and disparate features. Rural place, whether mainland or island, may share certain positive and negative socioeconomic markers, such as stronger community norms and particular structures and practices, tempered perhaps with an added risk of social exclusion (Walsh et al, 2020) or social isolation and loneliness (Smith and Victor, 2018). However, critical differences do exist between rural mainland and remote rural island contexts. Perspectives on ageing may differ, due not solely to diversity of geographical landscape but also psycho-socio-economic context (Hay, 2006).

'Islandness' may evoke a sense of physical isolation, but perhaps also a state of personal disconnection from mainland ageing. Islands are unique in having distinct boundaries delineated by coastline or littorality (Kelman, 2020), a feature that may impose an additional degree of geographic, economic and social separation (Royle, 1989). Kelman (2020) questions four assumed aspects of islandness: boundedness, smallness, isolation and littorality. Clearly not every island meets these criteria – for example, some, like the Outer Hebridean islands of Scotland, are not small. Kelman (2020) also questions the archetypal island descriptors of vulnerability and resilience, which

do not apply to all island dwellers and do not necessarily necessitate intervention. Nissology, the study of islands, suggests that island dwellers, by their geographical isolation and specific socioeconomic universe, are likely to inhabit different identities, formed by 'island' lived experiences (Burholt et al, 2013). These are thus worthy of distinct examination (Dodds and Royle, 2003).

Place may be described as space with meaning (Tuan, 1979), and Hay (2006) posits that it is the shared meaning of a restricted space that renders islands a more pronounced place in which to age, producing an environment where socioeconomic features may become more uncertain and precarious (Bates et al, 2019). Islanders may be exposed to higher costs of living (Padley, 2025), to the detriment of those living on low and fixed incomes, such as retirees, those living alone and older people, who may have a greater need for health-related services. Precarity may influence levels of place attachment in both rural mainland and island contexts; the devil, as always, is in the contextual detail (Wiles et al, 2021). This further underscores the need to gain a greater understanding of the diversity of pathways to rural ageing from the gendered perspective of mid-life women.

Therapeutic landscape and place attachment

The concept of therapeutic landscape relates to a holistic, socio-ecological model of health that embraces the physical, mental, emotional, spiritual, societal and environmental (Williams, 1998). Potential benefits of the natural landscape are that nature restores and affirms the culture of self (Russell et al, 2013). Research shows, however, a need for more insight into the characteristics of specific landscapes that appear to drive health benefits (Velarde et al, 2007), commonly known as therapeutic landscapes. Since the health geographer Gesler (1992) introduced the concept in the 1990s, a new body of literature addressing the wider well-being benefits of the environment, including green and blue zones (Britton et al, 2020; Husser et al, 2020), has expanded our understanding of place to include landscape, both physical and imagined (Winterton, 2018). Furthermore, by expanding the focus from physical health benefits to more holistic well-being that includes qualitative data on mental and spiritual benefits, Husser et al (2020) in particular begin to unfold the pathways between the natural environment and women's identity and ageing. Having an appreciation of the value placed on the natural environment can help guide community leaders and policy makers to create programmes of care that can enhance gendered rural well-being (Wu et al, 2015; Husser et al, 2020).

It is important at this juncture to distinguish between 'therapeutic landscape' and 'therapeutic landscape experience' (Conradson, 2005); in itself, the landscape may not be therapeutic, but how it is experienced on an individual basis as a result of diverse socioeconomic contexts over time is therapeutic (Gesler, 2005). Places with purported healing properties may be found in many landscapes, particularly those involving mineral springs, such as spa towns (Gesler, 1996), and these are understood as healing at physical, mental and spiritual levels. The natural landscape, therapeutic or otherwise, may be filled with emotional and symbolic meaning, and this meaning leads to attachment, which some studies have endeavoured to measure (Williams and Vaske, 2003). Place attachment is complex; bonds may be positive, negative or ambivalent, and they may evolve as lifecourse events intersect with levels of attachment

(Devine-Wright, 2020). Levels of attachment can dictate the decision to remain or leave rural place, often based on duration of stay and valued social relationships (Wiles et al, 2021).

Subjective in nature, therapeutic landscape is very much context dependent and open to personal interpretation. Feelings of renewal, restoration (Kaplan, 1995) and spiritual connectedness, along with augmentation of social relationships through collective engagement, are associated with that which is perceived as therapeutic (Finlay et al, 2015). Whether connection to nature is at the sensory, physical or more passively imagined levels, benefits include the physiological, emotional and social, leading to a reduction of pain and stress and an increase in purposeful living and longevity (Freeman et al, 2019).

While there is a general acceptance of visibly attractive landscapes as therapeutic, a pleasing aesthetic quality is not a prerequisite. The individual may gain no benefit from a highly desirable landscape if they are unable to engage with it due to, for example, a sense of loneliness or social isolation. Conversely, individuals may find their own therapeutic well-being in the most unattractive or 'suboptimal' of landscapes that may not suit their ageing needs (Finlay et al, 2020) – for example, a high-rise apartment with difficult access or on a remotely located farm. In addition, therapeutic landscapes are dynamic in nature, with perceptions changing throughout the lifecourse (Winterton, 2018). For example, living at the top of a hill with scenic vistas may suit in one's younger years, but not in later life if the ability to drive is taken away. Rowles (1983) speaks of a relational approach to place attachment that extends the idea of place as a bounded and static concept, instead suggesting that place is permeable and fluid (Lewis and Buffel, 2020), changing over time. Fluid landscapes may be illustrated in the gentrification of both rural and urban areas. What once may have been an economically deprived area can be developed into a sought-after area by the introduction of valued social amenities.

Therapeutic landscape may lead to place attachment, dependent on contextual factors, but equally it may contribute only to a sense of well-being, not attachment. Attachment to place may be associated with a range of feelings, from safety to autonomy, but perhaps most importantly a sense of belonging, or 'autobiographical insideness' (Wiles et al, 2021). This may manifest as 'nature bonding' (Raymond et al, 2010), which is realised in a number of ways including environmental identity and emotional affinity with nature, in which the individual's experience is integral to experience of the self. A growing body of research attests to the connection between the natural environment, positive self-identity and well-being (Olivos and Clayton, 2016).

The healing powers and natural qualities of the physical environment that can enhance place attachment (Gesler, 1992; Williams and Vaske, 2003; Bell et al, 2018) may be both visible and imagined. Rural lifestyles and rural foodstuffs in particular raise the concept of *terroir*, a sense of place that embodies the geographic, cultural and economic dimensions of landscape (Fusté-Forné, 2019).

Pointedly, strong links between happiness and the aesthetics of nature-relatedness are suggested in some studies (Zelenski and Nisbet, 2014), which in turn may enhance the ageing experience. To perceive aesthetic from landscape, such landscape may have to be an 'enabling place' that aids a meaningful life, and that meaning may be accrued when landscape holds the ability to 'tell a story' (Nohl, 2000). Stories, like place, are individualised and relational in nature, influenced not just by the physical environment but also by socioeconomic factors, thus the relationship between

therapeutic landscape and ageing is context dependent (Milligan et al, 2004). If the landscape feels integral to one's personal life story, attachment and accrued therapy levels are likely to be enhanced.

Gendered ageing and landscape

The term 'therapeutic' should not be conflated with 'idyllic'. Rural dwellers, island or mainland, are not an homogenous group, and equally there is no rural idyll. Indeed, Little and Panelli (2003) posit that notions of a rural idyll support gender inequalities and promote limitations for women (Bryant and Pini, 2011; Duvvury et al, 2021). Literature holds that gender variances in ageing exist in all contexts, including rural and remote rural settings. This can be exemplified by the prioritising of women's mothering role and the fostering of their centrality within rural communities – for instance, through rural women's strong role in unpaid volunteering. In addition, women may find rural health services relating to ageing hard to secure (Thurston and Meadows, 2003), leading to an increased risk of social exclusion (Walsh et al, 2020).

The interrelationship between landscape and the emotional body (MacLaren, 2018) aids an understanding of how rural space may influence ageing. A strong aesthetic connection to the rural physical environment has been found to promote a sense of ageing in the 'right place' among older people (Neville et al, 2020; Vilhelmson and Thulin, 2022). A consciousness may exist of the critical nature of place, whether mainland or island, in helping to build resilience against ageing-related precarities (Bates et al, 2019).

Mid-life is considered to be a critical stage of the lifecourse for women, which may prompt a review of both lived experience to date and expectations for the future (Degges-White and Myers, 2006; Lachman et al, 2015). Events, influences and cultural norms across the lifecourse shape how women at mid-life relate to the ageing experience: in part, one's past forms one's future (Elder, 1998; Elder and Giele, 2009). Experiencing the landscape in mid-life and from a gendered perspective may be quite different to experiencing the landscape in later life. Each stage of the lifecourse may offer its own version of therapy, contributing differently to perceptions on ageing. Lifecourse events, such as bereavement, divorce and illness, form an interplay between the landscape and the ageing person. At mid-life, one may still have the opportunity to effect change in preparation for older age. The mid-life person may, while still mobile, choose to leave the family home and place that, despite its geo-biographical history of attachment, no longer serves 'ageing' needs. However, she may risk finding that her attachment to place through family or as part of a neighbourhood of 'intimate strangers' (Lebrusán and Gómez, 2022) in which she is recognised and known trumps that of an 'age-friendly' house located elsewhere.

Nevertheless, a fault-line may be newly visible to the mid-life woman if she is not native to the place where she lives – she may find that this line is culturally impossible to breach on her own in older age. Differences in ethnicity and religion, for example, may underscore the need to return to the familiar territory of earlier lifecourse stages. However, literature cautions on the possible negative consequences of focusing too narrowly on ageing 'in place' that may disrupt long-established connections, not just to social relationships but also to the environment itself. Sturge et al (2025) speak of the sustainability of ageing 'in place', arguing for a more holistic perspective on the home, beyond that of the physical house – one that sustains autonomy and well-being.

Chapman and Peace (2008) extend understanding of all forms of gendered rural ageing by reflecting on the nature of person–land relationships as a resource for ageing well, finding that positive personal identification with the land continues into later life, underpinning the role of the natural environment in fostering place attachment. Mid-life women who choose to live in rural environments may do so as a result of how they experience their landscape as they age.

Methodology

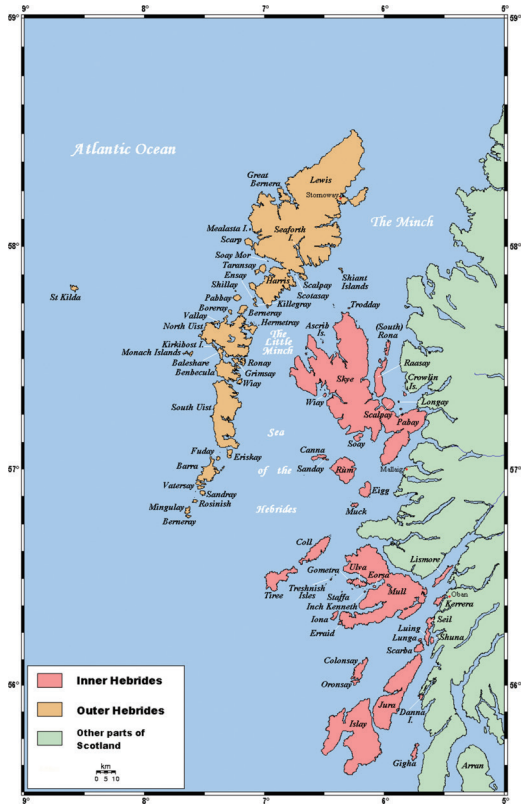
Research sites

The Connemara region in the West of Ireland covers 1,900 km^2 (see the map in Figure 1). Population estimates as of 2016 for the region indicate there were 41,000 persons, with mid-life women (mid-forties to mid-sixties), the subject of these studies, comprising some 15 per cent of the population (Central Statistics Office, 2016). Population density was 21 persons per square kilometre. Described as a 'deep place' in *Connemara: The Last Pool of Darkness*, by Tim Robinson (2008), a world authority on the region, Connemara borders the Atlantic Ocean to the west and comprises coastal areas, islands, beaches, moors, bogs and mountains. Robinson's description of Connemara as a deep place alludes to the region's geo-social diversity, which is reflected somewhat in the participant narratives in this article. Connemara's main town of Clifden, around which the research took place, had a population of around 1,600 persons as of 2016 (Central Statistics Office, 2016). The town's nearest city, Galway, is some 80 km away and had a population of around 80,000 persons.

Figure 1: Map of Connemara, Ireland

Source: Connemara Irish (nd).

Figure 2: Map of Outer Hebridean Islands, Scotland



Source: Wikipedia (2025).

The Outer Hebridean islands, 40 miles off the north-west coast of Scotland, are the UK's most westerly islands and cover 3,056 km^2 (see the map in Figure 2). The population of 26,170 persons translated to a population density of almost 9 persons per square kilometre, contrasting with the all-Scotland population density of 70 persons per square kilometre (National Records of Scotland, 2022). Of the 50 Outer Hebridean islands, 15 are inhabited. Within these 15 islands, mid-life women account for around 15 per cent of the population (National Records of Scotland, 2022). The overall population of the Outer Hebrides decreased by 5.5 per cent between Scotland's 2011 and 2022 censuses. The Scotland study took place on the islands of North Uist, South Uist, Benbecula and Berneray, all of which are interlinked by causeway. Based on the 2022 Census, population figures for these four research sites were: North Uist – 1,169 persons; South Uist – 1,897 persons; Berneray – 138 persons; Benbecula – 1,330 persons. The overall population of Scotland stood at 5.4 million as of the 2022 Census (National Records of Scotland, 2022).

Värmland in Western Sweden covers 18,000 km^2, comprising 90 per cent woodland and lakes (see the map in Figure 3). The area is land-locked and borders Norway to the west. As of 2020, the population was approximately 283,000 persons (Statistics Sweden, nd) of which Grums, the research site, comprised some 9,000 persons. Population density was 16 persons per km^2 (City Population, nd). Mid-life women accounted for almost 20 per cent of the population. The region's biggest city, Karlstad, some 30 km from the town of Grums, had a population of approximately 98,000 persons.

Figure 3: Map of Värmland, Sweden

Source: Google Maps (2009).

Data gathering and analysis

Qualitative data from one-to-one interviews were collated and analysed from a lifecourse perspective (Elder, 1998; Elder and Giele, 2009) and informed by constructivist grounded theory (Charmaz, 2002; 2006). The research studies included 10 participants in Sweden, 25 in Ireland and 12 in Scotland. Ten participants across three research sites are cited in this article; these participants are considered to best reflect the narrative emerging from the data on the relationship between therapeutic landscape and ageing.

Participant data on the role of rural place in the lives of mid-life women was examined and interpreted by the author. The grounded theory approach used in all three studies was sensitised to accommodate participant narratives. Constructivist grounded theory (CGT) examines what participants actually say. Divergence may arise between what is verbalised and what is actually meant, through unspoken meaning. CGT approaches analysis of participant narratives through use of iterative coding techniques. Analysing what is said alongside the social and cultural context in which it is said is the responsibility of the researcher. In this way, an in-depth analysis can be achieved.

Semi-structured interviewing was considered to be the most appropriate method to allow for exploration, through open-ended questions, of the role played by rural and remote rural place in influencing the lives of mid-life women. It was the intention to listen, observe and endeavour to get the 'stories' behind participant narratives on the role of the natural environment in their lives. Research was carried out using a lifecourse framework, which acknowledges 'linked lives' (Elder, 1998) in which socio-historical events have lasting effects on individuals, their relationships and their well-being over the lifetime. A lifecourse is perceived as being influenced at individual, cultural, social, natural, economic and political levels. Analytical

principles of the lifecourse perspective are based on everyday human experiences, interrelated life patterns and social links, and the influence of external contexts. It is the interdependencies between the different dimensions of an individual's life that are capable of producing cumulative advantage and disadvantage (Dannefer, 2003) and serve to influence ageing experiences past, present and future. The lifecourse perspective is particularly useful in informing and reforming public policy to better reflect actual lifecourse patterns in society.

The constructivist grounded theory (CGT) approach was chosen as an excellent research tool for exploratory research: its explanatory powers can illuminate common issues, matching theory with pragmatism. CGT allows for expansive participation that other methods can lack. CGT was employed in the three studies to explain social-psychological and social-structural processes within the context of social interaction (Dannefer, 2018). Such social interaction is usually situated within one-to-one interviews, which become participant reconstructions of experiences and their meaning. Grounded theory's systematic approach to analysis, including sampling, coding by gerunds, and memo-writing, necessitates engaging in comparative, iterative analysis. CGT is considered a complete methodology, not just a starting point for further research (Charmaz, 1983). As an analytical methodology, CGT seeks to construct inductive theory on issues of importance in people's lives through theoretical sampling. This inductive approach to research was initially developed by Glaser and Strauss (1967), and its core dictates that the researcher begins with no preconceived ideas to prove or disprove. Grounded theory is an open, reflexive approach to research where data collection, analysis, the development of theoretical concepts and the literature review occur in an iterative, cyclical process. While these features are common to some other qualitative research orientations, such as content or themed analysis, grounded theory has three distinguishing features: researchers follow systematic, analytical procedures; they enter the research process carrying as few assumptions as possible and seek to discover emergent knowledge; and they do not just describe data, but conceptualise it in order to generate and develop theory.

Participants in these three studies were in the mid-life stage of the lifecourse. Participants in each study were selected purposively to reflect a degree of geo-socio-economic diversity. No participant described herself as being in 'mid-life', but all identified as being 'middle-aged' or 'older aged'. None described herself as 'old aged'. While definitions of mid-life are fluid, the concept is largely held to be the period between youth and old age: roughly mid-forties to mid-sixties. However, with growing longevity, these parameters continue to widen.

Findings

I developed three concepts – 'aesthetic', 'utilitarian' and 'pragmatic' – to describe distinct relationships between ageing and the natural environment, and this section on findings is structured using these. There is some intersection and overlap between these descriptors, which serves to remind us of the complexities around human behaviour. Mid-life women are heterogenous and may adopt a confluence of perspectives on the relationship between ageing and therapeutic landscape. Furthermore, perspectives are fluid, changing across the lifecourse, alongside socioeconomic context.

All participants cited in this article have been allocated pseudonyms.

Aesthetic perspective from the Outer Hebrides, Scotland

Most of the 12 participants from the Outer Hebridean research sites of North Uist, South Uist, Benbecula and Berneray reported a positive link between ageing and their natural environment, viewing their environments as highly therapeutic. Whether they were native to the area or in-migrants, participants expressed a deep spiritual connection to the land, which they felt sustained them. Despite harsh winters, limited public transport and healthcare facilities, low employment opportunities and prices being higher than on the mainland, participants felt that they gained more than they lost by choosing to age on these islands.

Four participants are cited in this section, and their demographic characteristics are shown in Table 1.

Alice lived alone in North Uist. As reflected by Kaplan's (1995) 'nurturing restorative therapy', the biotic and abiotic features and animal life of the landscape enhanced Alice's sense of well-being. Highly attached to her part of the Hebridean islands, she is confident of growing older in a landscape that enriches her.

> My connection with this place goes back a long way. I fell in love with the island. It feels like a spiritual home and where I need to be. This place makes me feel whole – I am part of the land and it is part of me. The land is my friend. This place looks after me, and I look after it by planting trees and cutting meadows. I am really familiar with the landscape and history of this place, and I like being somewhere you can look out and not see any impact from other human beings. I see fencing and sheep, and the rest is wild and natural. It's hard to say what it is, but there is something about here – the burial cairns and stone circles – it's magnetic. We're surrounded by salt pans with sea pink in the spring, and we get wading birds, deer and rabbits, who all just walk into the garden.
>
> I think this place is keeping me younger, it protects and nurtures me. And in old age, I have a fantastic hospital I can walk into, and we have an air ambulance taking us to the mainland. I don't think we're disadvantaged at all living on an island.

Kimberley also lived alone, as a widow, but she felt exposed to additional practical challenges from living alone on an island. Again, however, the landscape offered Kimberley a therapy that she felt could sustain her into older age. Discourse around widowhood has tended to be that of vulnerability and dependency brought about by the termination of a 'gender contract' (Manor, 2023). However, literature is

Table 1: Demographic characteristics of cited participants: Scotland study

Pseudonym	Age	Place	Marital status	Children	Native/in-migrant
Pauline	48	South Uist	Partnered	No	In-migrant – from the EU
Kimberley	56	South Uist	Widowed	No	In-migrant – from mainland UK
Alice	55	North Uist	Single	No	In-migrant – from mainland UK
Anita	59	Benbecula	Widowed	Yes	In-migrant – from mainland UK

now drilling into such descriptors and finding that rather than widows being a homogeneous group, diversity is to be found. Thus, widows may not be financially independent and may feel lonely, but they may not self-identify as passive.

Kimberley and another widowed participant, Anita, were united in their concerns about diminished financial resources, but each was experiencing widowhood differently. They both took solace from landscape and wildlife that they reported as therapeutic, but subjectively each was at a different stage of widowhood, which influenced their overall levels of optimism for their future on the islands. As Kimberly put it:

> This is a living landscape, so rich in wild flowers and birds – like the oystercatchers and the herons and eagles. It's pure therapy. But winters are hard here, and it's so much harder on your own – like if my roof blows off, how do I deal with that?

A feature of therapeutic landscape is 'palettes of space' in the forms of blue (water) and green (land). 'Blue zone' literature (Bell et al, 2018) on the therapeutic effects of immersion by sea (Wheaton et al, 2020; Britton and Foley, 2021) as well as 'green zone' literature on the benefits of forest bathing (Cook, 2020) suggest enhanced well-being and ageing from these practices. The quality of human life is closely linked to the state of nearby nature. Naturally occurring blue space and green space have been shown to improve health and the ageing process, both on their own and as part of multifaceted influences, although proximity to source appears to play a part in their effectiveness (Wang et al, 2025).

Anita was a young widow facing similar practical challenges to Kimberley, and she had begun to rely on her therapeutic landscape, particularly the blue zone, to help heal herself. At mid-life, Anita was unsure if she would be able economically to live beyond mid-life on the islands, but attachment through social history as well as the landscape itself was a significant draw for her.

> I just decided on a whim I'm going in. The sea was freezing, but brilliant. I need to start doing things that this landscape is offering me. I think I've been traumatised for the last while, and in the sea was the first time since he (husband) died that I felt alive and part of something again. I have to find myself again.

Pauline chose to move to South Uist to fulfil her need for an aesthetic landscape that would sustain her love of nature. The provision of sustainable healthcare amenities as she aged caused her some concern, but with her partner for support, she felt that she could age well on the islands.

> Nature is a huge part of my life. It's like a drug – I need to be close to it every day. Even after two years, I feel it in my stomach. Like, an owl crossed my path recently, and last week the hills were covered in cloud, just like Table Top Mountain in South Africa. It goes straight to your heart.

> Medical facilities and the weather worry me about growing old here. The hospitals don't have the capacity, so you're flown off to the mainland if you get sick, but the weather can easily stop helicopters and ferries getting out.

Some participants felt supported by medical services on mainland Scotland; others felt that while the therapeutic landscape of the Outer Hebrides could have a positive influence on ageing (Husser et al, 2020), healthcare on remote rural islands was a concern in older age (Bates et al, 2019). Overall, however, participants of these islands viewed their ageing from an aesthetic perspective in which the beauty of the landscape was capable of augmenting their well-being.

Utilitarian perspective from Värmland, Sweden

The role of place may find more purchase in certain contexts. Findings from participants living in a rural area of Sweden's Värmland region (Herbert, 2020) reflect a more utilitarian approach toward the natural environment and its impact on their ageing. Participants lived either in Grums town or in its environs. Use of forests and lakes featured as a priority in the lives of participants. While participants commented on the beauty of woodlands and lakes, they spoke more of how these could be used for health benefits, for foodstuffs or as recreational outlets. Literature suggests forest food (Molina et al, 2012) is central to the development of local culture and lifestyle, and the human-in-nature approach has been shown to be particularly relevant to well-being. The role of landscape in communicating a sense of place and regional identity was found to be particularly important in a Swedish study by Tellstrom et al (2005).

Participants Tanya and Wilma both used their local forested landscape for therapeutic reasons – one for gathering wild mushrooms and berries, the other for killing forest animals for consumption. Although somewhat different in ethos, both viewed the forest as a repository for therapeutic pursuit (Fusté-Forné, 2019; Von Essen and Tickle, 2020). Wild mushroom gathering in particular has been found to form a central component of the meaning rural dwellers attribute to place attachment (Pieroni et al, 2005).

Three participants are cited in this section, and their demographic characteristics are shown in Table 2. As in-migrants to Värmland, these three participants had made conscious decisions to locate in what they perceived as therapeutic landscape.

Tanya described how she used the landscape in a practical way.

> I became a hunter of mainly deer. We eat the deer and use everything. When I started hunting, I did not think I could do it, as I cry at everything, but it is a responsibility for me to do this. I love meat, and it is important that I understand where it comes from. I did not know if I could pull the trigger, but I read for a year and went out with my husband and his friends, and learned about respect and humility, and learned about the life cycle. Then

Table 2: Demographic characteristics of cited participants: Sweden study

Pseudonym	Age	Place	Marital status	Children	Native/in-migrant
Tanya	49	Värmland	Married	Yes	In-migrant – from another Swedish region
Jenna	44	Värmland	Partnered	Yes	In-migrant – from another Swedish region
Wilma	51	Värmland	Partnered	Yes	In-migrant – from another Swedish region

> I learned how to sew from the deer skin, small bags, some artwork. We use everything. I give some away as presents, but not for sale.

Wilma told of how she used the landscape to benefit her well-being.

> I have the forest outside my house. I go often into the forest with my dog, picking berries and mushrooms. It is good for me – I can catch my breath, collect my thoughts. You don't have to talk to anyone. You can stay quiet. You can recharge your batteries. The forests are so vast, you can get space.

Jenna described using the landscape of lakes for family pursuits.

> My partner and I walk a lot, we have beautiful spots for walking in the woods, and [we go] by boat to fishing and for fun. Fresh, clean air and a good swim. The children like to swim in the lake a lot. We are close to woods and the sea. That is why we chose to live here.

Pragmatic perspective from Connemara, Ireland

Akin to the aesthetic and utilitarian perspectives, the pragmatic perspective adopts a benign approach to the landscape. Most participants in Connemara praised the aesthetics of the region, but very few actually used it in the way that participants in Värmland did. Three exceptions are cited to illustrate the complexities of perspectives across geographical landscapes and to highlight the nature of lived experience across the lifecourse. While these three participants – one native to the area and two in-migrants – all lived in the geographical area of Connemara, they considered their therapeutic landscape from different perspectives and were influenced by diverse lifecourse experiences. Their demographic characteristics are shown in Table 3.

One native (Hernandez et al, 2007) Connemara participant, Rachael, reported feeling 'obsessed' with her environment. She felt that she could never leave – to leave would be to endanger her sense of well-being. Her view was that the environment is therapeutic at any age across the lifecourse. From a pragmatic perspective, Rachael conflated the landscape with her personal identity, reporting strong aesthetic attachment to place, though she only used the natural environment for occasional horse-riding.

> My whole obsession all my life was being back in Connemara, 'cos I'm big into nature and I was always very connected to it. I absolutely eat, sleep and breathe Connemara. It's just what I am … it encourages the free spirit, I can't explain it. It's part of my identity.

Table 3: Demographic characteristics of cited participants: Ireland study

Pseudonym	Age	Place	Marital status	Children	Native/in-migrant
Denise	57	Connemara	Single	No	In-migrant – from another Irish region
Rachael	45	Connemara	Partnered	Yes	Native
Lelia	62	Connemara	Married	Yes	In-migrant – from the EU

Another participant described how she benefited from the environment both for work and aesthetic value. As a visual artist, the landscape was integral to in-migrant Denise's work as well as leisure. Some literature finds divergence of place identity and place attachment between those native and non-native to a place (Hernandez et al, 2007), but this was not the case for native Rachael and in-migrant Denise.

As Denise said:

> Water for me is terribly important … I treat the land like a sanctuary. It's beautiful. To look out at that mountain there – that's like a sacred mountain, the Mount Fuji of this territory. It reigns over this landscape, very powerful. The vista changes the whole time … every morning I go down to the cliff and sit and look … and that is meditation for me, even if it's only for five minutes, and that is a priority that has entered into my life. Nature for me has always been a balm. Whether it's swimming in the sea or diving and meeting a conger eel – actually that is heaven for me.

The landscape was also strongly valued by Lelia, who ran an organic farm. Working on the land, she adopted a pragmatic approach to ageing in a remote area of Connemara, focusing on visual appreciation of the landscape and its provision of foodstuffs. Like some of her counterparts in Värmland, Lelia valued the activity of wild mushroom gathering as part of the aesthetic landscape (Pieroni et al, 2005; Fusté-Forné, 2019).

> The nature is just wonderful – so varied. The seasons, the colours, they are absolutely amazing. I wish I was a painter. I love nature, I am part of it. I'm very attached to where I stay. I talk to my plants and flowers and birds and ducks and chickens. I say use what you have, every bit of land, use it wisely, get advice, and enjoy it. Grow flowers and vegetables, trees. It's all part of our life. Wild food too. At the moment, there are blackberries everywhere, and we were out in the forest yesterday and picked mushrooms, which were wonderful, and we made a beautiful omelette.

A common feature among all Connemara participants was their strong aesthetic appreciation of their landscape, and most cited its clean air and seas as therapeutic in terms of promoting good health. A few of the 25 participants grew some vegetables for domestic use; however, none foraged for the readily available shellfish, and very few used what the renowned landscape had to offer, with most reporting only strolling on country roads as a form of exercise. It would appear that the therapeutic landscape of Connemara was experienced more passively, as opposed to being actively used.

Discussion and conclusion

This article does not seek to define 'rural' in terms of population size or density, but rather concentrates on the social representation of what it means to identify as rural (Halfacree, 2006). The term 'rural' has been described as 'obfuscatory', as intra-rural differences can be enormous and rural–urban differences marginal, depending on the geographical perspective (Shirley, 2020). Consequently, it can be argued that therapeutic landscape in whatever form matters equally to those living in non-rural areas: what is good for ageing in rural areas is likely to be good for ageing anywhere

(Rowles, 1988). Rowles considers rural ageing within an ecological context of 'ageing in rural environments', within a sociocultural context of the 'environment of rural ageing', and within a phenomenological context of 'rural environments of the ageing'. Findings from this article concur with Rowles' contextualisation of 'rural' and go some way to underscore the complexities of the relationships between rural environments and ageing.

How rural women engage with the nature and landscape that they perceive as therapeutic, and how they experience the therapeutic aspect, informs the discourse around gendered rural ageing within therapeutic landscapes (Williams, 1999). In the context of rural and remote rural landscapes, as this article discusses, almost all participants in the three studies chose to continue to live where they were, irrespective of socioeconomic challenges, such as fuel poverty and issues with transport connectivity (Laird, 2020; Lawler et al, 2022).

Participants readily identified with the descriptors 'middle-aged' or 'older aged', reported strong place attachment and experienced their landscape as therapeutic for well-being and ageing. We may 'wear our environment like a glove' as it 'literally becomes a part of our persona' (Rowles, 2000: 52S). This quote from Rowles may be applied to participants from all three research regions. From participants of the Outer Hebrides who were 'in love' with the beauty of their landscape, or those from Connemara who believed their well-being would decline by living elsewhere, to participants from Värmland who used their natural environment for foodstuffs, the critical nature of therapeutic landscape becomes clear. This is certainly the case for older rural women, suggesting that the relationship between ageing and the natural environment should be recognised and considered at policy level as having a reciprocal influence on the gendered ageing experience (Burholt et al, 2013).

Divergence across the research studies around the importance of landscape was sometimes subtle, but could be stark too. A notable difference in perception appeared around the degree of passion aroused by the natural environment comprising green (Cook, 2020) and blue (Britton et al, 2020) space. Most participants in the Ireland study, all living in the renowned beauty spot of Connemara, appreciated but tended to under-use its features, such as the pristine waters. Participants in the Outer Hebrides study enthused wholeheartedly on the aesthetics of landscape, space and wildlife (Scannell and Gifford, 2017) and reported spiritual connection to the landscape that sustained their ageing. While some evidence was found in all three studies of embodying the landscape, it was in the Outer Hebridean islands that participants reported high levels of embodiment; rural space was experienced through the body and not just as a sociocultural construction (Carolan, 2008; MacLaren, 2018). Participants in the Sweden study actively used their rural environment to enhance their well-being through daily forest walks, foraging, berry picking, boating, fishing and in one case hunting deer. It is useful for both academia and policy to examine both rural mainland and remote rural island landscapes that underscore the diversity around gendered rural and remote rural ageing.

The sample size of 47 participants across the three research sites is relatively small, and findings cannot be generalised. However, exploratory qualitative research of this nature is rich in understanding and valuable as a guide to how mainland and island ageing may be considered in relation to landscape. Having a comprehensive understanding of the pathways to well-being in later life and the value placed on the natural environment may support the well-being of women as they age in all environments (Wright and Lund, 2000), including rural ones. To this end, policies

and programmes that support the natural capital of the environment as well as the stewardship and sustainability of natural resources should be considered instrumental in supporting rural women's quality of life as they age across their entire lifecourse.

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