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Subjectivities and social suffering of elderly women with chronic illnesses who live alone: An ethnographic study in one Southern Thai rural community

Pheeraya Phetchai†, Penchan Pradubmook Sherer*, Pimpawun Boonmongkon†

Department of Society and Health, Faculty of Social Sciences and Humanities, Mahidol University, Phutthamonthon, Nakhom Pathom 73170, Thailand

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Abstract

The number of elderly women with chronic illnesses who live alone (EWCA) is rising due to rapid development and socio-demographic changes. Elderly women living alone may face higher risks of unmet need care, social isolation, and loneliness, which can have detrimental effects on mental and physical health. This research aims to study the subjectivities and illness experiences of elderly women living alone with chronic diseases in a rural area in Southern Thailand. The ethnographic fieldwork by a researcher living in the community for 15 months was conducted. The researcher collected data through fieldwork observation, ethnographic interviews, narrative interviews, engaging social and cultural activities with the elderly women and field note-taking. The purposive sampling strategy was employed, incorporating 10 EWCA along with 13 healthcare workers and community members, to ensure a comprehensive understanding and insight data to reach the objectives of the study. Content analysis and illness narrative analysis were used to analyze qualitative data. The key findings in this study were as follows: (1) EWCA's subjectivities consisted of positive subjectivities such as considering oneself to be valuable to children and a community, being able to earn a living, preserving religious culture, and letting go of control over life. Negative subjectivities were also found to make one feel lonely, miserable about one's destiny, and miserable by one's children; (2) experiences of social suffering of EWCA consisted of Western medicine provided and structural violence in the government.

* Corresponding author.
E-mail address: penchan.she@mahidol.ac.th (Pradubmook Sherer, P.).
† Co-first author.

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Introduction

Elderly Women Living Alone with Chronic Illness

Nowadays, the elderly population is increasing rapidly. Thailand has an aging population of over 20 percent throughout the country, and it represents a high proportion of Chronic illness patients, impacting the patient's lifestyle and their family caregivers (Department of Older Persons, 2023; National Statistical Office, 2023) In the midst of an aging society, where a significant portion of the elderly population is increasing, the global rising trends of the elderly living alone are shown. According to a report by the United Nations, the average percentage of people aged 60 and over who lived alone was 12 percent among the 143 countries or regions studied (United Nations, 2017). A recent study in Europe found elderly persons living alone ranges from 50 percent in Denmark to less than 20 percent in Spain, Greece, or Portugal (Molina-Mula, Gallo-Estrada, González-Trujillo, 2020). In Thailand, studies have reported this alarming issue as the number of elderly living alone in Thailand is likely to increase with its effects on health and well-being of the elderly (Boonpha et al., 2019; Department of Olders Persons, 2023; Pradubmook Sherer et al., 2023). Living alone causes loneliness, having no one to provide tangible, emotional, and social support, resulting in difficulties in life (Poey et al., 2017). Moreover, there are other intersecting factors such as being poor and being a woman, that cause additional difficulties in one's life.

Due to physiological changes, the elderly's health is at risk (Bektas et al., 2018) Specifically, the prevalence of chronic diseases among elderly women is higher than elderly men (Alharbi et al., 2020). Moreover, the study shows that rural elderly need more long-term care than the elderly in the city. From the study by Yodphet (2009) on the integration of long-term care systems for Thai elderly in health status and the need for long-term care in rural areas, it was found that elderly people in rural areas had chronic illnesses more than urban elderly do, where chronic illness is a significant condition for elderly short-term activities, including difficulties due to inability to perform duties in daily life. Therefore, the elderly in rural areas need long-term care and their needs may expand to become a national problem.

Subjectivities, and Social Suffering of EWCA in Rural Community in Southern Thailand

Research has tended to study relationship between solo living and health outcomes, including the prevalence of chronic conditions, access to healthcare services, and overall health-related quality of life (Molina-Mula et al., 2020). However, the subjective meaning and chronic illnesses of elderly women through the thinking, beliefs, set of illnesses experiences of older women living alone and the impacts of social, community and health care systems that shaped their subjectivities and experiences is crucial to be explored as it reflects the integral to human consciousness, the mode of perception, reaction, thought, desire, fear, and the action or practice of the person who shows up at each stage of life. The appearance of subjectivity is like a reflection of culture; those who do not perceive or value subjectivities may cause loss or alteration of identity, and therefore individuals have to change themselves in order to maintain their identity (Ortner, 2005).

This study chose the concepts of subjectivity by Foucault (1983), as a vital lens to understand subjectivities of elderly women with chronic illnesses, and living alone in the southern countryside, by presenting as a political act of identity under the concept of action and identity. Foucault's concept of subjectivity moves beyond the traditional understanding of the subject as a self-contained, autonomous individual with inherent attributes and characteristics. Instead, Foucault proposes that subjectivity is constructed through various forms of power relations and knowledge systems within society. Moreover, subjectivity is not fixed and is produced within specific historical and social contexts; accordingly both individuals and groups can challenge and change the discourses and practices that constitute them. Foucault elucidates subjectivity as both a form of subjection and as a potential site of resistance and transformation. Accordingly, this study argues that EWCA's subjectivities involve feelings, self-perceptions, and desires, which are diverse, complicated, and overlapped. Also, these subjectivities are shaped by sociocultural context of Southern Thailand including history, structural violence and significant life events. Political, economic, and medical institutions are key components under cultural systems that make and remake subjectivities (Yu, 2013). The study also acknowledges the agency of individuals and groups in navigating these power dynamics. It is noted that despite the pervasive influence of sociocultural and institutional forces, individuals and collectives exercise resilience and agency. They may resist, subvert,

or renegotiate the terms of their subjectification, challenging the discourses and institutions that seek to define them.

The exploration of subjective experiences among EWCA delves into twofold issues; as the elderly women residing independently, and as the elderly individuals grappling with chronic illness. From the social constructionist approach, aging is constructed by social aspects and culture conveying both positive and negative meanings. On the contrary, the biomedical approach adopted by healthcare workers explains that aging results from the decline of the human body and organs, which is a natural process and independent of sociocultural conditions (Chin et al., 2023) These two definitions generate a binary opposition towards the elderly. The positive meaning connotes admirable, respectful, and valuable people who deserve support, while the negative meaning generally describes the elderly's bodies as imperfect and different from young people (Tulle, 2008), resulting in prejudice and discrimination.

It is important as to whether the community members hold onto the biomedical paradigm that negatively views the elderly as well as perceiving that the elderly place a burden on a family and community. Such beliefs might result in neglect, uncaring actions, not providing support, and agism. In addition, the medical institution is the key factor that stereotypes the elderly through the use of biomedicine to explain and manage the elderly's bodies (Lau et al., 2018). The biomedical paradigm coupled with epidemiology view illness as a result of imbalance interactions among disease, living organism, and environment. The elderly are viewed as disease carriers (agent) that need only symptomatic treatment. These viewpoints attempt to reduce and disintegrate the elderly as well as to emphasize abnormality and decline of the elderly's bodies (Tull, 2008). Such beliefs make and remake the oppression and discrimination of the elderly with chronic illnesses, operating through healthcare workers' discourse and practices at the individual level; through policies and interventions at the institutional level; and through the media at the social level (Band-Winterstein, 2015).

The aforementioned circumstances might cause the elderly difficulties in life. Specifically, EWCA face loneliness and have no one to provide tangible, emotional, and social support; meanwhile, they are affected by overlapping factors such as being poor and being a woman. These circumstances cause EWCA additional difficulties.

This research aimed to study the subjective and illness experiences of elderly women with chronic diseases and living alone in rural areas in Southern Thailand. Specifically, this study uncovered the subjectivity of elderly women living alone, their illness experiences in the dimension of social suffering under the social and cultural context of Southern Thailand. The illness experiences encompassed the experiences and EWCA's views of suffering or responding to sickness by detailing an ailment or reaction to illness, all under the influence of biomedical physiology across various levels including the macroeconomic, the health care services, and the interaction between physician and patients. This study holds significant implications for healthcare systems and health personal to have valuable insights into elderly women's voices and their illness experiences.

Research Questions

What are the subjectivities and illness experiences of older women living under the social and cultural context of Southern Thailand and living alone?

Research Aim

This research aims to study the subjectivities and illness experiences of elderly women with chronic diseases and living alone in rural area in the Southern Thailand.

Methodology

Site and Sample

An ethnographic approach (Creswell, 2013; Hammersley & Atkinson, 1995) was conducted at the selected field *"Meung-Knon-Dee community"* (pseudonym) which is located in one community in Southern Thailand. The community has transformed its sociocultural structure such as social relationship, kinship, seniority, politics, economics, beliefs, power relations, religions, and major paradigm shifts in Southern sociocultural settings. The elderly women with chronic illnesses who live alone (EWCA) were recruited with the following criteria (1) the women aged above 60 years old who had been diagnosed with chronic illness and (2) those who had lived by themselves for five year and over. Purposive sampling and snowball techniques were used to recruit the informants with the following steps (1) From requesting cooperation from medical personnel at both the hospital level and Health Promotion Hospital together with the Health Volunteers

to assist search for elderly women in accordance with the qualification criteria; (2) From the elderly women that I have encountered in the field, starting with the first informant to refer to the future informants based on the predetermined inclusion criteria. Totally, there were 10 EWCA informants in this study aged between 63 to 82 years old. These informants commonly experienced chronic illness with Hypertension and Diabetes Meletus. Some EWCA reported chronic condition such as kidney disease (CKD), heart disease, asthma, and gout. All EWCA were characterized as having multiple chronic illnesses, indicating that they suffered from more than one chronic condition.

In order to gain a holistic understanding of the life and illness experiences of elderly women, the study was expanded beyond data from elderly women themselves. Interviews were conducted with 12 key informants who are closely related to or interact with these elderly women. This group included medical personnel and public health officers working within the community, community leaders, and other community members. This approach ensured that the collected data provided comprehensive insights, taking into account the social and cultural contexts affecting the experiences of EWCA.

Data Collection

Multiple methods of data collection were used starting with community mapping, trust building, general interview and observations. Narrative interviews were conducted with EWCA, 45–60 minutes, 3–4 times each person, exploring subjectivity and illness experiences focusing on patterns of social suffering resulting from health services. In-depth interviews were used to collect data with key informants for approximately 1 hour for each person in order to gain a comprehensive understanding of the social and cultural contexts of the southern region, health care systems and their interactions and perception towards EWCA. Participant observation and field note taking were conducted as well. The semi-structured interview was developed based on the research question and reviewed by the supervisors to ensure the validity of the interview protocol. The researcher observed EWCA's experiences of living alone and ways of living while living in the same houses with them. The intersubjective process of storytelling led the researcher to EWCA's life stories from the native's point of view. Meanwhile, interactions between EWCA and the community members were observed via how they pay a visit to each other and participate in the community activities. The researcher conducted the observation during the day for about 2–4 hours a day, a total of 120 hours with data saturation.

Data Analysis

Content analysis was conducted following the six steps of Creswell (Creswell, 2013) The raw data were managed and processed for analysis by manual coding and theming, and the research team reviewed all themes as member-checking to ensure data quality. Data triangulation, method triangulation, and theory triangulation were conducted to validate research instrument. The researcher practiced all skills relevant to data collection tasks in qualitative research methodology, such as the researcher training to conduct the in-depth interview and observations in public areas and the data analysis practice before visiting the fieldwork to ensure the ability of qualitative researcher and research rigorously. The researcher spent 15 months in the field, from September 2017–December 2018. This study was approved by the Committee for Research Ethics (Social Sciences) of Mahidol University.

Results

Informant Characteristics

Around fifty percent of the informants were over 80 years old. Seventy percent were in divorce status, followed by a single status of thirty percent. Most of the informants were supported by the elderly allowance (90%). All informants use services for their chronic illness in the secondary hospital (100%). All informants were members of the community elderly association.

Southern Context

The study field is a rural community in which urbanization has increased over time due to improvement in transportation and utilities. The majority of people in the community engage in agriculture such as rubber, oil palm, and coconut palm plantations as well as local fisheries. The working population have left the community for jobs in town or other provinces. People in the community have had fewer children. In some families, fathers and mothers have left to work in town and left their children with grandparents, while in other families, elderly women live alone for reasons such as not wanting to move out to live with their children, deciding to stay single permanently, being divorced, husbands dying, and their children dying.

The elderly women get paid from peeling Nipa leaves, drying betel nut and coconut, and selling kitchen garden plants. In this community, it is more likely for men to take the leading roles both formal and informal such as leaders of the public agencies and the clergy.

In the Thai context, respecting seniority and the elderly is deeply rooted in cultural norms and traditions. This respect is demonstrated in everyday interactions, social practices, and familial obligations, reflecting the society's collective value on wisdom, experience, and the contributions of older generations. Such respect is often demonstrated through language, caregiving roles, and the provision of support, ensuring that the elderly are honored, cared for, and integrated within the community. This cultural ethos underscores the importance of filial piety and communal responsibility towards the aging population, highlighting the significant role that respect for the elderly plays in maintaining social harmony and continuity in Thai society.

Meanings of the Elderly

The research findings indicate two meanings of the elderly, one which positively depicts the elderly as those who have better health behaviors and higher abilities to work than those in the past, and one that negatively depicts the elderly as those with childish behaviors (i.e., egocentric and the need to be the center of attention) who have one foot in the grave, their bodies are in decline – have complications and chronic illnesses. The positive subjectivities have been shaped by the cultural discourse surrounding wisdom in Southern sociocultural settings depicting the elderly as sources of wisdom for the community at large in addition to the personal spiritual convictions, while the negative subjectivities have been influenced by solitude, unfortunate family circumstances, and deteriorating physical health.

Negative Subjectivities of EWCA

Feeling miserable about one's destiny

'Aunt Soka', an elderly woman who felt slighted because her only son, who had his own family and lived in another province, visited her only once or twice a year. She always cried in bed alone and thought hard on the dispute with her siblings over the ownership of the land and inheritance as well as the disappointment over her married life.

> *"Lying down in bed and thinking that my life has never been as good as others'. I have struggled physically and emotionally all along. Being unlucky in married life. Struggling to get along with siblings, we fight every now and then. I think that I have to be healthy because I live alone. If I get sick, I'll be in trouble."*
>
> (Soka, 63, Elderly woman).

Feeling slighted by their children

'Aunt Samboon' an elderly woman who felt slighted by her children. She felt more slighted during Mother's Day because her oldest son did not visit her, and takes her for granted.

> *"I thought it would be nice if Aon (a son) and his family occasionaly visited me. Sometimes, I could only watch my neighbours' families being visited by their children. I feel slighted sometimes. On normal days, I don't feel that much. But, for Mother's Day, I feel slighted that he doesn't show up at all. He's not visited me for three years."*
>
> (Samboon, 68, Elderly woman).

Feeling lonely and suicidal

'Aunt Sornklin' an elderly woman who felt lonely and suicidal. That is because her husband died and left her a burden of debt. She had had HIV for longer than 10 years from one man working for a tiger prawn farm. Sometimes, she wants to die, just like her husband.

> *"Feel lonely from time to time. Before now, I wanted to die when I was alone. Now, I live for my son. If we overthink, kept thinking about suicide like before, things will not get better. Going out to work, making money is better."*
>
> (Sornklin, 77, Elderly woman).

Mrs. Boonprakong expressed getting old and being alone, she often thought that if going back in time to her youth, she should have married, to have had a husband and children.

> *"When I thought about it, tears would flow, this would be good if I knew earlier, if I knew what it would be like when I was old, it would have been better to marry."*
>
> (Ms. Boonprakong, 80, elderly woman).

Feeling weak and deterioration

Aunt Boonreab and Boonyuen expressed that in entering the elderly stage, she had to stop working, because her body was not conducive to hard work. She believed that an abnormal body was caused by an increase in age, causing the body to become unhealthy.

> *"I am a person who likes to work. I can't live without work. But when I was old, when I was hired to wash the dishes at the temple for just two nights, I fainted. I couldn't do it. Because of aging, various diseases began to occur."*
>
> (Mrs. Boonreab, 68, Elderly woman).

> *"I don't have energy, what should I do? A lot of elderly people have this disease. It's not just me who is suffering from this disease."*
>
> (Mrs. Boonyuen, 78, elderly woman).

Positive Subjectivities of EWCA

Feeling of content with solitude

'Aunt Jitdee', an elderly woman who enjoyed being alone because she loved to be independent and loved silence. She was being considerate to her children, specifically her son-in-law due to the difference in ways of living between an elderly woman and young people.

> *"I would rather live alone. I would stay with my daughter only when I had to see a doctor. Normally, I like to live alone, stay in a quiet house, offer food to the monks in the morning, listen to the radio after eating, and take a nap. It's peaceful. The wind blows, and it is quiet."*
>
> (Jitdee, 82, Elderly woman).

Similarly, Ms. Waewta used techniques to help relieve the mind and tried to find things to cheer up the mind by embracing the life situation.

> *"I'm 72, not yet old, I'm not stressed at all, I'm alone. I don't know what to think too much, I don't know why I'm stressed out; Illness is normal; what will be, will be."*
>
> (Ms. Waewta, 72, Elderly).

Deriving a meaningful life, a result of being able to earn a living

'Aunt Boonyuen', an elderly woman, who worked to cover her daily expenses and medical cost. Thus, her daily routine involved peeling dried nipa leaves and selling them. She was proud that even in her old age, she could look after herself without asking for money from her children.

> *"I'm in a better situation than other elderlies, don't have to wait for money from children. I get 300 baht from peeling Nipa leaves. That is enough for food. I don't have to pay water and electric bills because my use does not exceed the limit."*
>
> (Boonyeun, 78, Elderly woman).

Having a life that is valuable to religion and those in poverty

'Aunt Wa De Ah', although she had low financial status, she still gave money to people in poverty. She believed in Islamic principles teaching that preserving religious culture and donating to charity would result in good karma, help a person to achieve a better life after death and their children's lives would be blessed.

> *"I've donated to charity and saved some money to donate to charity, to help people in need, those in poverty. I've just stop doing that when I quit a job because I need to save money for myself."*
>
> (Wa De Ah, 85, Elderly woman).

The above reflections confirm that strong spiritual beliefs and high self-esteem are key elements promoting positive viewpoints and resilience in elderly women. These elements contribute significantly to their mental health, well-being, and ability to direct life's challenges.

Social Suffering

The current study discovered that social suffering of EWCA in Thai Southern community is related to the suffering resulting from utilizing healthcare services combined with social suffering resulting from their statuses in the community – being elderly women with Chronic illness who live alone.

Suffering caused by the situation in which healthcare workers are not responsive to her context or other life conditions, apart from an illness

Aunt Boonyuen had a feeling the healthcare worker did not pay attention to her context, conditions, or information other than physical illness although they were attentive to her illness.

The healthcare workers did not listen to her concerns.

"I asked for three-months supply of medication each time I saw a doctor. If I have to go to a hospital like ..., once to see a doctor, once for eye check, once for feet check, once for teeth check; I can't do it. It's not convenient. I have no children taking me to a hospital."

(Boonyuen, 78, elderly woman, secondary hospital).

Suffering caused by the situation in which an elderly woman cannot understand medical terms in the information delivery by healthcare workers

Aunt Wa De Ah did not understand how to take her hypertension medication. A doctor explained that she was supposed to take one pill per day. However, in her understanding, she thought she could take it every time she had a headache. Thus, she took about 20 pills in one day, resulting in pre-syncope; not able to keep eyes opened; and blacking out.

"I took a pill as a doctor said. (I) thought that I could take a pill every time I had a headache, pain in the back of the head. During the time I had several continuous headaches, I kept taking a pill. I didn't know that the doctor prescribed me one pill a day."

(Wa De Ah, 85, elderly woman, secondary hospital).

Suffering caused by obtaining healthcare from arrogant healthcare workers

Aunt Samboon told a story of her experience of utilizing healthcare services at a nearby primary hospital. Some healthcare workers were arrogant, not attentive, and delivered services slowly.

"Some healthcare workers talked harshly, were snobbish and rude to me. The other day, I went there to get wound dressing, I had to wait for about three hours. After waiting very long, (the healthcare worker) walked to me and asked why I was there."

(Samboon, 68, elderly woman, primary hospital).

Suffering caused by not having privacy while utilizing healthcare services

Arrangement of examination rooms in public hospitals does not protect patient's privacy. The room has no door, which makes an elderly woman afraid of telling causes of illness. For example, Aunt Soka was beaten by the neighbor and decided not to mention such incident because the patient next to her was a neighbor living in the same area.

"I didn't dare to tell the doctor the reason for not coming to see him sooner. The doctor's room had no door. If I said something, two people waiting in the front row might have heard it."

(Soka, 63, elderly woman, secondary hospital).

Social Suffering caused by Having Low Status in the Community – the Social Suffering related to being EWCA

Suffering caused by poverty

Aunt Samboon lived her life in poverty. She received low acceptance from her families and relatives. Specifically, her in-laws did not respect her and looked down on her, which was the reason for the divorce from her husband.

"The mother-in-law looked down on me. She said that I was ugly, poor, and older than uncle Wirat (an ex-husband). Day after day, I couldn't bare it. So, we divorced…. the second husband, even thought I was poor."

(Samboon, aged 68, elderly woman with low financial status).

Suffering caused by disabled and unclean body

Aunt Weawta was diagnosed with colon cancer. Having a colostomy pouch attached to her stomach made her feel embarrassed and loss of confidence. She did not want to meet other people and feel different. She was not confident about how clean the pouch was. She was afraid that it would have an unpleasant odor which disgusted other people.

"In the beginning, it was embarrassing. It was like having my bottom attached to my stomach. Other people didn't have it while I did. Those who visited me felt sorry for me and gave me money. But I didn't want anyone to pay a visit because they kept asking about how I felt and wanted to take a look"

(Aunt Waewta, aged 72, elderly woman with colon cancer).

Suffering caused by being a wife: A burden of debt after a husband's death

Aunt Sornklin's husband died. He left her with a debt caused by applying for 2,000,000-baht loan to invest in a lathe business and a tiger prawn farm. Thus, she had to sell assets, including her house to pay off debt.

"I sold all my gold chains. After the funeral, I asked for a postponement of debt from the lender and they understood my situation well. A husband was dead, so the families could not pay the dues…."
(Aunt Sornklin, 68, elderly woman, a husband's death).

Suffering caused by living alone

Aunt Boonprakorng had permanently stayed single since she was a young woman. After her parents passed away, her siblings moved out to have their own families. While she was aging, she had to live alone.

"When thinking back, I cry. If I knew it would be this hard when getting old, I would have gotten married. When I was young, I didn't want to get married. I saw my friends giving birth, they were in lots of pain."
(Aunt Boonprakorng, 80, elderly woman who stayed single permanently).

Suffering caused by being harassed by male neighbors

Aunt Soka was a widow who had lived alone for more than ten years. She was harassed by some male neighbors. They secretly knocked on her door late at night. Some men tried to climb up into her house through a window.

"Some nights, there was a person trying to climb up into my house. I had to have a big knife covered with a towel by my side all the time."
(Aunt Soka, 63, elderly woman who was harassed by male neighbors).

The above reflection about difference kinds of chronic illness experience revealed the individual health experiences of elderly women are complexly shaped by a mix of chronic illnesses, psychological stresses, societal norms, and economic conditions. The coexistence of several chronic diseases complicates their health management and intensifies emotional distress. Social and gender expectations burden their ability to seek and receive adequate care. Economic differences delay access to necessary healthcare resources. EWCAs who have high self-care, receive support from people around them, and apply religious concepts to everyday life positively affect feelings and thoughts. However, on both the negative and positive sides of elderly living alone viewpoints, chronic diseases share fundamental traits related to their long-term illness nature and how personal healthcare impacts them. These conditions require ongoing care and significantly affect daily life.

Discussion

The research findings are utilized to recommend health promotion approaches in Thai community and to identify potential strategies for EWCA in long-term caring for this group. The following research aims were addressed:

To study the subjective and illness experiences of elderly women with chronic diseases and living alone in rural areas in Southern Thailand.

Subjectivities of Elderly Women who live Alone: Discourse, and Power

The current study supports Michel Foucault's subjective concept (Foucault, 1983) explaining that subjectivity does not independently exist, but it results from an individual's interactions with the surrounding people, which contain power relations. This process eventually allows an individual to acquire self-perception. Foucault suggests that within non-economic analysis, power results from inequality and unstable relationship of force (Gordon, 1999). It is the network existing everywhere in a state of flux. Power constantly and harmoniously strengthens each other, in which the coercion is not noticeable. That is because all are under the regime of practice. This study confirms such concept of Foucault. It is discovered that subjectivities of EWCA in the Southern rural community constitute the interactions between EWCA and the surrounding people; which occur through attributing meaning, discourse, and practices towards the elderly within Southern sociocultural settings. Positive subjectivities are linked with the family warmth, the ability to preserve religious culture in the community, and being rich. Negative subjectivities are linked with the decline in family structure, being poor, being cheated, having lost loved ones, and living alone without children to closely provide care. Discourse, power, medical practices having occurred while receiving treatment for chronic illnesses for many years also contribute to negative subjectivities. It is discovered that provision of healthcare services shapes subjectivities at the individual level through healthcare workers depicting the elderly as being old, having a body in decline, coupled with complications and chronic illnesses as well as being weak. Accordingly, the elderly need attentive care from their children (Bao et al., 2022). Moreover, their physical changes are apparent such as gray hair, blurred vision, and dementia. The elderly are also depicted as those with childish

behaviors i.e., ego-centric, needing to be the center of attention, feeling slighted easily, and feeling irritated easily. Such viewpoints contribute to ageism. At the policy level, it operates through provision of healthcare services that do not serve the elderly's needs and are inconsistent with their bodies. Meanwhile, it is discovered that the government policies 'One Stop Service' and 'Fast Track for 70 years-old patients' are not practical. The policies are vague and not fully implemented in both secondary and primary hospitals. EWCA have to wait in a queue and go through all steps as other patient groups do. That reflects neglect and uncaring actions towards the elderly without careful consideration about their deteriorating strength, which is different from young people. It also operates through healthcare services that are not responsive to the elderly in the community. An outreach team consists of a multidisciplinary team having both male and female staff, village health volunteers, and community leaders. Also, not having privacy while communicating with healthcare workers prevents EWCA from giving information about their causes of illnesses. Through the exploitation of power relations by healthcare workers, EWCA are oppressed and marginalized resulting in negative subjectivities. For example, they use medical terms coupled with standard Thai dialect while talking to EWCA.

Vulnerability of Elderly Women with Chronic Illness and their Fluid Subjectivities

The researcher considers the study of EWCA's subjectivities challenging. It is discovered that EWCA have both physical and emotional vulnerable subjectivities. Becoming older is related to depression and affects their performance on daily activities, which is lower (Rippon & Steptoe, 2018), and such problems affect the elderly living alone in a community more than those living in urban areas. In addition, there are other factors contributing to increased vulnerability such as being dependent on family (Harbison & Morrow, 2017), having lost a spouse, changes in social life, life events occurring over time, and difficulties resulting from biological aging (Keita, 2007). Subjectivities of the elderly have been shaped to embody increased anxiety such as subjectivities of patients diagnosed with Alzheimer's disease who were depicted as 'loss of self' (Herskovits, 1995).

The researcher argues that there are both positive and negative subjectivities and elderly women's subjectivities constantly shift according to the discourse in combination with their statuses and interactions with people in the community. Vulnerable elderly women such as being poor, having low social status, living alone without any children to closely provide care or live nearby, being stigmatized as being deviate from 'good woman' and 'good elderly' frameworks (i.e., have had several husbands and have stigmatized diseases such as HIV), that live in social structure depicting them negatively, are susceptible to oppression, ageism, and discrimination. They rarely gain respect and attention from families, relatives, and community members. Besides, they are harassed verbally and at risk of sexual harassment, resulting in fearful and unsafe feelings. Such feelings cause difficulties and finally become negative subjectivities. On the contrary, elderly women with positive subjectivities belong to the rich people group. Their children have high social status such as being a local politician. Also, they gain sufficient attention from their children. Although they live alone, their children consistently visit them and hire caregivers to take care of them twenty-four hours a day. They have ability to pay for and access healthcare services. However, subjectivities are not fixed, they contain diversity, can be conflicted within the same person, and are interchangeable between positive and negative ones. For example, it is discovered that rich elderly women, who have children and caregivers to closely provide care for them, embody negative subjectivities through the situation in which their children are not honest due to conflicts over money. Being rich and outstanding contribute to class discrimination, resulting in having no visit from neighbours. Such situation causes loneliness. Meanwhile, subjectivities of elderly women in the vulnerable group can be shifted from negative to positive through good relationship with their children, relatives, and neighbors. For example, they receive financial support, food, basic necessities, and a ride to a hospital. People also get medication from hospital for them. The elderly feel proud of themselves that they are valuable to religions.

Social Suffering of EWCA and their Political Economic Context

The key findings in this study reveal that social suffering of EWCA in Southern rural community is caused by existing structural violence being overlapped with the following components: meaning of the elderly given by people in the community and healthcare workers, gender, social class system existing in the decline of seniority and gratitude, which are the foundation of Southern sociocultural settings, viewpoints on the elderly under the systems of capitalism and commercial medicine

emerging in social class systems that oppress the elderly and remake them. Interactions between healthcare workers and patients with chronic illnesses had impact on the patients' experiences of illnesses (Brondani et al., 2017). An emergence of new relationship pattern in family system as well as community and contemporary healthcare services under capitalism are important issues that exist widely in sociocultural setting in each country; which is worrisome. For example, family system has changed from traditional culture, which used to value, respect, and care for the elderly in the family, to loosen ties, not as strong as in the past. Elderly neglect is another form of ageism (Bratt et al., 2020). Sociocultural construction shapes beliefs, values, and ideology. The framework of being a woman that is linked with roles and responsibilities in taking care of family members does not give women much opportunity to gain information. Therefore, they are more susceptible to chronic illnesses than elderly men (Bundhun et al., 2017). Meanwhile, women are subordinate to men due to social class arrangement rooted in an ideology in Buddhism. This ideology plays an important role in devaluing women, making them less important than men (Khin, 1980). Elderly women are more susceptible to be abused than elderly men and have higher risk of disability than elderly men (Yang et al., 2021). That is consistent with the current study discovering the existence of family structure under capitalism focusing more on economic wealth than providing care for the elderly in the family. In addition, children leave their hometown to have their own families. Elderly women have no one to provide tangible and emotional support, resulting in loneliness and difficulties in life.

The pattern of relationship within health systems viewing the elderly under capitalism, commercial medicine, and classes based on Southern community context: It describes the elderly bodies based on biomedical paradigm as declination and being near death. The body exists with chronic illnesses and needs to be treated, and becomes a medical problem. The physicians have the highest power in chronic illness treatment process. They can manage the elderly women's bodies through treatment. An interesting point is that healthcare workers provide services at their own clinic after work. Rich elderly women are able to access the services, gaining fast track. On the contrary, poor elderly women must wait in a queue and might lose their position to people with privilege class, and have to wait longer than they should. Besides, they typically do not receive attention. Difficulties and exhaustion when utilizing healthcare services each time cause boredom. Meanwhile, chronic illnesses need long-term treatment. Some elderly women choose to see a doctor when they run out of medication, or when they need to get blood drawing, or they choose to continue the treatment at a primary hospital nearby.

Conclusion

Subjectivities of EWCA are diverse and overlapped in Thai Southern sociocultural settings. The following conditions have shaped their subjectivities: history, structural violence, interactions between EWCA and people in the community; neighbors; community leaders; caregivers; and healthcare workers, which are linked with meanings given to EWCA, knowledge and discourse of the elderly, oppression, gender, power relations, social suffering caused by utilizing healthcare services, and social suffering caused by chronic illness and living alone. EWCA also embody positive subjectivities through being able to earn a living, preserve religious culture, and manage one's own life when the body functions properly and when it has illnesses. In addition, they also embody negative subjectivities such as feeling miserable about one's own destiny, feeling slighted by one's children, and feeling lonely and suicidal. These are found to be associated with the decline in family structure, being poor, having lost family members, living alone, and having chronic illnesses and physical abnormality.

This study recommends that discourses of the elderly should be re-constructed through the mechanism in family, community, public and private agencies, and healthcare centers. For example, academic seminars for healthcare workers should be held. One stop service policy should be implemented and allow EWCA and other elderlies to access healthcare services in their neighborhood.

Conflict of Interest

The authors declare that there is no conflict of interest.

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