

Psychosocial effects of gentrification on elderly people in Barcelona from the perspective of bereavement

Last accepted version of article López, P., Rodríguez, A.C., & Escapa, S. (2022). Psychosocial effects of gentrification on elderly people in Barcelona from the perspective of bereavement. *Emotion, Space and Society*, 43, 100880. <https://doi.org/10.1016/j.emospa.2022.100880>

1.-INTRODUCTION

The term “gentrification” is attributed to Glass (1964), who described the process by which, in the 1960s, in various working-class neighbourhoods of London, the original population was gradually replaced by one of higher socioeconomic status. Subsequently, other authors have qualified and diversified this concept, which embraces complex social, urban, economic, political and symbolic processes generated by globalisation and the excesses of neoliberalism (Sánchez, 2017). Some speak of the reoccupation of urban centres as part of the class struggle (Smith, 2002), while others define gentrification as a centrifugal force that carries the most vulnerable groups along with it, displacing them against their will and increasing social fragmentation and economic inequality (Slater, 2006).

In gentrified areas, the diversity resulting from population changes, together with urban improvements, attracts tourists looking for environments that have their own identity. The presence of tourists and their impact on housing prices, economic activity and the social networks in neighbourhoods are key factors in gentrification. This generates a political conflict that leads us to question the conception we have of cities and our view of people's rights according to whether they only live in them or “own” them (Purcell, 2008).

Although attempts have been made to suggest a positive interpretation of gentrification, citing the benefits to the neighbourhoods and cities where it occurs, there is little evidence

of these benefits (Pareja & Simó, 2014). The predominant view identifies gentrification as a process of destruction, sometimes referred to as "creative destruction", which generates a cycle of devaluation and revaluation of certain spaces, emptying and refilling them, replacing poor people with rich, without considering the impact on the wellbeing of the displaced population and the community (Makhlouf, 2014).

Research into the losses associated with gentrification and its effects on people's wellbeing has focused primarily on residents who have been displaced from areas where they had lived for a long time (Atkinson, Wulff, Reynolds & Spinney, 2011). Changes resulting from relocation add to the loss of neighbourhood social networks, which play an important role in protecting against adversity (Gracia & Herrero, 2006). This rupture of social ties, added to increased stress and the disappearance of social and economic resources, often causes adverse health effects on people living in these neighbourhoods (Lim, Chan, Walters, Culp, Huynh & Gould, 2017). The feeling of loss is linked, in these cases, to great sadness, anguish or isolation, which sometimes triggers depressive disorders (Morris, 2019a). This type of study focuses on experiences of social and geographic "rootlessness". The consequence is a feeling of alienation, of being a stranger in "someone else's city" (Keene, Padilla, & Geronimus, 2010). The effects of gentrification on the community are so great that some authors speak directly of acts of "communicide" (Morris, 2019b).

In gentrification processes, elderly people are among the most fragile groups (Petrovic, 2008). Their economic situation often makes them more vulnerable to rising rental prices associated with such processes. Some studies show, moreover, that if they are displaced from their area of origin, they may be more sensitive to the emotional and physical costs involved in adapting to a new neighbourhood (Henig, 1981).

Few studies analyse the experiences of this group in gentrification processes. Some, including Hartman (1984), show that feelings experienced by elderly people displaced from their neighbourhoods are often similar to those found in clinical descriptions of bereavement. However, there are few references in the scientific literature to bereavement associated with gentrification, particularly among elderly residents who remain in the environments where it occurs (Versey, Murad, Willems & Sanni, 2019).

Bereavement processes in elderly people have peculiarities that have been studied with a view to reducing the risk of episodes of depression or psychotic disorder. General indications in situations of complicated bereavement in elderly people stress the importance of promoting social support (Bellamy, Gott, Waterworth, McLean & Kerse, 2014; Fernández, García-Caballero & Mateos, 2019), which can be particularly affected in gentrification processes.

Accordingly, evidence exists of the negative impact of gentrification processes in elderly people expelled from their territories of origin similar to the health problems associated with bereavement processes. However, few studies consider the perspective of elderly people regarding such processes, and none, to our knowledge, focus on elderly people who have not been displaced. We therefore note a need to explore these effects, giving a voice to non-displaced seniors who can provide a longitudinal view of changes.

2.- AIMS AND OBJECTIVES

Our goal is to explore, from the perspective of bereavement, the effects of gentrification processes on elderly people who still reside in a neighbourhood affected by it. The objectives that guide our study are:

1. To identify the main losses experienced by elderly people who live in highly gentrified areas.
2. To understand the link between these experiences and mourning processes.
3. To provide policy-relevant arguments for stakeholders engaged in improving the living conditions of people who live in urban contexts.

Achieving these objectives can be useful in terms of public housing and urban planning in a globalised context of socio-spatial transformations. Moreover, awareness of the experience of bereavement in gentrified environments would contribute to providing better designed, more appropriate care by social sector actors, particularly social and health intervention workers who are in direct contact with the population that remains in these areas.

3.- BACKGROUND AND THEORY

The diversity of theoretical approaches to the study of loss and bereavement complicated the selection of an analysis model for our research. In fact, the analysis model was not used to guide data collection. In our case, it was the analysis of the results that prompted us to seek a theoretical model in order to understand the information that emerged. This information suggested that elderly people's narratives regarding the effects of gentrification on their lives shows similarities to what happens in the processes of loss and bereavement.

Although grief is generally defined as the response to the loss of a loved one, the knowledge generated from studies of such situations improves our understanding of people's responses to other types of change experienced as losses. These

include, for example, losses caused by the degradation of significant sites in natural ecosystems. These ecosystems are a source of meaning, identity and wellbeing in people's lives. However, these basic elements can be affected if the ecosystems become threatened, whether by human or natural activity. This is exactly the line of thought followed by Albrecht et al. (2007) in proposing the neologism *solastalgia* to define the sense of anguish and loss experienced by the inhabitants of the Upper Hunter Valley (Australia) due to the impact of large-scale open-cut coal mining. The term seeks to describe the pain felt before changes in an environment that one considers one's home, particularly in the natural environment.

More recently, a study conducted on the Great Barrier Reef provides evidence of so-called "ecological grief", which entails both emotional responses associated with grief and observable effects on the mental health of people who are emotionally impacted, in this case, by the disappearance of the world's largest coral reef (Marshall, Adger, Benham, C. et al, 2019).

Numerous theoretical approaches exist that attempt to understand the different phenomena associated with loss and grief. Hansson and Stroebe (2007) reviewed sixteen of these models, which they grouped into four categories: general psychological theories; general coping (life event) theories; broad spectrum models of grief (phenomena/manifestations); and specific models of coping with bereavement. All these different theories do not necessarily contradict each other, but they do suggest different perspectives on what is considered adaptive and on ways to help people cope with the negative effects of loss.

An example of the complexity involved in understanding these phenomena is the debate, in recent decades, about the theory of continuing bonds (Klass, Silverman & Nickman, 1996). The theory of continuing bonds challenges ideas about a linear process of grief that suggests that we are to cope with grief and then get over it. Rather, the theory proposes that the relationship with something lost – whether a loved one or a place of belonging – is continued throughout our lives, thereby expanding perspectives of loss and grief. However, the same authors also note later the need to review the hypothesis and consider whether continuing bonds help or hamper adaptation to grief, and suggest that more emphasis should be placed on the influence in these processes of community, cultural or political narratives (Klass, 2006).

Going beyond the general understanding of the grieving process, many of these theories focus on the impact of the grieving process on people's health and on positive coping strategies. Both more traditional phase models, which focus on the emotional states that affect people (Kübler-Ross, 1969; Kübler-Ross & Kessler, 2005) and more recent models, which reveal the diversity of individual processes and emphasise personal processes, are used to analyse grief. The second type includes the model that we will use as a reference in our analysis, “the dual process model of coping with bereavement” (Stroebe & Schut, 2010). This model suggests the coexistence of two ways of coping with bereavement: one focused on loss, the other on restoration. In both, a central element is denial, associated exclusively with the initial moments of bereavement. In Stroebe & Schut’s model, however, denial is understood as an adaptive mechanism either of an anxious type (in loss-centred operations) or a depressive type (in operations focusing on restoration).

We were interested in finding a theoretical model based on understanding how people cope with grieving processes. Stroebe, Schut & Boerner (2017), who conducted a review

of the various theoretical models of coping, emphasise the importance of combining empirical evidence, conceptual clarity, the predictive (and not only descriptive) capacity of the model, and analysis of the complexity of individual experiences that occur in the process of coping with grief. The dual process model of coping with grief meets these requirements.

4.- RESEARCH DESIGN

4.1. Context

The study focused on the Barceloneta neighbourhood of Barcelona (Spain). Located in the old town, it has a population of 15,176. Several studies show that it is experiencing an accelerated process of gentrification (Boer & de Vries, 2009; Pareja & Simó, 2014; Makhoul, 2014; Alamilla, 2016). The Barceloneta neighbourhood shares characteristics with others around the world that are experiencing gentrification processes. These characteristics are established in specific data, available in the information published by Barcelona City Council (see Table 1). Some of this data is particularly relevant for analysing the situation of elderly people:

- Progressive aging demographic dynamic, with one of the highest aging rates in Barcelona.
- Progressive increase in numbers of immigrants, with an average foreign population rate 4.5 points above the city average.

Table 1. Data comparing the Barceloneta neighbourhood and the average for the city of Barcelona, 2018

Psychosocial effects of gentrification on elderly people in Barcelona

	Barceloneta neighbourhood	City average
Aging index ⁽¹⁾	202.4	159.7
Life expectancy	80.7	84.3
Elderly people living alone	32.7%	26.3%
Residents born abroad	39.1%	24.6%
Housing rental price	16.9 €/m2	13.4 €/m2
Second-hand housing purchase price	4,815 €/m2	4,344 €/m2
Housing of 60 m2 or less ⁽²⁾	70%	28%
Housing of 30 m2 or less ⁽²⁾	17%	1.3%
Average family income	23,287.1€	38,982.5 €

⁽¹⁾ (Population 65 and over / population from 0 to 15 years) * 100

⁽²⁾ 2011 data (latest available).

Source: Barcelona City Council Statistics Department.

- Life expectancy that is 3.6 points below the Barcelona average and nearly 6 points below the neighbourhoods with the highest income levels in the city.

- High numbers of elderly people living alone (6.4 points above the Barcelona average), particularly women.

- Contrast between the price of housing and the socioeconomic profile of the population.

In 2017, Barceloneta was the neighbourhood in the city with the highest rental prices and was in the upper range with respect to the sale price of second-hand flats.

- Housing insecurity, particularly among elderly and people with mobility difficulties. 70% of buildings are classified as old (built before 1940) and are divided into small apartments (a significant proportion measure less than 30 m2). 85% have no lift and only

7.7% of buildings are accessible. Almost half of the population lives in rented accommodation.

4.2. Design

To understand the effects of gentrification from the perspective of non-displaced inhabitants, a qualitative study was conducted using a cross-sectional phenomenological design (Creswell, 2013; Hernández, Fernández, & Baptista, 2014). We focused on analysing information provided by 29 elderly people, selected through semi-structured interviews aimed at understanding different perspectives, experiences and the detailed opinions of participants. Subsequently, the categories that emerged from the initial inductive analysis enabled the research team to interpret the information obtained from the perspective of grief.

4.3. Data collection

The sample was selected based on work with health and social agents in the neighbourhood. These actors (doctors at the health centre, social workers from social services, personnel from the centre for the elderly, municipal managers and representatives of neighbourhood associations) are coordinated by the "Barceloneta Good Neighbourhood Committee", which was the initial space enabling the research team to reach the key informants finally selected. The profile of the sample (see Table 2) was people over 65 who had been living in the Barceloneta neighbourhood for more than 20 years, with the cognitive skills and capacity of oral expression to answer the questions. The research team requested actors who collaborated in the selection of the sample that

the participants should have different profiles as regards place of origin, prior work activity, age, gender, general state of health, type of housing, family situation and other aspects that might influence their views on the evolution of the neighbourhood. However, we were not provided with most of this specific data due to ethical reasons, and that is why we did not include it in the interviews. We were informed about an earlier project on barriers to accessibility in housing in the neighbourhood and how this study had generated false expectations of improved accessibility conditions for the people living in this housing. Due to this, our research design was aimed at being particularly careful with the data collected, precisely so as not to generate misleading expectations about the benefits of the research as regards improving participants' living conditions.

The various social actors provided us with the contact details of 41 people (31 women and 10 men), of whom 12 people declined to participate, mainly for health reasons. The final sample included a 62-year-old person who has lived in the neighbourhood since birth and met the other criteria described here. The final sample was formed by 29 interviewees, 22 women and 7 men with an average age of 76 years. Due to the criteria defined and other conditioning factors in the selection process (especially the profile of the population to which the aforementioned social actors have access), there were more women than men in the sample. The distribution of the sample (75% women and 25% men) accentuates the already existing difference in the population of this age group in the neighbourhood (62% women and 38% men, according to data published by Barcelona City Council Statistics Department, 2018).

Table 2. Characteristics of participants

	Participants (n=29)
Gender	
Female	22
Male	7
Age	
Mean	76
Min.	62
Max.	94
Years in the neighbourhood	
Mean	62
Min.	22
Max.	90

Data was collected in person between November 2017 and January 2018. The interviews, mostly of 30-45 minutes, focused on:

1. Data on the interviewee profile (type and duration of link with the neighbourhood).
2. Perception of changes in the neighbourhood concerning urban evolution, environment, relations among residents, etc.
3. Perception of the impact of these changes on the social network in general, on different groups (from the perspective of the life cycle) and on the individual interviewed.
4. Overall perception of achievements or improvements in the neighbourhood, future expectations and wishes regarding future evolution.

The respondents signed an informed consent form before taking part and gave oral informed consent for the interviews, which were conducted by the research team in accordance with Ramon Llull University confidentiality and privacy criteria.

4.4. Analysis

The interviews were recorded and transcribed literally. Analysis was conducted using Atlas.ti 8.

The content of the interviews was processed according to the general proposals for thematic analysis (Braun & Clarke, 2006). After an initial stage focused on reaching an understanding of the information collected in three dimensions of analysis (changes identified, issues perceived and attitudes to change), the research team conducted a second analysis from the perspective of loss and bereavement. This analysis comprised various phases of categorisation and recategorisation based on peer comparison:

- a) Consensus agreement on the new general dimensions of analysis.
- b) Iterative analysis to identify possible emerging issues from the dimensions analysed relating to losses.
- c) Identification by consensus of the initial codes within the dimensions analysed relating to losses.
- d) Inter-judge phase enabling determination and validation of the final categories relating to losses.
- e) Finally, a reinterpretation of the information obtained was conducted, comparing it with the model for understanding bereavement processes that guided the research (Stroebe & Schut, 2010).

In the results presentation, literal quotations are identified by the numbers assigned to the interviewees in order to maintain anonymity. In translating the literal quotations, we adapted them to facilitate their comprehension while maintaining their spirit.

5.- RESULTS

In the interviews conducted, sadness associated with the feeling of losing something loved and valuable predominated. There was a general perception of a lack of agency and of appropriation by other people with greater economic power of what was once a collective good.

Even urban improvements become triggers for social and emotional losses when members of the most vulnerable population are expelled from the neighbourhood, or if there is the perception that basic aspects have improved, but with losses that profoundly affect their daily lives and well-being.

This feeling of general loss among interviewees is exemplified in the disappearance of local businesses, significant community spaces, security, the neighbourhood and family ties and even the smell of the streets as a symbol of non-tangible sensations. As a result, the sense of belonging is affected.

Businesses in the neighbourhood have undergone a profound transformation linked mainly to tourism, with the disappearance of traditional shops, replaced by others that often do not serve local people, but tourists.

In the past, these were family businesses, but the owners retired and they are now supermarkets or “Pakistani” shops, and they are different now. Before, there was a perfumery, a shoe shop... but lots of shops have disappeared. You can go to a

supermarket or a “pound shop”, but those friendly little shops from before no longer exist. (P13)

The closure of many businesses that served local people in Barceloneta has forced many to change their habits, as they are forced outside the neighbourhood to go shopping. For the elderly, travel can mean an effort and spending extra time, something that affects their daily routine, aggravating situations of isolation, especially for those with limited mobility.

Urban changes particularly affect certain spaces that had strong symbolic significance as meeting places. The beach and the neighbourhood square are those mentioned most in the narratives. The square was the nerve centre of community life, but its redevelopment attracted people from outside the neighbourhood and it lost its unifying function for the community.

The square was where children played. There was a futsal court. At weekends we played futsal and people came to sit and laugh and watch us play. But they took all that away from us. (P25)

The (problematic) coexistence with tourists is associated with problems of anti-social behaviour and insecurity. Residents are annoyed by noise at night, made by tourists who rent apartments and visitors attracted by the beach and the nightclubs, open until late. There is also more drug trafficking and use. In some cases, this anti-social behaviour effectively expels residents, who find it impossible to live in these conditions.

Those people annoy me, they drink a lot and make noise at night, fighting and breaking bottles. (P 12)

Residents worry about the loss of peace and quiet and how the problem affects perceptions of the neighbourhood.

I hate the things they say about Barceloneta, because ours is a traditional fishing quarter and we don't deserve to be talked about that way [...] This year, [some tourists] had sex in the street. And boys going shopping naked. [...] We are not against tourists, but that type... they should stay at home. (P1)

The neighbourhood is losing lifelong residents. Young people leave because of the high prices of local housing, replaced by foreign tourists or young Europeans, without children, who come to study or work in Barcelona for one or two years, with high salaries, happy to live near the sea, even if in small, expensive apartments. This weakens the feeling of being rooted in the neighbourhood among people who have lived here all their lives.

My children were not able to stay [in the neighbourhood]. They looked, but [could only find] a 30 m² apartment on the fifth floor without a lift and it was so expensive because of the real estate bubble. It's not that they didn't want to [stay here]; they just couldn't afford to. (P4)

This sensation that the neighbourhood is at the service of businesses, especially those linked to tourism (with impact on housing prices) creates a perception of losing the neighbourhood they once had, replaced by one not designed for its inhabitants, so that they lose the feeling of belonging.

You end up thinking you don't belong in the neighbourhood. You see Barceloneta and you think: Heavens, I don't belong here anymore. It belongs to those people [tourists]. (P14)

Besides the feeling of being strangers in their own neighbourhood, the loss of fellow residents who move to other areas also creates a feeling of loneliness, especially among

older people who have lived all their lives here. This has direct impact, weakening the social network and generating loss of social capital.

I meet a neighbour on the stairs and we chat. She is the only friend I have. A kind, friendly, older lady... The others who live here, they stay here for a month, two months, then leave and others come and stay for two months, four months... There is no way of interrelating with people, not even on the stairs or in the street. (P17)

There's only one neighbour, and no one else to talk to. (P21)

In the dual process model of coping with bereavement (Stroebe & Schut, 2010; Stroebe, Schut & Boerner, 2017), the stress of adjustments or changes involved in the losses reported are similar to those reported regarding the loss of a loved one. According to this model, there are two ways of coping with bereavement processes: one centred on loss, the other on restoration.

Most of the interviewees were in this mode, focusing on the memory of what was lost, expressing feelings of despair, helplessness or denying the possibility of a hopeful future or restoration (Stroebe & Schut, 2010).

In many of the narratives, the malaise generated by the perceived losses creates a hopeless vision of the future. There is also alienation from the neighbourhood itself, accentuated by practical issues such as language. There is awareness of gentrification as a global phenomenon about which they can do little. They expect the process of “neighbourhood death” to be completed in a decade or two, when the current generations of elderly people die. The helplessness or hopeless realism of some interviewees is born of knowing what they do not want but having neither alternatives nor power to change things.

Most of the older people will be dead in 10 years. And their flats will be empty. In 20 years Barceloneta will no longer have the problem... my generation will have

disappeared [...] It is madness that in the finest place in Barcelona there should be all this trash, us. Economically, it makes no sense for us to be here. The poorest housing in Barcelona next to the most expensive apartments [...] Well, all this will soon be luxury apartments, like all over Europe [...] But they must be patient, wait for us to die. Twenty years is nothing! (P14)

Some people feel that the neighbourhood is surrendering to a process that has no solution, market logic driving property speculation. This has an impact on people's health, causing anxiety or depressive processes. Some decide to leave, experiencing this as a defeat.

Barceloneta has been sold to the highest bidder! (P20)

If people could afford to live in their homes like before, with long, inexpensive leases when the wife didn't work but you could still make ends meet... [...] I would be in paradise in Barceloneta. But we live with no certainty that we will end our days in our own homes. And you cannot live like that. The older people are frightened. (P14)

Not only "village life" is lost, but also identity. The "smell has been lost", some say, referring to intangible values that form the identity of the neighbourhood.

This [a local shop or restaurant] was one of the last to close. It had an aroma, like the sea, of rice... Well, no more. Now everything is lost! (P20)

Coexistence with people from different backgrounds, despite some difficulties (such as language), is not the main problem. The problems are accelerating population change, which does not help adaptation processes, and the short duration of stays due to the seasonal rhythms of tourism, affecting the social network.

You cannot stop tourism. And tourism is good, it brings life. But if you don't interact with people at the market, the market empties. I go shopping there every day and it's a shame. There is no one. Some stalls have closed, and others plan to. I don't know. The neighbourhood is going to the dogs. (P9)

You don't find affection, the atmosphere of before. It has changed, and people are afraid of the future, they can't adapt to these changes. Because it's frightening. [...] So, of course, all this prevents you from building relationships with people you don't know (P17)

The importance of lost links is such that people miss periods when they had health or security issues but overcame them with the community. Many prefer a neighbourhood with more conflicts but with a human network that helps them to confront such problems.

I don't like Barceloneta anymore. [...] Before, it is true, we had junkies, thieves, we had everything, but you knew those people, you know? And we talked to them, had coffee with them. But now... I don't like what Barceloneta is becoming, because a lot of people have left. So many people have gone [...] I used to love my neighbourhood. (P15)

Certain expressions clearly reveal the pain the current situation is causing.

Barceloneta is going to disappear. Ask anyone. In ten, fifteen years, it will be gone. People can't [afford to] live here. (P25)

But not all the narratives focus on the negative effects of loss. Rather, a second way of coping focuses on restoration. This mode revolves around actions to rationalise the situation, denying the more painful aspects of the loss or minimising its effects and focusing on rebuilding life and relations (Hansson & Stroebe, 2007; Stroebe & Schut, 2010; Stroebe, Schut & Boerner, 2017).

Although malaise and desperation are the reactions most frequently found, other attitudes, while not denying the negative impact of processes, consider them changes to be expected of progress or reasons to mobilise civic struggle to reverse them or palliate part of their undesired effects.

Most people who call for acceptance of what is happening are those who advocate a more holistic way of confronting circumstances and stress the improvements, especially those related to urban planning and services.

Barceloneta makes me happy to be alive. We are all different. [...] People have to accept change. [...] If we don't adapt, we die. We can't look back. (P3)

Things have got better. Barceloneta Park is lovely. The hospital is more accessible. The sea front is wonderful. We don't know what we've got! I mean, people pay millions to visit our neighbourhood. Yes, some are getting rich thanks to this! But we live in a consumer society. [...] I hate speculation, people being evicted so that their homes can be converted into tourist apartments. Obviously, I'm against all that, but I understand it. Lately, many people are buying apartments, foreigners, and I suppose this will mean even bigger changes. But that is life. (P12)

The negative social impact of some changes is compensated by positive personal or family experiences. In other words, a social problem often impossible to change is identified, but personal or family stability prevails over the loss.

One good thing, I am happy. I like the neighbourhood, I have retired, I live here. I have joined the community centre to do painting, I have more time to see my grandchildren, who love to come to the beach in summer, etc. At Christmas, we went to the beach, and they said, "Granny, please don't leave the

neighbourhood!” [...] So, I stay here for them. I could have a good life elsewhere, but I love my neighbourhood. (P15)

The traditional resilience of the community is frequently mentioned with pride hope before a global logic that generally causes a feeling of helplessness.

We have always been cheerful in our outlook. Remember, this is a fishing quarter, a port area where there were factories in the past and hardworking women always played an important role. Women mended the nets, sold fish at the market. They were always ready to defend the neighbourhood. Always. (P4)

6.- DISCUSSION

Our study aimed to explore, from the perspective of grief, the effects of gentrification processes on non-displaced elderly people. Generally speaking, our findings are consistent with those described in previous research projects on the experiences of people displaced from their territories (Atkinson, Wulff, Reynolds & Spinney, 2011; Morris, 2019a; Keene, Padilla, & Geronimus, 2010). The sadness, anguish, or sense of isolation described in the literature reviewed is also present in non-displaced seniors living in gentrified settings. The feeling of being a stranger in “someone else’s city” (Keene, Padilla & Geronimus, 2010) is replaced, in these cases, by that of being a stranger in the neighbourhood itself, as many interviewees report.

We focus on three significant aspects: the perspective of elderly people affected; the most relevant losses that they describe; and their ways of coping with the grieving processes generated by those losses.

Due to their potential impact on health and significant presence in the narratives collected, the effect of losses linked to social support are particularly relevant. This effect transversally underlies all four categories of losses identified. The effects of gentrification on the commercial structure, community spaces, perceptions of security and the family or neighbourhood network weaken sources of social support and leave elderly people unprotected from the emotional and physical effects generated by gentrification. So there is a double penalty: gentrification has a negative impact on health, and also reduces the social support that could provide a protective factor against health risks (Zhong, Clark, Hou, Zang & Fitzgerald, 2014). This increases the complexity of the situation of non-displaced people compared to those forced to leave the neighbourhood who can reconstruct social support networks in a new context.

This may explain why, in the analysis of coping styles, taking Stroebe & Schut's model (2010) as a reference, we discovered, above all, experiences comparable to those found in bereavement processes focused on loss: powerlessness, despondency and denial of the possibilities of restoration. The feeling of alienation in one's own environment, together with the deterioration of social support, causes pain and anxiety that can lead to depressive processes.

This sense of loss is even associated with seemingly insignificant but emotionally charged aspects, such as the smell of the neighbourhood. This finding links up with some interesting studies on the construction of value through personal meaning. Olfactory sensations are associated with aesthetic values and can change perceptions of the value assigned to an apparently obsolete and deteriorated object (Valk, 2020).

However, despite many references to the negative emotional effects of gentrification, the characteristics of our study did not allow us to identify indicators linking these processes

to specific situations of complicated bereavement. Future research should compare the views of people affected with those of health workers who intervene in these contexts. Nor did we focus on clinical analysis of coping styles. Generally speaking, restoration-focused mourning processes seem more adaptive, although this depends on other individual and social factors.

Moreover, the perspective of grief associated to gentrification enabled us to interpret only part of the findings. In the narratives collected, there is concern about various problems that we cannot necessarily interpret from the perspective of loss and grief, or that are not exclusive to highly gentrified areas. For example, a significant proportion of those interviewed referred to problems of accessibility in buildings, bad behaviour among tourists and unwanted loneliness. Although these phenomena have intensified in the neighbourhood studied, they are also common to other areas of the city not affected by gentrification. Their effects also entail losses for those who suffer from them, but not all are losses that people simply have to learn to accept. Rather, these are situations that call for political and social responses linked to education, the exercise of rights, coexistence in diverse and complex spaces, and so on. They are phenomena that require analysis from complementary perspectives. Our study focuses on only one of the possible perspectives.

Another possible limitation to our study is the over-representation of women. As we point out in the description of the sample, this over-representation is mainly due to the conditions for taking part in the study (to be over 65 years old, to have lived in the neighbourhood for at least 20 years and to have sufficient cognitive skills and good oral expressive ability so as to be able to answer the questions). However, the saturation of the information collected in the interviews persuades us that this gender bias does not

significantly interfere with the results. However, in the future it would be useful to expand the research from a gender perspective.

The mechanism used to select the sample could also introduce a bias affecting the representativeness of the information obtained. Social actors tend to have more information about people who participate to a greater extent in community life. This is balanced by the data provided by healthcare workers, who tend to have access to people that, due to physical or mental health reasons, have greater difficulty in leaving their homes. The qualitative nature of our study attaches importance to understanding the experiences of the people interviewed, rather than their representativeness. However, in future research, it would be useful to have access to older people whose social or health needs are satisfied in the family environment and, therefore, have less interaction with the workers involved in establishing the sample.

7.- CONCLUSION

The results of this research have implications for the social policies, presenting arguments for protecting human ecosystems and preventing the negative effects that certain urban processes may have on them. It is essential to strengthen the dimension of community health and social welfare in the management of cities, improving quantity and quality of life for all, particularly the most vulnerable.

Our study may also help to guide community intervention by health and social workers in gentrified settings. The results obtained indicate that certain strategies for social mobilisation or analysis of the situation focused on the anxious or depressive denial of losses could lead to processes of rumination or avoidance that complicate the grief process

(Cruz, Corona & Portas, 2017). Elderly people are not helped either by excessive analyses of the causes and consequences of gentrification or by avoidance of the subject. Providing collective spaces to analyse the situation with elderly people affected can enable the creation of social support networks and encourage a realistic and optimistic approach to the possibilities of personal and collective improvement.

As well as addressing this social dimension and applying political pressure to alleviate the effects of urban speculation, health and social workers' contribution should also focus on identifying and monitoring particularly vulnerable older people. In this, interprofessional coordination and neighbourhood cooperation are key.

In conclusion, gentrification processes have impact on the well-being and health of people displaced from their territories, and this impact may be accentuated in non-displaced elderly people faced by a double loss: that caused by changes in their living conditions, and that generated by the loss of social support that could help them to cope with the impact of these changes. All this suggests arguments for the analysis of urban policies from the perspective of community health and for guiding professional action towards the prevention of risks to health and social cohesion caused by gentrification processes.

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