

Social interaction and its role in subjective well-being in later life.

*Older adults in protected housing,
a case of 'De Schutse', Coevorden,
The Netherlands.*

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“Well, having interaction gives me a pleasant feeling. It is important to understand each other and come around and go together to activities in ‘De Schutse’. Especially, when you need each other, that may happen too, you have to help someone or receive help from someone else.”

(Joke, female, 86 years old, 6 children)

Acknowledgements

This thesis is the final product of an inspiring year in the Master of Population Studies. More specific it is the result of an interesting process, conducting a qualitative study among elderly in protected housing. Being involved in the lives of elderly was a great experience in discovering new aspects of life. It gave me insight in what is important in the life of elderly and it showed me how changes occur in life. Nevertheless, the research also made me conscious of what really matters in life. One of the respondents died a week after the interview. This was a heartfelt event that made me feel unfair having had interviews with vulnerable respondents.

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Abstract

The development of an ageing population is seen as the end of the demographic transition, which results in different needs in society compared to earlier stages of this transition. One of the challenges is to establish well-being among the enormous amount of elderly in the population. In the literature well-being is a popular field of research and different concepts and measures have been used to study well-being. In the life of elderly factors such as active engagement in life and the ability to realize autonomy are important. Social relations are also an important factor in the well-being of people and among elderly emotional support through social relations is of great value and in later life contact with familiar contacts becomes more important. Next to the quantity of social relations also the qualitative aspects of interaction have positive influence on the well-being of individuals. This study investigates the role of social interactions in the well-being of elderly and the main objective is to explore the social life of the elderly and explain how social relations contribute to their subjective well-being. The network theory of social capital and SPF-theory are used to conceptualize the process of social interactions and well-being among elderly. Social capital as the investment in social relations and the process towards this investment and SPF-theory in order to study how this investment is contributing to the different aspects of well-being. The study was done in one of the three assisted living facilities in Coevorden, The Netherlands called 'De Schutse'. Included in the research were elderly from protected housing (intra-, as well as extramural), who wanted to participate. In order to observe how and which social relations are important in the well-being of elderly in 'De Schutse', in-depth interviews were conducted among sixteen elderly. Next to the sixteen elderly two key-informants were interviewed. The interviews with the key-informants were conducted with aim to provide background to 'De Schutse' and activities that are organized in this assisted living facility.

Results from the interviews indicate that social relations of the respondents are of high value in the lives of the elderly that were interviewed. Contact with children is often deep and intense and the relation with their children is major importance according to the respondents. With their children the respondents tend to share and discuss a lot, affection is developed in the relation with the children of the respondents. Nevertheless, the parent-child relation is not the same among all respondents. Interaction with other elderly in 'De Schutse' is another valuable part of the social life of the interviewees. Being active and participate in activities is experienced positive and relates to the physical well-being of the respondents. The support that is provided by housekeepers and carers is another valuable source of social interaction for the respondents. Besides receiving, providing support is of high value for the well-being of the interviewed elderly. Helping others is perceived as positive by the respondents and relates to well-being through 'doing right' to others and receive appreciation for the provided help. Concluding, the personal situation of the elderly determines the accessibility to social relations of the interviewees and to what extent the respondents are able to invest in social relations. Well-being is obtained through different aspects of the social relations with relevant others of the elderly in the protected housing. SPF-theory provides useful instrumental goals which all turned out to be relevant in the well-being of elderly.

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1. Introduction

1.1 Background

Population ageing is a well-known trend in the development of populations and a frequently discussed phenomenon in today's scientific literature. A declining birth rate and increased life expectancy have resulted in a situation where individuals aged 80 years and over are the fastest growing segment of our population (Stenner, McFarquhar & Bowling, 2011). The development of an ageing population is seen as the end of the demographic transition, which results in different needs in society compared to earlier stages of this transition. For example, the need for nurses and health carers is increasing with more people in older ages. Some of the most important topics that found interest as a result of these developments are related to economic dependency of societies, consequences for housing and planning and individual outcomes of aging. The individual components of aging are both biological and social (Weeks, 2005), in this study the focus is on the social impact of population aging for individuals. The impact of social relations on the subjective well-being of elderly is studied.

“Throughout history philosophers considered happiness to be the highest good and ultimate motivation for human action.” (Diener, 1984, pp.542)

The above quote indicates the importance of happiness throughout history. According to Ormel et al (1999), subjective well-being refers to an individual's assessment of his or her own life situation. Sources and nature of well-being have been under study very intensively. One aspect of success in life is the development of meaningful relations with other persons (Pinquart & Sörensen, 2000) and having many social contacts is related positively to well-being (Baldassare et al., 1984; Hilleras, Agüero-Torres & Winblad, 2001). In general, the level of social contact declines somewhat in later adulthood. Related events are for example widowhood, relocation to residential facilities, loss of health and loss of income (Erber, 2010). Many elderly have problems to remain independent as a result of declining health. Assistance by family and other important social ties are used to maintain their independence. (Mariske, Franks & Mast, 2001). Nevertheless several researchers have found that subjective well-being does not decrease with age (mentioned in: Pinquart & Sörensen, 2000; Diener, 1984; Diener, et al., 1999; Hilleras, Agüero-Torres & Winblad, 2001; Larson, 1978; Okun & Stock, 1987) and the quality of social interactions plays an important role in subjective well-being (Pinquart & Sörensen, 2000).

According to Mariske, Franks & Mast (2001), researchers have paid a lot of attention to the social relations of individuals. Research on social relations has focused on finding out who are the important people in our lives. In addition to simply count the number of ties, the interest lies in investigating which people are important and how relations are developed with these close contacts. Social ties are an important factor for elderly, for their physical and mental well-being (Erber, 2010). Researchers have been interested in the social interactions and social ties in later life that are often associated with successful aging of the population (Rowe & Kahn 1997; Stawbridge et al., 1996). According to Erber (2010) early research focused on

the quantity and availability of social interactions (see for examples Diener, 1984) among elderly and the focus was also on the positive side of social relations. Diener (1984) suggests that the type of contact and different individual parameters could be useful to understand the relation between social relations and subjective well-being. Findings of research (e.g. Fees et al., 1999) support the idea that social contact is related to happiness and subjective well-being, but according to early research the parameters that affect this relationship are not well understood (Diener, 1984). In order to understand the relations between social contact and different measures of well-being, it is important to go beyond measuring the quantity of social interactions and look at the quality of social interactions as well (Pinquart & Sörensen, 2000). This is because the quality can be of importance for example loneliness among older adults (Fees et al., 1999). The social relations of elderly should be, according to Litwin (2010), seen within their own unique situation and in relation to perceptions and values that are important in different, for example national, contexts. In this study, the social relations elderly have are investigated and evaluated qualitatively to put into context, the individual situation and perceptions on social relations.

1.2 Research objectives and research questions

To get insight in the meaningful aspects of the social life of elderly living in protected housing it is necessary to explore the social relations they maintain. A central focus is on the experience of the social relations and the value of the contacts for the different aspects of the subjective well-being of the elderly. The objective is to explore the social life of the elderly and explain how social relations contribute to their subjective well-being. This objective is studied with the following research question:

“What is the role of social contacts in subjective well-being among elderly?”

In order to answer this main question, three sub questions are formulated:

“How does the social structure of elderly create differences in accessibility to and investment in social contacts?”

“How does the investment in and use of social contacts contribute to status, behavioural confirmation and affection?”

“How do status, behavioural confirmation and affection contribute to subjective well-being among elderly?”

1.3 Description of the chapters

After this introduction chapter, chapter 2 provides the theoretical framework for the research and discusses the literature related to the topic of the study. Chapter 3 is the methodology chapter in which the concepts are operationalized towards an interview guide; this chapter also includes a description of the most important aspects of the conducted fieldwork. Chapter 4 presents the results of the analysis and provides a discussion of them with literature. The last chapter, chapter 5, consists of the conclusion, limitations and suggestions for further research.

2. Theoretical framework

2.1 Introduction

In this chapter of the research the basis for the entire research is made. In order to study social capital and the role of social capital on well-being among elderly, it is necessary to develop a theoretical framework. A theoretical framework provides background information of what already is presented this topic and gives an opportunity to conceptualize and frame the research itself. But above all one should be aware of his or her paradigm. A paradigm is a model or frame of reference through which to observe and understand. It is difficult to recognize paradigms, because they are often assumed and taken for granted instead of recognized as a point of view. In research you are always dealing with a point of view and everyone operates within such paradigms (Babbie, 2010). In this research a closer look is taken on perceptions and experiences of elderly on their social contacts and well-being. In examining the role of social contacts on well-being of elderly, the story of elderly is very important because the value of having social contacts to elderly can be varying, and this value is embedded in an individual's social structure and perceptions. Therefore, micro theory, a theory aimed at understanding social life at the intimate level of individuals and their interactions, is one of the relevant frameworks. A second framework, through which this research is formed, is symbolic interactionism, this paradigm can give insight into the role interactions play in social life (Babbie, 2010). Examining the role of social contacts on well-being is exactly what is done in this research.

2.2 Theories

In the following section the most important aspects of theories used are described. The theories used to conceptualize the role of social interaction on well-being among elderly are the Social Capital Theory and the Social Production Functions Theory. After describing these theories, subsection 2.3 describes how both theories are used in the research and the decision for their choice.

2.2.1 Social Capital Theory

Origin of Social Capital theory

According to Lin (1999) theories on social capital can be traced back to the classical theory of capital. This theory of Marx is based on the social relations between classes (proletariat and bourgeoisie) in which capital is part of the surplus that is captured by capitalists who control the means of production. Theories developed from this classical theory are called neo-capitalists theories. Compared to the capital theory, these theories still consider the surplus value as capital but it is considered as an investment with expected returns, for example the human capital theory which involves changes in an individual's skills (Seibert et al, 2001) and where the investment is in education (Johnson, 1960; Lin, 1999; Burt, 1997). Whereas the classical theory depends on social relations between classes, the neo-capitalist theories transform this to social relations among all individuals. Which means that not only classes are able to take advantage of social relations but that there is a possibility for everyone to do so.

This difference in theorizing, results in the possibility of people to invest in and acquire capital of their own (Lin, 1999).

Social capital theorized

In a wide range of disciplines, such as economy, politics and sociology, the concept of social capital has become popular (Adler & Kwon, 2002; Lin, 1999). According to Coleman, social capital is any part of the social structure that adds value and facilitates the actions of the individuals in that social structure. Social capital is quality developed by contact between people (Burt, 1997; Portes, 1998), and is created by the change of relations of an individual in such a way that it gives them access to positive developments (Seibert et al, 2001). Researchers on social networks have been leading on uses of theories related to the concept of social capital. In this regards, ties or relationships are seen as the basic data for analysis (Seibert et al, 2001). Three approaches have been important in conceptualizing social capital namely: (1) Weak tie theory, in which the strength of the ties is important and weak ties turn out to be strong in creating new possibilities and resources (Granovetter, 1983). (2) Structural holes approach focuses next to the characteristics, also on the pattern of ties (Burt, 1997) and Burt argues that more structural holes (connection with others who have no connection with other persons in the network of the individual) may lead to more advantages in job finding, access to new information and more control over resources. (3) Social resource theory is the third theoretical approach of social capital and this approach focuses on nature of the resources in a network (Seibert et al, 2001). In this research, the network theory of social capital (Lin, 1999) is used. According to Adler & Kwon (2002), the sources of social capital lie in the social structure of the individual. This social structure is also of importance in the network theory of social capital. In the article of Lin (1999) a central notion is that social capital theory must be based on:

“the fundamental understanding that social capital is captured from embedded resources in social networks.” (Lin, 1999, pp. 28)

According to Seibert (et al, 2001), this is one of the three conceptualizations of social capital, namely with use of social resources. The core of the network theory of social capital is formed in the notion of access to and use of resources, which are embedded in social networks. Lin states:

“The premise behind the notion of social capital is rather simple and straightforward: investment in social relations with expected returns. (...) Individuals engage in interactions and networking in order to produce profits.” (Lin, 1999, pp. 30).

Investment in social relations is done in order to get returns in health, mental health, and life satisfaction. Individuals interact in order to produce profits. The reasons why social networks increase returns are: (1) having social relations facilitates the flow of information, (2) the social ties influence people who have contact with the individual (agents), (3) social ties and the relation with other people are a confirmation of one's social abilities and (4) the access to social resources leads to reinforcement of the person (Lin, 1999). In order to measure social

capital, it needs to be defined. In the network theory of social capital by Lin (1999) social capital is defined as follows:

“investment in social relations by individuals through which they gain access to embedded resources to enhance expected returns of instrumental or expressive actions.” (Lin, 1999, pp.35)

From the above definition social capital contains four main parts namely, (1) resources embedded in the social structure influencing the (2) accessibility to and (3) investment in and use of social relations leading to (4) returns or increase of social capital (Lin, 1999). In the network theory of social capital the level of social capital can be measured as the function and the volume of capital (the number of contacts) developed by individuals. The values of resources are represented by the wealth, power and status of the contacts of individuals. Individuals can invest in and use social relations in order to create more social capital. Returns can be defined as ‘adding capital’ and are composed of exchange of social interaction and the maintenance of the returns gained by the investment in social relations (Lin, 1999).

2.2.2 Social Production Functions Theory

The nature and sources of subjective well-being have been under study for several decades (some other measures will be shortly discussed in section 2.3), but in the different measures of subjective well-being (SWB) there is a strong limitation. Trade-offs between different needs and satisfactions are not considered (Ormel et al., 1999). Therefore, a framework of SWB is developed by creating assumptions (Social Production Functions) about how people produce and optimize well-being. SPF-theory identifies two ultimate or universal goals: physical- and social well-being and five instrumental goals by which this ultimate goals are realized (stimulation, comfort, status, behavioural confirmation and affection). Ormel states:

“People choose and substitute instrumental goals so as to optimize the production of their well-being, subject to constraints in available means of production.” (pp. 61, 1999)

It should be clear that well-being is used as the most important goal of human activity and that the level of well-being can be evaluated by persons self, that is why the term ‘subjective’ is used. Resources and constraints are respectively abilities and absence of abilities which help to develop well-being (Ormel et al., 1999; Ormel et al., 1997; Nieboer et al., 2005).

Lindenbergh first introduced SPF-theory and the theory indicates that people create and shape their own well-being (Ormel et al., 1999). They do so by trying to reach the universal goals as much as possible. An overview of how the different instrumental and universal goals relate to each other leads to more knowledge on how individuals achieve well-being. In the SPF theory two universal goals are identified: Physical and Social well-being. Physical well-being is attained by the instrumental goals stimulation and comfort. Stimulations are the activities like physical effort, sports and methods that produce mental stimulation. Comfort is defined as the

absence of, for example, hunger, thirst and pain. Both comfort and stimulation relate positively to physical well-being (Ormel et al., 1999; Nieboer et al., 2005). The second aspect of subjective well-being is social well-being. Social well-being is built from three instrumental goals: status, behavioural confirmation and affection. Status is the relative ranking to other people, behavioural confirmation is achieved by the feeling that one has ‘done right’ in the eyes of others, and affection consists of love, friendship and emotional support. Again, all instrumental goals are positively related to social well-being. This definition of well-being is slightly different than other contributions of well-being development. If the SPF-theory is compared to, for example, Maslow (1970), there is a lot of similarity (Ormel et al., 1999). Within the SPF theory there is a hierarchical order, the further one goes down in the hierarchy of goal realization the more context-specific production functions (i.e. the way in which a goal can be achieved) become. If a production function is very context-specific it means that it is highly influenced by, in this case, the nature of the person. A summary of the theory is given in figure 2.1.

WELL-BEING AND SOCIAL PRODUCTION FUNCTION

Top level Universal goals	Subjective Well-being				
	Physical Well-being		Social Well-being		
First-order instrumental goals	Stimulation/ Activation (optimal level of arousal)	Comfort (absence of physiological needs; pleasant and safe environment)	Status (control over scarce resources)	Behavioral Confirmation (approval for “doing the right things)	Affection (positive inputs from caring others)
Activities and endowments (means of production for instrumental goals) (examples)	Physical and mental activities producing arousal	Absence of pain, fatigue, thirst, hunger; vitality; good housing, appliances, social welfare, security	Occupation, life style, excellence in sports or work	Compliance with external and internal norms	Intimate ties, offering emotional support
Resources (examples)	Physical and mental effort	Food, health care, money	Education, social class, unique skills	Social skills, competence	Spouse, empathy, attractiveness

Figure 2.1: Hierarchy of SPF. *Source:* Ormel et al., 1999.

From the theory resource gaining can be seen as an investment in social well-being. These investments create possibilities for future growth of well-being. On the other hand, gaining resources can have immediate results and these immediate results are not investments. Not yet discussed is the role of resources and constraints in the theory. Figure 2.1 shows different levels of resources. Resources are means of producing well-being at a certain time. The different rows in figure 2.1 indicate the different levels in the production of subjective well-being. Resources are necessary in order to have activities and the different activities and endowments give access to realize instrumental goals. The five instrumental goals contribute to universal goals and finally the level of subjective well-being (Ormel et al., 1999; Nieboer et al., 2005).

2.3 Use of theories in this research and conceptual model

In the first part the most important aspects of the Social Capital Theory and the SPF-theory are described. In the following part of this chapter, both theories are conceptualized and a description is provided of how both theories are used in this research.

2.3.1 Social capital in this research

The most important aspects of the social capital theory were described earlier, now the use of the theory is discussed. As stated before, in this research, the role of social contacts (or investment in social contacts) on well-being among elderly is under study. First of all, a statement should be made on the use of the different terms. In the social capital theory, social capital is defined as the investment in social relations through which individuals get access to resources. These resources create expected returns. In this paper, wherever the term social capital is used, it represents the investment in social relations. In addition, the term social relations or social contacts to refer to social interaction.

Studies have showed the importance of social capital in well-being (e.g. Nieminen et al, 2010) and health (Bolin et al., 2003). In contrast to the core-theory from Lin (1999), in this research the growth of social capital is not measured by the aspects and characteristics of the social contacts of an individual, but the returns, defined as well-being and will be created and developed by the investment in social relations. In this study, the focus is on the individual level, that is, how can individuals access and use resources embedded in social contacts to gain returns (well-being). The most important points in this perspective are: how is the

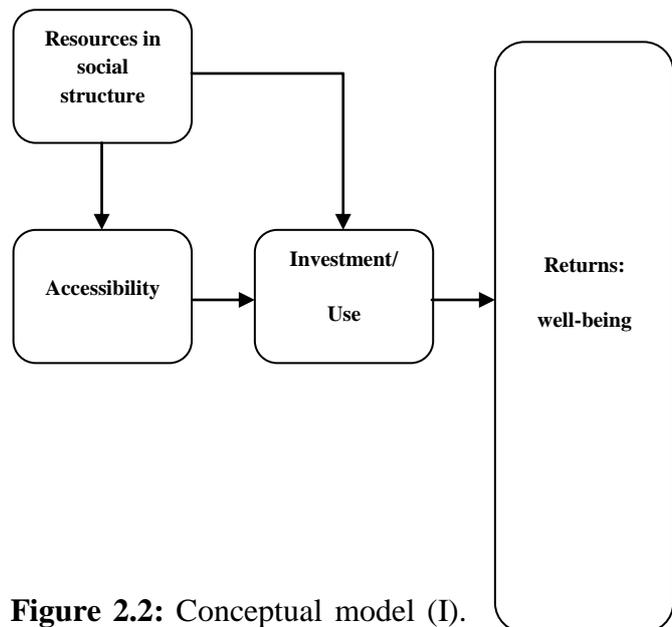


Figure 2.2: Conceptual model (I).

Source: Lin, 1999.

access to social relations, how do individuals invest in social relations and how do they use embedded resources in the relations to generate returns (well-being). Figure 2.2 presents a conceptualization of this first part of the framework. In section 2.3.2 the construction of returns will be discussed and defined with help of Social Production Functions theory (SPF).

2.3.2 Social Production Functions in this research

In the first part of the chapter a description was provided of what the main aspects of the Social Production Functions theory are and how well-being is constructed by achieving instrumental goals which are influenced by resources and activities. Subsequently, the paper described how SPF theory is used. Related to the SPF theory, social capital (investment in

social relations) is taken as the only activity and the paper examines its constructs with subjective well-being among elderly.

First of all the instrumental goals that are a result of the investment in social contacts should be explored. Investment in social relations influences social well-being of individuals through (1) behavioural confirmation, (2) status and (3) affection. First, social contacts can influence behavioural confirmation, behavioural confirmation is achieved by the feeling that one is ‘doing right’ in the eyes of others. Social contacts can contribute to behavioural confirmation, for example when an individual is having contact with someone and talks about all the help that he or she is providing to his or her neighbour, the other person may perceive that the individual is doing right. On the other hand, when the individual has contact with someone, the possibility of helping the other increases. But, even when the feeling of doing right is not reinforced, it contributes positively to the well-being of individuals (Ormel et al., 1999). Secondly social contacts have influence on status, having many different sorts of social contact reflects participation of an individual on different aspects of life. Status is realized through social contacts because people with a lot of social contacts possibly have more access to resources (e.g. reputation or influence) which lead to a higher status. Third, social investment in social contacts results in affection, affection consists of love, friendship and emotional support (Ormel et al., 1999). Contact with family or friends results in more friendship or more intensive emotional support which directly impacts on social well-being.

An extra option is to observe how different types of contact result in achievement of different instrumental goals. For example, people who have a job may have more and less intensive contacts. Therefore, these contacts contribute more to status compared to retired persons who have less but more intensive contacts, which may lead to realization of a higher affection through social relations. Not only the intensity of the contacts may be important, but also frequency may have some influence. Among people in a job, frequent contact with other individuals of higher status may have influence on their own status.. After retirement the frequency of contacts may decrease which influences the status of the individual. From the above description of the use of SPF theory in this research the second part of the conceptual model is constructed (fig. 2.3).

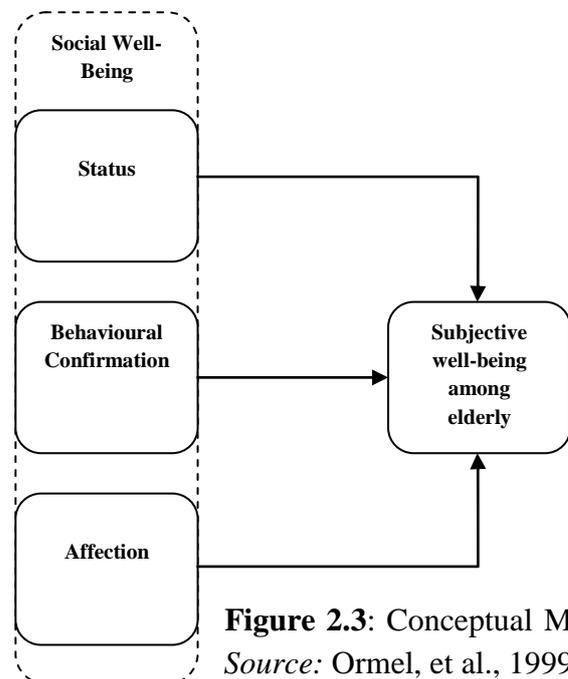


Figure 2.3: Conceptual Model (II),
Source: Ormel, et al., 1999.

2.3.3 Conceptual model

From the assessment of all the theories above, a conceptual model for this study is developed (see figure 2.4). This study focuses on the role of social contacts on well-being among elderly. The resources of people are on the macro level. Resources are for example family situation,

marital status, working history, social class, etc. These are contextual factors determining accessibility to and investment in social contacts. On the micro level, the accessibility to social contacts also influences the investment in and use of social contacts. This investment/use is also influenced by the embedded resources because individuals perception on having contacts determines whether one is willing to invest in and use social contacts. In the social capital theory by Lin (1999), investment leads to returns, and in this research the returns are defined as social well-being. Returns on the investments can be conceptualized as the development of well-being through the instrumental goals, status, behavioural confirmation and affection. These three components lead to subjective well-being among elderly (Ormel et al., 1999).

How the different aspects of the model are conceptualized, measured and operationalized is further described in chapter 3.

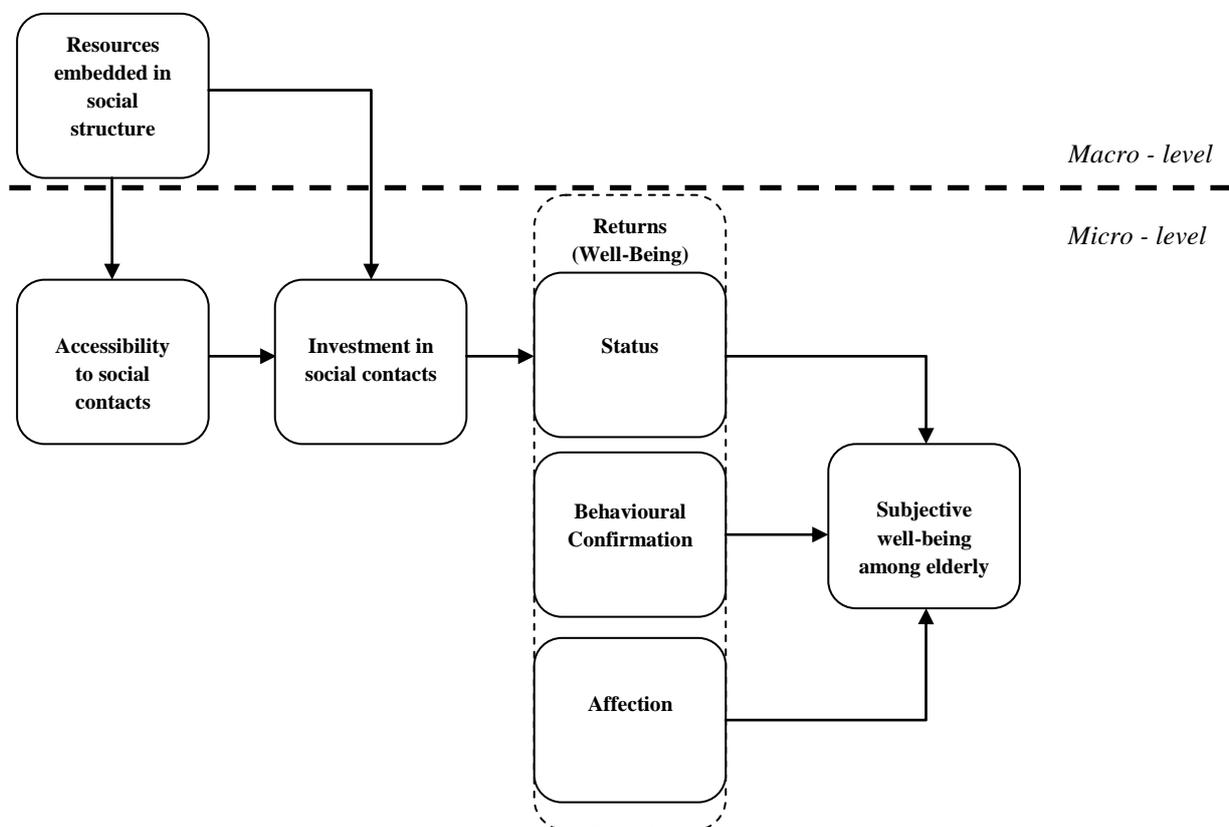


Figure 2.4: Final Conceptual Model. *Source:* own work.

2.4 Literature review

Measuring and reviewing well-being based on SPF-Theory is only one way conceptualization. In the literature, there are a lot other measures available in order to report on the well-being of individuals. Other possible measures or indicators are happiness, life satisfaction, positive affects (Diener, 1984), and quality of life. According to Puts et al. (2007) quality of life is often used but seldom defined. A clearer definition is from WHO, where it is as a broad

concept on an individual's perception about physical health, psychological state, level of independence, social relationships, and more (Puts et al., 2007). Besides, QoL is unique to individuals (Zhan, 1992) and therefore difficult to measure (Bognar, 2005). Life satisfaction is one component of subjective well-being (Diener, 1984; Diener, 2000), and is an individual's judgment of one's life based on an individual's own set of criteria (Pavot & Diener, 1993; Diener, 2000). According to Diener (2000), happiness is often used as a synonym for SWB, and experiencing many pleasant emotions (positive affect) and few unpleasant emotions (negative affect) are the other, most relevant, components of subjective well-being. In discussing general patterns of well-being, the concepts (quality of life, life satisfaction, etc.) are embedded in conceptualization of well-being in SPF-theory. First of all well-being in older ages is explored, subsequently the importance of social relations among elderly is discussed, finally the importance of social relations in well-being is explored.

2.4.1 Elderly and well-being

According to several studies about age and subjective well-being, life satisfaction among individuals does not decrease with age (Butt & Beiser, 1987). Several studies show that older individuals even tend to be more satisfied with life than younger people do (Diener, 1984; Diener, et al., 1999; Hilleras, Agüero-Torres & Winblad, 2001; Larson, 1978). Successful aging is the concept that is dealing with quality of life perceived by people in the older ages (Butt & Beiser, 1987). One of the aspects of successful aging is the active engagement in life, which includes participating in activities and doing voluntary work (Rowe & Kahn, 1997). Among the elderly, there are some differences in the perception of well-being. A well-known division among older adults is the division between the young-old, the old and old-old. The young-old are often referred to as people between 65 and 75, the old are those between age 76 and 85 and the oldest-old are the elderly 85 years and over (Weeks, 2005). Studies that used a division among the elderly have shown that life satisfaction is higher among young-olds compared to the oldest-old (Hilleras, Agüero-Torres & Winblad, 2001).

Comparison between men and women shows that there are very small and rarely found differences in well-being (Okun & Stock, 1987; Diener, et al., 1999). In general women report a higher subjective well-being but these differences often disappear when other factors are controlled for (Diener et al., 1999; Larson, 1978). This is in contrast with the idea that women are more often depressed but may be explained by the fact that positive as well as negative emotions are stronger among the female population (Diener et al., 1999). Regarding the elderly the same holds (Hilleras, Agüero-Torres & Winblad, 2001). Elderly with a higher SES (socioeconomic status) only have a slightly greater life satisfaction compared to people with lower SES (Hilleras, Agüero-Torres & Winblad, 2001). Looking at income, no strong relation is found between income and subjective well-being (Diener et al., 1999), another study shows that income is related positively to physical activity and psychological well-being (Arendt, 2005). Being married and having frequent contacts with children and grandchildren also improves satisfaction with life (Hilleras, Agüero-Torres & Winblad, 2001). The wide variance of definitions and concepts of well-being causes difficulties in making general statements about variations in well-being among elderly.

One of the measures of well-being is the Satisfaction With Life Scale (Pavot & Diener, 1993), which allows individuals to weight the different aspects of life satisfaction. This is necessary because individuals have unique criteria for what a good life is (Pavot & Diener, 1993). The SWLF is an example that shows the importance of an individual's own perceptions of what is important. Subjective well-being in SPF-theory is also related to the situation of the individual. Besides, the different instrumental goals in the theory can be used easily in a qualitative way (see section 3.3 for explanation of why qualitative research methods are used), by exploring the importance of the different instrumental goals for the individual. A recent focus for SWB researchers, has been, according to Diener (2000) more on why people are happy and on the process of becoming happy instead of measuring who are happy, which is also done in SPF-theory.

Focusing more on what is important in the life of elderly, in other words, what influences well-being among elderly, the study adopts the following definition of subjective well-being (by Ormel et al., 1999):

“Subjective well-being (SWB) refers to an individual’s appraisal of his or her life situation overall – the totality of pleasures and pains, or quality of life.” (1999, pp.62)

As was already mentioned in section 2.1.2, subjective well-being can be established through the realization of different goals. The main goals are physical and social well-being (Ormel et al., 1999). According to Baldassare (et al., 1984) several studies (Andrews et al., 1978; Lin et al., 1979) have shown that social relations are an important factor in the happiness of people and emotional support is important for the well-being of elderly. As such, these contribute to the social well-being of elderly.

Besides social relations, being active causes happiness (Diener, 1986), better competence (ability to realize autonomy, presence of skills to maintain daily life) improves subjective well-being, while the relation between health and well-being is not clear (Hilleras, Agüero-Torres & Winblad, 2001; Cuijpers, Van Lammeren & Duzijn, 1999) and of limited interest in this study. The few qualitative studies (e.g. Borglin, Eldberg & Hallberg, 2005) on quality of life of older persons have shown that *“social relationships, social roles and activities, health, psychological outlook and well-being, home and neighbourhood, finances and independence are important domains of the quality of life.”* (Puts et al., 2006 pp. 264). Older people are less able to produce status after retirement (because of the production of status mainly in occupations), as a result behavioural confirmation and affection become more important in creating well-being (Ormel et al., 1999). Hence, the importance of social relations may become of larger value. In the next section, the study further discusses the most important points regarding social relations of elderly.

2.4.2 Elderly and social relations

Social capital can be seen at a micro level as the amount of social interaction of individuals (Bolin et al., 2003). As was already mentioned social capital is the investment in social relations and social capital is the range of social interactions that give access to social,

emotional and practical support. It is an outcome of the availability of the relations, the quality of the contact with others, the value of the contact and the trust that lies in the contact with other people (Gray, 2008). Most literature on social capital (Burt, 1997; Seibert et al., 2001; Adler & Kwon, 2002) focuses on instrumental outcomes of social interactions like career success, finding a job or experience financial improvement. Nevertheless, investment in social relations may also lead to more health related outcomes. Bolin (et al., 2003) mentions several studies that found a connection between social relations and health mainly relating to stress, emotional support and access to care. Individuals with low quantity and quality of social relations have an increased risk of death (House et al., 1988). When the focus is on the role of social capital on (subjective) well-being, (research on this relation is scarce (Hooghe & Vanhoutte, 2011)) the positive relation between being socially active and well-being is supported (Hooghe & Vanhoutte, 2011; Yip et al., 2007; Helliwell & Putnam, 2004).

In developing well-being, social ties are especially important for elderly (Baldassare et al., 1984). According to the socioemotional selectivity theory (SEST) there are two goals in social interactions: information seeking and emotional regulation. In later life, according to Carstensen et al. (1999), emotional regulation becomes more important. This holds contact with familiar partners. Information seeking and searching for new contacts is more important in earlier phases of life (Carstensen, 1992; Carstensen et al., 1999; Erber, 2010; Mariske, Franks & Mast, 2001; Shaw et al., 2007; Pinqart & Sörensen, 2000). The contact with children turns out to be very important for the elderly, older adults who have a spouse or adult child available intend to have lower emotional ties with other social contacts (Erber, 2010; Morgan & Kunkel, 2011) and family tends to replace non-relatives as close friends (Gray, 2008; Hilleras, Agüero-Torres & Winblad, 2001). Nevertheless many studies have revealed the importance of friends in later life as emotional supporters and creators of emotional well-being (Lee & Ishii-Kuntz, 1987; Lennartsson, 1999).

2.4.3 Social relations and well-being (among elderly)

Several studies have showed that being part of a social network has positive effect on longevity (Rowe & Kahn, 1997), and helps to reduce morbidity, mortality and physical impairments (Stawbridge et al., 1996). Besides, people who maintain social relationships tend to have better mental and physical well-being compared to those who do not have important social relations with e.g. family friends or neighbours (Phillips, et al., 2008). Also emotional well-being is partly achieved by having social interactions and social bonds (Lee & Ishii-Kuntz, 1986).

Well-being is associated with the availability of many social contacts (Diener, 1984; Diener et al., 1999; Hilleras, Agüero-Torres & Winblad, 2001), these and other researchers argued that quantitative measures of interaction predict subjective well-being (Pinqart & Sörensen, 2000) but Pinqart and Sörensen (2000) also argue:

“We assumed a greater influence of qualitative aspects of interaction (e.g., intimacy, relatedness, conflicts) because the functions of social ties may vary. First, in emotionally close relations people receive positive appraisals (being respected,

Social interaction and its role in subjective well-being in later life.

positive feedback on one's behaviour and attitudes), which are seen as important determinants of SWB and positive self-concept.” (2000, pp. 189)

As was mentioned before, especially among elderly, emotional close ties become more important (socioeconomic selectivity theory, Carstensen, 1992) when, the quality of social relations is related to their (emotional) well-being. In the following subsections the specific effect of care giving and being active on well-being of elderly is briefly discussed in order to explore how caregiving and participation contributes to well-being.

Caregiving and well-being

There are several types of support, such as support in cleaning, caring or shopping. Another division can be made in IADL and ADL:

“Help with food shopping and preparation, house cleaning or financial help, so-called IADL (Instrumental Activities in Daily Living), is regarded as qualitatively different from help with intimate issues such as getting in and out of bed, grooming or eating, ADL. (Activities in Daily Living)” (Hjälml, 2010, pp. ??)

So, ADL are intimate parts of giving care and IADL is the practical help (Hjälml, 2010). Social support can also be divided into formal and informal support. Formal support is help (or care) provided by agencies, services and professionals and informal support refers to various forms of help like emotional support and practical assistance by people that are known (family, friends and neighbours (Connidis, 2010)). In recent studies the focus has been on the mixed responsibility for family and the welfare state whereby both provide different needs for the elderly (Hjälml, 2010). When elderly experience difficulties in physical health, emotional support and instrumental assistance is mainly provided by kin, especially by adult children (Connidis, 2010; Smith; 1998), elderly who don't have this support available are at greater risk for institutionalization (Morgan & Kunkel, 2001). Receiving care is often related to health problems which have negative effects on well-being (Okun & Stock, 1987; Hilleras, Agüero-Torres & Winblad, 2001). Therefore, it is difficult to argue how social interaction with caregivers relates to subjective well-being.

Social activities and well-being

Activity theory argues that active participation causes happiness among individuals and many studies support this theory (see for example: Diener, 1984; Warr, Butcher & Robertson, 2004). Elderly who are physically active during the day tend to have higher well-being (Hilleras, Agüero-Torres & Winblad, 2001; Stawbridge et al., 1996) and are considered less often as 'old' by family and friends (Rowe & Kahn, 1997). Both social activities and more solitary activities are related to happiness (Menec, 2003). According to Ormel et al., (1999), physical well-being is attained by activities that stimulate mental and physical activity. An assessment of activity and well-being, it was found by Litwin and Shiovitz-Ezra (2006), that the social relationships during the activities are very influential in establishing well-being among the elderly.

So far the focus has been mainly on the positive side of social relationships, because a vast body of literature suggests the benefits of social relations for psychological well-being (Lachman, 2003; Rook; 1984). But different aspects of social interactions can come with negative consequences such as stress (Lachman; 2003), rejection and violation of privacy (Krause & Rook; 2003; Rook; 1984). Some research argues that negative social interaction has bigger influence than positive on health outcomes (Krause & Rook; 2003). Nevertheless, negative relationships may be fewer in later life because of decreased frequency of contact (Lachman, 2003). The focus is more on emotional important ties (Carstensen, 1992) or the fact that elderly are less likely to report negative social interactions (Mariske, Franks & Mast, 2001).

In this chapter the theoretical framework for the study was developed and the different concepts and topics are discussed with help of existing scientific literature. In chapter 3, all relevant aspects of the process of data collection and data analysis are described.

3. Methodology

3.1 Introduction

There is a lot of information available on well-being among elderly but mostly research on the subject is quantitative (Erber, 2010). In this study, well-being is created by achieving different instrumental goals (behavioural confirmation, status and affection) conceptualized with help of the SPF theory (Ormel, 1999). Social contacts are the resources for achieving this goals. In order to investigate how social contacts play a role in the well-being of elderly, a deeper understanding is needed of what having social contacts can bring about for an individual. This is the reason why this research is academically relevant. In this chapter the main focus is on the methodology and methods of data collection, the link between theory and methods is made. The chapter consists of six sections, Conceptualization & Operationalization, Study Design, Methods of Data Collection and Data Analysis, Ethics, Study Population and Reflection on Data Collection and Data Analysis.

3.2 Conceptualization & Operationalization

3.2.1 Social structure of individuals

From the research question on how the social structure of elderly influences accessibility to and investment in social contacts, social structure is the situation in which the elderly are 'situated'. According to Gray (2008), elders who are childless or have lived a long time without partner receive poor support. People who have frequent contacts with neighbours and participate in organisations (sport and religious organisations turned out to be important) are more likely to receive support through social contacts. In the paper of Catell (2001), the neighbourhood influence on social contacts is examined. One of the conclusions is that neighbourhood characteristics influence network patterns and forms of social capital.

Social structure is the situation in which elderly are embedded and the elements of this situation that determine the possibility to access and invest in social contacts. Elements of social structure are: neighbourhood situation, marital status, family characteristics and organizational involvement (Catell, 2001; Gray, 2008). There may be other important aspects of social structure, like gender and ethnicity, but these aspects are less relevant during interviews with the respondents because questions on how these aspects influence their social relations had no added value.

Operationalization

From the concept of social structure, the main aim is to elderly form contact. What are their social relations and how do they compare to each other are important issues.

Questions:

- How is your participation in activities of, for example clubs?
- Are there problems in the contact with your children?
- How important is the presence of your partner for you?
- How do you experience contact with people from church?

- How is the contact with people in 'De Schutse'?
- Do you have contact with people from sports organizations you joined during life?

3.2.2 Accessibility to social contacts

The accessibility to social resources can be seen as the physical closeness to social contacts for an individual, but also the (in)ability of an individual to maintain contacts and invest in social relations. This accessibility influences the possibility to use and invest in social capital. According to Lin (1999), the accessibility is measured by examining how an individual would be enabled or prevented from mobilizing social contacts, given the social structure.

Operationalization

In operationalizing the concept of accessibility it is important to explain how the differences in social structure results in accessibility.

Questions:

- How are activities regulated within this neighbourhood?
- What do you think about the possibilities of visiting neighbours?
- What kind of problems do you have in having contact with other people?
- How do you experience the amount of contact you have?
- How would you describe your mobility?
- How do you perceive the distance to your children?
- When you need something, who will help you?

3.2.3 Investment in social contacts

The concept of having social contacts is influenced by accessibility and the social structure of the individual. Participation in organizational activities, having contact with family and friends and the support delivered by other people are aspects of this investment. In the social capital theory (Lin, 1999), investment in social contacts results in returns, which are defined as the 'adding of capital'. In this study returns are defined as 'well-being', According to Rook (1984), frequent interactions with friends and neighbours is considered as a high level of social support.

Operationalization

In order to operationalize the investment in social relations it is important to find out how elderly invest in social interaction with people.

Questions:

- Why do you have social contacts (with family/ friends/ neighbours)?
- How do you experience having contact (with family/ friends/ neighbours)?
- How would you describe you social situation?
- Do you feel able to maintain your own social contacts (with family friends neighbours)?
- Would you like to have more interaction (with family/ friends/ neighbours)?
- Do you feel dependent on others in having social contact?
- How do you perceive the activities, organized in this neighbourhood?

3.2.4 Social well-being

According to Lin (1999), investment in social resources leads to returns. In this paper the returns are measured as social well-being. Considering SPF-theory of Lindenberg (and cited by Ormel et al., 1999) the study defines social well-being that is, the returns of having social contacts. From SPF-theory, social well-being is attained by instrumental goals: status, behavioural confirmation and affection. In order to operationalize the term, the three concepts (instrumental goals) are defined separately.

3.2.5 Status

In the SPF-theory (Ormel et al., 1999), status is conceptualized as the relative ranking towards others, which is based on the control over scarce resources. In the measurement of social well-being a contribution is made by Nieboer et al. (2005):

“Status is the social approval given on the basis of the scarce resources relative to others (e.g., money and education).” (Nieboer et al, 2005, pp. 318)

According to Diener (1984), high self-esteem is one of the strongest predictors of subjective well-being; this is related to status because a higher self-esteem may result in a (perceived) higher ranking compared to others. Contribution of status to social well-being of elderly is studied with social contacts as the resource. The key aspect of this concept is to explore how social contacts can contribute to the status of elderly. Six aspects are important in order to measure status: feeling of being treated with respect, being independent, self-realization, achievement as compared to others, influence, and reputation (Nieboer et al, 2005).

In this study the most useful aspects are self-realization, achievement compared to others, influence and reputation. Having many and intensive social contacts may increase the possibility of realizing things by oneself. If for example help of children is available, the person may feel more able to realize things by oneself, because contact with family may be more familiar compared to contact with nurses. Social relations in activities and organization can help a person to achieve things, because others may have other capacities and knowledge. Elderly who are still able to have a lot of contact may be able to maintain these relations relative to those with few contacts. In addition, receiving appreciation or respect for being active may lead to a higher relative ranking compared to others, because an individual may be able to remain active where others are not able to do so.

Operationalization

In order to measure the contribution of having social contacts to status of elderly we have to examine how social relations of the elderly are organized and how they can help people to build up status.

Questions:

- How do you experience the interest of other people in you? (reputation)
- How do you experience the help you get from others? (achievement compared to others)
- How do you experience your involvement in the activities? (influence, self-realization)

- How do you use your contacts to realize things you want to get done? (self-realization)
- What is the importance of being appreciated for the things you do?
- Do you feel that others look up at you? (relative ranking)
- Do you find it important that others see you as a nice person?

3.2.6 Behavioural Confirmation

Behavioural confirmation is achieved by the feeling that one is ‘doing right’ in the eyes of others, even when this feeling is not confirmed (Ormel et al., 1999; Nieboer et al., 2005). Again, six aspects can have an impact on the level of behavioural confirmation:

“Feeling that you: do good things, do things well, are a good person, are useful, are part of a functional group, and contribute to a common goal.” (Nieboer et al, 2005, pp.320)

Social interactions can contribute to behavioural confirmation in the sense that contact with other people leads to the possibility of others to confirm the idea that the individual is doing right. Through contacts, an individual can support the other, which can give the individual the feeling of doing right (being of use for the other). Even when this feeling is not reinforced, it is important in behavioural confirmation (Ormel et al., 1999). In addition, having social relations can result in increase in the frequency of chances to do right to others.

Operationalization

With help of the interviews, the contribution of social contacts to behavioural confirmation (and with that to social well-being) of elderly can be measured. From the questions it is important to examine how social contacts play a role in realizing a feeling of doing right.

Questions:

- Can you describe how you think others think about you in relation to being ‘good’?
- How would you describe the importance of helping other people?
- Why is doing good to others important/ less important to you?
- Do you feel useful to other people?
- How do you help other people?
- How is this related to your situation? (possibilities/ abilities/ participation)

3.2.7 Affection

Investment in social contacts results in affection, affection consists of love, friendship and emotional support (Ormel et al., 1999). To facilitate measurement, affection, it is conceptualized as the love an individual gets regardless of the actions but because of who one is (Nieboer et al, 2005).

Operationalization

Being socially active or, having social contacts can influence affection. How social contacts contribute to affection is under study with this concept. Questions used in the interviews with elderly helps to investigate this concept.

Questions:

- How do you experience contact with other people? (family, neighbours, friends, activities)

- Why are such contacts important for you?
- Do you feel you receive enough social support?
- How do you experience problems in having social relations?
- Why is participation in activities (less) important for you?
- Do you feel loved by others?
- With whom do you have deep an intense contact?

Appendix 1 provides the entire interview guide.

3.3 Study Design

Within this section the study design is shortly discussed and described. The role of social contacts in well-being among elderly is investigated. The main purpose is to look at experiences rich in meaning and context, which is best achieved through conducting qualitative research is the most appropriate method. In the theoretical framework we recognized the paradigms of micro theory and symbolic interactionism as a frame of reference. In determining the methods used in conducting research it should be clear that a qualitative approach is the most appropriate method. The goal of conducting qualitative research is often to give an idiographic explanation, which is an attempt to explain a single situation or a single case in detail. A limitation of this idiographic method, compared to nomothetic that seeks to explain a couple of situations, is that it is limited to concentration on one single case and mostly not applicable in other situations (Babbie, 2010).

There are many purposes of social research, the three most important are: exploration, description and explanation. Many qualitative studies aim mainly at description, but mostly such studies are not just with the purpose of description. That is also the case in this study. When the role of social contacts of elderly on their well-being was examined, the main purpose is to describe *how* these contacts influence well-being and *how* investment in social contacts results in well-being. But another aim of the study is to find out why elderly use interactions with other people like they do. The main purpose of the research is descriptive, but also some explanatory aspects were used in explaining the behavior of elderly and in asking about their perceptions. The time dimension of the research is cross-sectional, the research was conducted with observations (data collection) at one point in time (Babbie, 2010). Social Capital theory and Social Production Functions theory, are applicable with the described methodology. Investment in social relations can be investigated at an individual level, because the investment in social capital with expected returns is an individual affair (Lin, 1999). Every individual is situated differently and has different social resources available. The exploration of the accessibility of and investment in social contacts helped to get an idea of the social life of the respondents. Subsequently, with in-depth questions a better understanding is developed of how the social situation of elderly is leading to certain choices of investment in social relations. These investments are done by individuals with expected returns. In this research the returns are conceptualized as well-being. In the SPF-theory it is all about optimizing one's well-being, how that is done is also determined by the possibilities and priorities of an individual. With qualitative research it was possible to investigate how

investment in social contacts contributes to status, behavioural confirmation and affection. These three components determine the social well-being of an individual (Ormel et al., 1999).

3.4 Methods of data collection and data analysis

After describing the study design in section 3.3, this section the used research methods in this research are discussed. First the method of data collection is discussed followed by the method of data analysis. As was already mentioned, a qualitative research was conducted on the role of social contacts in well-being of elderly. The main purpose of the research is to get in-depth understanding of perceptions of elderly on social contacts and the use of these contacts. Another goal of the research was to investigate how having social relations contribute to well-being of the respondents. This is related to individual experience of elderly and therefore in-depth interviewing (IDI) was used as a method. IDI is used when the goal of the research is to get to know about people's perceptions, motivation of decisions of individuals and the meaning people give to experiences (Hennink et al, 2010). According to Wengraf (2001), the purpose of an IDI is, among other things, look how the context of the individual influences behaviour. Doing an in-depth interview is not a one-side story, but within a IDI the interviewer and interviewee are creating a situation in which the interviewer is motivating the interviewee in such a way that the story of the interviewee is heard (Hutter, 2010). In next sections more attention will be paid on the ethics and positionality within IDI's. A second method used during the research was the adapted convoy-model, which is often applied in order to measure closeness to other people and therewith to measure which people are important to the elderly (Mariske, Franks & Mast, 2001). It is a visual instrument for measuring the closeness of people to an individual. In this model people had to fill out the diagram (Appendix 1) with names of others who are important to them. In this study the interviews were started with letting the elderly fill out the diagram and let them list the most important persons in the diagram. After this questions were asked on the motivation of the respondents to add those persons in the diagram.

To built more rapport with the target population the research purpose was presented in a motivational way. It is important to let the elderly know it is their story that is important (Babbie, 2010) and that was mentioned at the beginning of the interview. The quality of the IDI's depends on the level of established rapport (Babbie 2010), being really interested in the situation and the perceptions of having social contacts of the elderly was therefore inevitable. During the interviews the main goal was to get more information about the person through the interaction between the interviewee and the researcher. Therefore it was necessary to have a flexible, objective and open interview design, it became clear that sometimes the interview guide was too much structured (see section 3.7). Some important points in establishing rapport were used during the fieldwork: include small-talk before the interview, ask nonthreatening questions, probe in a motivating way, use motivating body language, be relaxed and adapt to the setting of the interview (Babbie, 2010; Hutter, 2010). The research instruments were recording equipment, permission letter and an IDI-guide.

Characteristics of the interviewer may have an influence on the collection of the data. Therefore some reflection on the positionality of the interviewer is necessary (Hutter, 2010). Because this research was conducted among elderly in Coevorden the region and language of

interviewee and interviewer were shared. The interviewer was familiar with the dialect of the individuals and this may have facilitated in building trust. Age difference may also influence data collection, therefore extra attention was paid to being polite and gentle in talking to the respondents. Besides it was made clear that the research is done for the university and the respondents were ensured that the researcher was interested in the story of the interviewee and the aim was not to influence or change something. In this respect, clothing is also an important issue, looking at the culture, it was not needed to dress differently than normal. Elderly may feel insecure when the researcher is suited, therefore casual clothing was most appropriate during the interviews.

Another aspect of preparation is to realize the subjectivity of the researcher (Hutter, 2010). In doing literature review the researcher developed an own vision on what well-being is and how this is constructed through social contacts, elderly may have a different view on this and therefore the researcher tried not to use too much jargon or professional language. Besides, the interview guide was developed by using easy terms and understandable language for the respondents. Also, perceptions of well-being and social interactions were carefully translated towards the interviewees in using accessible and understandable questions. In selecting participants, when possible, saturation was used as the limit of interviews. Nevertheless it is not unthinkable that less interviews are conducted because of the richness of the topic and time limitations. Saturation occurs when the researcher is not gathering any new information through the IDI's (Mason, 2010).

Analysing collected data from IDI's is often a case of understanding. Data collection, data analysis and theory are relating to each other and are very dependent on each other. Qualitative data analysis is the nonnumeric examination and interpretation of observations. The main purpose is to find underlying relationships and deeper meanings. Case-oriented analysis is the type of analysis used in this research. Case-oriented analysis aims to understand a specific case by focusing on the details of the case. In this research the individual elderly were the cases and the aim of the analysis was to investigate how the social structure, decisions and perceptions of these individuals influence their well-being (Babbie, 2010). Qualitative data are textual data, in this case, interview transcripts. The interviews were transcribed into a word-file by the researcher. When transcribing ideas, evaluations and memo's were made in order to get feeling for the data, this is part of effective transcribing (Kitchin & Tate, 2000). This qualitative data was analysed with help of coding, the codes were developed by using the defined concepts and with the results of the interviews in mind, because the codes were developed while the interviews were done, also inductive codes were included. During the coding process, also some extra inductive codes were added. MaxQDA is the software program that can be used for doing qualitative data analysis (Hennink et al, 2010). Besides the descriptive analysis of the diagram, applied to discover the most important social contacts of elderly, visual analysis was also done. The researcher explored which people were placed close to the individual and those placed a bit further.

3.5 Ethics

“All forms of social research raise ethical issues” (Babbie, 2010, pp. 328)

This statement of Babbie is the reason why in the following alien the most important ethical issues are mentioned, some of them for the second time. First of all, do not reveal identities, ask for permission in recording their words, be objective (in the sense of gaining as much information out of an interview every time) during the interview, be really interested in the interviewees (do not pretend), assure participants voluntary participation and be careful with sensitive issues (Babbie, 2010). In this research, some topics were sensitive. When dealing with social contacts, also problems with social contacts appeared. Difficult contact with family due to arguments or conflicts may have resulted in the limited information provide on these situations. Also loss of important people in the life of elderly, such as partners, can give problems with some questions on the importance of social relations and well-being. When talking about the partner the respondents were asked if it was okay for them to talk about, for example, their (passed away) partner.

Before the start of the interview some information on how the information from the interviews would be used was provided to the interviewees. Verbal consent was asked for at the beginning of the interview. With the introduction of the interview it is also of high importance to promise confidentiality to the interviewee and to make sure that it is accepted to record the interview. While interviewing, the researcher can never guarantee anonymity because the interviewer identifies the respondent. Nevertheless confidentiality can be guaranteed, confidentiality of the interview indicates that the information is not shared in public (Babbie, 2010). This was done by assuring the elderly that their names would not be mentioned and that they were participating voluntarily and were free to stop the interview whenever they wanted to do so. In the recruitment of participants, appointments were made with the respondents on the time that was available for them and in an environment that was known to them.

3.6 Study Population

Because the research is among elderly and the influence of social contacts on their well-being, elderly were selected who experienced some transition into a new ‘state’. In spite of this criteria, also the reliability of information of the participants was an important aspect. Therefore elderly were selected who are not living totally dependent in elderly homes but people that are independent but live together in a building. Another reason for selecting elderly in so-called ‘protected housing’ or ‘aanleunwoningen’ in Dutch, is the additional situation of having access to other social relations. People in protected housing live close to each other and have shared activities. Nursing homes (also part of ‘De Schutse’) offer full service and care to the residents, protected (or sheltered) housing offers support that the elderly need and the people live independently in their house (Abbot, Fisk & Forward, 2000).

The research was conducted in the Municipality of Coevorden in the province of Drenthe. In the Netherlands 15,3 percent of the inhabitants is 65 years or older, Drenthe is, out of 12 provinces, after Zeeland, the province in the Netherlands with the highest percentage of

elderly (CBS, 2011). Within Drenthe, Coevorden is the Municipality in which 19 percent of the elderly is 65 years or older (CBS, 2011). In this section first a description of ‘De Schutse’ is given, second the recruitment of participants is described and finally a description of the participants is provided.

3.6.1 Social setting ‘De Schutse’

‘De Schutse’ is one of the three assisted living facilities in the city of Coevorden. The home for the elderly is located out of the city-centre next to the biggest public garden of Coevorden ‘Het Van Heutszpark’, the inhabitants of the protected housing in ‘De Schutse’ have a view on the main channel in Coevorden called ‘Stieltjeskanaal’(figure 3.1a). On the other side of the elderly home the ward called ‘Peppenhare’ is situated. The elderly living in ‘De Schutse’ have the possibility to walk in the public garden, but the city centre is situated ten minutes walking, which in some cases causes problems.

In ‘De Schutse’ there are 71 people living in the elderly home, 40 people living in the protected housing (aanleunwoningen) and 30 people living in protected housing inside the building (inleunwoningen). The assisted living facility (‘De Schutse’) is part of health care provider Leveste who provides care in eighteen care institutions in the Southeast of the province of Drenthe. ‘De Schutse’ delivers care to 120 clients (elderly), partly intramural and partly extramural. Out of the 70 people living in protected housing, 46 receive care from ‘De Schutse’, among these 46 some people are receiving care in their own house, located somewhere in Coevorden.

In first instance ‘De Schutse’ was an orphan home and later on this developed to the intake of senior citizens. After being this elderly home ‘De Schutse’ became a care home and now it is an assisted living facility (woonzorgcentrum), which is a combination of both. The difference between an elderly home and a care home lies in the availability of care, in a care home elderly have full care available and in an elderly home the main goal is providing a living place. According to the unit-manager of protected housing in ‘De Schutse’ the development towards an assisted living facility was a conscious decision towards multi-functionality.

Unit-manager: “If someone comes to live here, I think we are not allowed to say “You are not in our target group, you have to go somewhere else!” We have the opinion that we have to take care of the elderly, no matter what care they need.”

Elderly who live in the protected housing, or sheltered housing or assisted-living situation, have the possibility to receive care from ‘De Schutse’ but live independently. In the policy of ‘De Schutse’ they strive to get people with a higher dependency in the protected housing, the reason for this is the financial situation. People with a higher need for care bring in more money.

Unit-manager: “If all the people in the protected housing are without any care, I can abolish my own team. That is not what I want and therefore we try to get people with a higher dependency and need for care in the houses.”



a. Channel 'Stieltjeskanaal'



b. Main entrance and protected houses



c. Extramural protected housing



d. Courtyard and gallery protected houses



e. Atrium inside 'De Schutse'



f. Courtyard elderly home

Figure 3.1 a t/m f: Pictures of most relevant parts of 'De Schutse' *Source:* own photo's

Other recent developments are the plans to expand the protected housing. Because the policy of 'De Schutse' is to have people with a higher dependency in the protected housing, more space is needed in the bathrooms, which is related to space for wheelchairs etc. Another development is the project of a nursing home becoming part of 'De Schutse', this is also related to the conviction of having the opportunity to provide all care that is needed by the

elderly. The key notion in this policy is the idea that once the elderly arrived in ‘De Schutse’ they do not need to go to another location anymore.

Inside ‘De Schutse’ there is an atrium (figure 3.1.e) in which a lot of activities are organized and elderly have the possibility to get a cup of coffee, play games or chat with each other. Next to the atrium is a restaurant where the residents can go for a meal, this is also opened for people in the protected housing and even for people not living in ‘De Schutse’. Elderly who live in the elderly home receive the full-care-package, which also includes coffee in the atrium, but people from the protected housing have to pay for their coffee, as well as for activities in which they want to participate. During the week some extra facilities are offered in ‘De Schutse’ such as a hairdresser, a sewer, a snack bar, church services and a store where foods and drinks can be bought. At the courtyard of the elderly home a garden is designed with fruits, vegetables and some animals (see figure 3.1f).

People who live in the protected housing live intramural or extramural. The intramural houses are situated at the side of the main entrance of ‘De Schutse’ (see figure 3.1b) and the extramural protected housing is situated with view on the channel or on the public garden (see figure 3.1f). The intramural protected houses have their entrance partly in a hallway and partly directly upon the atrium, but all the houses have their entrance at the inner side of the elderly home. The extramural protected houses are situated in two blocks of each 20 apartments and there are two storeys (see figure 3.1c). Most of the houses have their entrance at the courtyard or at the first floor on the gallery (see figure 3.1d).

3.6.2 Recruitment of participants

The data collection was started with doing one test interview with a man from Coevorden, not living in protected housing, this interview was conducted in May 2011 and the rest of the interviews (sixteen elderly and two key-informants) were conducted in June 2011. After the pilot interview slight changes were made to the interview guide.

Selecting participants in qualitative research is often a topic of debate. In this research the sampling was done by “opportunistic sampling”, which is characterized by approaching elderly in a direct way and conduct interviews with the people who would like to participate (Hjälms, 2010). Beforehand it was expected that it would be difficult to contact the elderly through an organization. People using protected housing are still living independently and have less to do with ‘De Schutse’, was the expectation. But, the first contact was with the unit-manager of the protected housing in ‘De Schutse’, she indicated that it was necessary to have a talk in order to discuss the research. During this conversation it became clear that it was accepted to do the research in ‘De Schutse’ and that ‘De Schutse’ was interested in the findings. Accessing the elderly through an organization helped in building rapport with the interviewees, because they feel comfortable with people they know for a longer time and the fact that ‘De Schutse’ supported the research made them trust me. The recruitment of participants was done through an introduction letter, in which the research was briefly described (see Appendix 3). In this letter it was announced that the researcher would come to the house of the individual at a certain time in order to make an appointment, if they want to

participate. Through this letter the elderly were able to prepare and knew what they could expect, this initial contact helps in building rapport (Abbot, Fisk & Forward, 2000). Together with this letter, a letter of Leveste ('De Schutse') was delivered to the elderly in which the unit-manager declared that research was supported by Leveste (see Appendix 3). These letters were delivered in three rounds, on the announced day the researcher went to the home of the elderly and made an appointment. If the elderly wanted to participate they received a confirmation of the appointment (see Appendix 3) and a telephone number in case of problems and questions. The house numbers at which the letters were delivered were selected randomly by the researcher. Nevertheless this selection procedure is always subject to some kind of personal influence, because the numbers are still chosen by the researcher.

From the first round of sixteen letters, eight elderly wanted to participate (two cancelled the interview), from the second round of 22 letters five elderly were willing to do the interview and from the last round of ten letters, five elderly decided to become part of the research. The first two rounds were among elderly in the extramural protected housing and the last round was among elderly living intramural. All the interviews were conducted in the living room (or kitchen) of the respondents. In consultation with the unit manager of the protected housing, it was decided to exclude a couple of houses from participating in the research because of extreme health problems. For example an old man being unable to talk and a woman suffering from extreme dementia were not approached.

3.6.3 Description of participants

	Pseudonym	Sex	Age	Mural	Living with spouse?	Nr. of children	Lives short in 'De Schutse'	Mobility limited?*
1.	Gerda	F	84	Extra	No	1	Yes	Somehow
2.	Joost	M	71	Extra	No	2	No	No
3.	Sara	F	80	Extra	No	1	Yes	Yes
4.	Joke	F	86	Extra	No	6	No	Somehow
5.	Ans	F	87	Extra	No	2	Yes	Yes
6.	Martijn	M	81	Extra	No	1	No	Somehow
7.	Griet	F	83	Extra	No	3	No	No
8.	Els	F	75	Extra	No	0	No	Yes
9.	Frank	M	75	Extra	Yes	7	No	No
10.	Linda	F	90	Extra	No	4	No	Somehow
11.	Ed	M	86	Extra	Yes	4	Yes	Somehow
12.	Moniek	F	78	Intra	No	8	No	No
13.	Ellen	F	75	Intra	Yes	4	No	No
14.	Rita	F	86	Intra	No	3	No	Somehow
15.	Annie	F	83	Intra	No	3	No	Somehow
16.	Susan	F	87	Intra	No	3	No	Somehow

Table 3.1: Attributes of the respondents

*Respondents that face big problems with their mobility, due to physical problems, are indicated by 'Yes', those still able to move relatively good have 'No' and elderly having some, but not extreme problems with their mobility are indicated by 'Somehow'.

The participants were ranged in the ages between 71 and 90, with four of the respondents aged between 71 and 75 (young-old), six aged between 76 and 84 (old) and six respondents aged 85 and over (old-old). The respondents consisted of four men and twelve women. Only three of the respondents had a spouse alive, and two of these were men, the other respondents were widowed (twelve) or divorced (one). The number of children varied from none to eight and four of the respondents live in 'De Schutse' since three months or less. The mobility of the respondents varied and eleven of the respondents experiences some limitations in mobility and three of the eleven have a lot of problems with mobility due to physical problems. See table 3.1 for a detailed overview of the attributes of the respondents.

3.7 Reflection on data collection and data analysis

Recruitment of participants was experienced positively by the researcher. After the approval of doing the research in 'De Schutse' the recruitment went without many problems. From the first sixteen letters half of the people would like to participate in first instance. During the week two out of eight cancelled the interview, these two women were both familiar to each other and already hesitated about participating. A factor in cancelling the interview may be mutual talk about this. Some other people who refused to take part in the research were, just like the two woman, frequently present in the atrium, so it possibly was a group process. The other way around, one woman who in first instance refused to participate, came to me and decided to participate. She indicated that she finds it difficult to trust people who come by because of negative experiences in the past. This shows the importance of building rapport and having approval of 'De Schutse'. The second round of making appointments attended with a lot of people not being present at the moment of visiting. An often heard reason for not participating was the idea that, at their age, elderly have nothing to contribute. Maybe the announcing letter was still containing a lot of jargon and difficult terms, which resulted in the idea that it may be difficult to take part in the interview for the elderly.

In recording the in-depth interviews some problems occurred, two times, part of the interview was not recorded because of an empty battery. But none of the elderly raised objections towards recording the interview. Other notable experiences during the interviews were: the problems with hearing for some of the elderly and problems with understanding the diagram of social contacts, some of the interviewees did not understand what to do. Overall the in-depth interview guide functioned well but in all of the cases the conversation was proceeding very naturally and the guide turned out to be too structured. The respondents felt pretty comfortable during the interviews and in some conversations it was difficult to end because there was a lot left to talk about. I experienced that the respondents found it nice to spend an hour talking about their life and they appreciated that someone showed interest in them. This was illustrated by a woman who told me at the end of the interview: *"Ah, I got so comfortable, I kept talking about my life and shared personal things, haha. Sorry for that!"*. After the data collection I went to 'De Schutse' a couple of times, in order to get more information from key informants, and the elderly constantly smiled, said 'Hi!' and wanted to make a small-talk about how my research was developing.

The data analysis provided some more difficulties. First of all the access to the analyzing program MaxQDA was difficult because of the limited availability of licences in the university. Next to these and some other small practical problems I experienced it as difficult to start writing on the results after transcribing and coding the interviews. A lot information was gathered and it took a while before the step towards finding the most important results was established. Another thing to keep in mind the next time is the process of coding. In this research codes and code families were developed before the coding process but after the fieldwork. Developing codes and code families during the coding process may have resulted in even more inductive codes from the data. The analysis of the “Diagram of social contacts” was done by observing which persons were included in the model, the distance to the middle of the diagram was not analysed, because the elderly did not use this very frequently. In the next chapter the most remarkable findings of the fieldwork are discussed.*

**In the next chapter (4. Results) quotations are used in order to support the findings. The names used are pseudonyms in order to secure the identity of the respondents. All interviews were conducted in Dutch and all the quotations are therefore literally translated from Dutch to English.*

4. Results

4.1 Introduction

In this chapter the results are presented regarding the role of social contacts in the well-being of elderly in protected housing. Section 4.2 describes the nature and importance of the relations between elderly and their children, in section 4.3 the most important aspects of social life in ‘De Schutse’ are discussed and section 4.4 deals with the social support that is given to and provided by the elderly. In this research the focus is on the above topics because they were most remarkable present during the interviews with the elderly. Besides the discussed results in the sections of this chapter, there were some other interesting observations after analyzing the data. These are not discussed very detailed in the results, but mentioned shortly at some points in the text.

4.2 Social relation between elderly and their children

In this section the first social relation among the elderly is under study. In the first subsection the contact is described as very deep and intense, in the second subsection is looked upon the differences in the contact with children and this section is ended with discussing the perceptions of elderly on the availability of their children. The contact with children turns out to be very important for the participants, respondents who have a spouse or adult child available, with them they maintain emotional ties and they are inclined to have lower emotional ties with other social contacts (Erber, 2010).

4.2.1 Meaningful relation with children

In this section, the nature of the contact with the children is described. In general the respondents seem satisfied with the relation with their children. They illustrate this notion by saying that they enjoy it when their children are around. Drinking coffee together and sharing experiences are important aspects of this good relation. For instance, Joke , answers the question what she and her son talk about as follows:

Joke: Yeah, just daily things. (...) And also tell some stories about the past. When, for example, my son is coming here he says: “Ma, tell something about the past!”, of course it is nonsense, because he knows I will tell him anyway. “Ah mamma, you told me that sóóó many times!”, is what he says. (female, 86 years old, 6 children)

This quotation illustrates that the relation with her child is good. Earlier in the interview this respondent mentioned that her son is also giving her support, in form of assisting with shopping and maintain the garden, but besides this support, having conversations is important for Joke. From the interviews, there is not much detailed information available on differences between support form daughters and sons, while in the literature it is often mentioned that daughters are more likely to be the ones who provide support, in the form of assisting with activities and have conversations, compared to sons (Morgan & Kunkel, 2001; Erber, 2010). Emotional support, like in the above example, is an important part of the support provided by children (Morgan & Kunkel, 2001). Given the fact that the elderly who are interviewed live in

protected housing (and therewith are partly institutionalized) may be a reason to think that practical support is mainly provided by ‘De Schutse’, and therefore the emotional support of the children would be more important. Nevertheless the elderly also talk about practical help of their children, which may be caused by the independent nature of protected housing. Elderly receive care from ‘De Schutse’ when they need it, but are still independent living in their house and therewith cannot count on full assistance of professional carers. Assistance and help with daily tasks may therefore also be received from children.

Beforehand, it was expected that elderly, in the relation with their family, would share and talk about deeper things compared to what they talk about with others. This indeed seems to be true in the contact with their children. During the interviews the elderly tell that the contact in ‘De Schutse’ is more superficial (see next section) and that they have a deeper or more intense contact with their children. The literature regarding family relations in later life supports this notion of children being very important. Later in life family members are likely to become the most important source of social contact and elderly with spouse or children available find it less important to have emotional closeness with other people (Erber, 2010). More on the support provided by children is said in section 4.4.1.

One example of the importance of contact with children is provided during the interview with Joost, who describes the contact with the children and what is important to him in this relation:

Joost: You see, with my daughters I am able to, talk about more intimate topics, compared to people other than that. That is more superficial, to them. Besides the people I know very well, (...) through work and sport you have contact and that contacts remain good, but with one the relation is better than with the other, that's normal. (...) But most intensive, yeah, that is with family. (male, 71 years old, 2 children)

Joost is clearly able to maintain intensive contacts with more people. But he clearly indicates the importance of the contact with his daughters. Explanation of the importance of contact with their children is also given by some other respondents, for example by Griet, answering the question whether there are differences between superficial and more deep contact.

Griet: “Yeah, yeah, sure there is a difference. That differs! With the neighbours I do not discuss everything what I do discuss with my children. No not at all, that is different isn't it?” (female, 83 years old, 3 children)

Through sharing and have intense contact, affection is created and the well-being is positively influenced. Affection consists of love, friendship and emotional support (Ormel, et al., 1999), receiving emotional support from their children turned out to be very important for the respondents. Erber (2010) states that close relationships in the family results in solidarity, which includes nice contact and affection. In general, as individuals become older they pay more attention to contacts enhancing an individual's emotional well-being (Erber, 2010). This became clear during the interviews. Older adults are also reporting less negative relations with

their children and in general they are more positive about close social contacts (Fingerman, Hay & Birditt, 2004; Erber, 2010; Mariske, Franks & Mast, 2001). Related to this is the intergenerational stake hypothesis, which holds that parents have a more positive idea about the relation with their children compared to the children about their parents. Children are very close contacts of the elderly and it has been found that elderly more often declare that there are no problems in the relationship with their children (Erber, 2010).

Besides the discussed importance of children for the respondents, the importance of other family members, such as siblings, was also discussed very frequently during the interviews, siblings are important in providing social support (like help with administration) and emotional support (having someone to talk to). However, siblings were mainly mentioned as important contacts after children or in the absence of children. Further, only three out of sixteen respondents only were living with a spouse and during the interviews the importance of the spouse was discussed only a few times. If a spouse is unavailable, elderly tend to turn to their adult children (Morgan & Kunkel, 2001). Not all the elderly have a very intensive contact with their children and this is discussed in the next section.

4.2.2 Limitations through distance and mobility problems

In the first subsection the positive side of the relation between the elderly and their children was described from the interviews, but not all the elderly are very satisfied with the relation with their children. In this subsection some of these less positive aspects of the contact between elderly and their children are discussed. The contact is not necessarily worse, and adult and child can have important conversations but the physical distance results in different styles of social contact (Dewit, Wister & Burch, 1988) and elderly seem to experience this contact differently compared to the other elderly in some situations.

Distance

Some of the respondents are a bit more tempered in describing the relation with their children and seem to find it difficult that the contact with their children is not as frequent as they want. A woman with one child, living in Rotterdam, refers to the relation with her child as being ok, she says that they have different ideas, but they don't have arguments. She indicates that the distance between them results in problems with having more frequently contact. Another women, with one child living very close and another son living further away is also talking about a difference between both children. The relation with her close-living son and his wife is ok, but different from the more intimate relation with her other son, who is more physical in showing his love for his mother. For this women distance plays an important role, when children are living further elderly have less possibilities to invest in the relation with their children, this is also mentioned by Hjälmm (2010), because of greater geographical distance there is less possibility to be part of each other's life. It is not the distance that creates differences in contact but it is the distance that is restraining the possibility to have more contact. Another situation in which the distance between parent and child gives difficulties is when illness occurs. The son of another woman is in the hospital and she is suffering from this situation, not being able to have contact:

Ans: Now, he is in the hospital (...), in Amsterdam. And I would like to write him a letter, but I didn't have time this morning. And a couple of days ago he called me, but I was not able to understand what he was saying. (...)I told him so many times "Stop drinking! It is not good for you my boy.", now he is 64, not that young, and now he is in the hospital, and yes (...) I need to (...) I didn't sleep well this night, that is logical, right? (female, 87 years old, 2 children)

The old women was telling this story with tears in her eyes. She experiences problems with the fact that her son is possibly going to die before she is. This absence of good contact, or good family-situation limits the amount of well-being the women is able to receive through having contact with her son. This is directly related to the fact that the children of the respondents are also more frequently in the older ages (65+) and therewith become more vulnerable for health problems (Morgan & Kunkel, 2001).

The health problems of children in the older ages is observed among the old-old in the population (those 85 years and over). Respondents from the old or young-old age group did, logically, report not often on this problem, simply because of the absence of children in the ages 65 and over. These last two cases are also related to the mobility of the elderly. They are not able to go where they want independently, and often depend on their children for travelling, mobility is discussed in more detail in the next paragraphs.

Mobility

Elderly who are not able to move by car and therefore are moving with help of the walker or just by walking seem to be dependent on their children. From the interviews became clear that some elderly are not able to go to their children very easily because of mobility problems. Children help their parents, for instance by cleaning the house and pick them up to go for shopping or socializing. They seem to appreciate the efforts of their children and are thankful of that. Being less dependent on the children and being closer to her children is most important in Gerda's desire to move:

Gerda: Yeah, I wanted to be closer to my son. That is what I said, I wanted to move to Nieuw-Amsterdam (10 km from Coevorden). But that is not possible. Then I would be closer to the children, but not only that, but then you have some more, (...) more among other people, more in society. This is just your own small group. That is also because I'm not able to go by bike, just with the walker. And when I walk for a while, I am tired again. (female, 84 years old, 1 child)

This women is limited in her mobility and would like to live closer to her son. Some of the elderly, especially those having none or less problems with mobility, are able to visit their children (or grandchildren) themselves. A 71 year old man who is still able to drive and move to other places, for example the soccer pitch:

Joost: *Yeah my grandson he is, I have three granddaughters and one grandson, and my grandson is playing soccer in Emmen, he is 17 years old. So I'm going then, and if he is playing in Emmen, I'll go and watch, every Saturday. (...) Yeah, I really enjoy it! In advance he will call me "Grandpa, are you coming?", so then I'll go.* (male, 71 years old, 2 children)

People who are able to move independently have more access to contacts, and therefore are able to invest in the contacts that are important for them. Drageset (2004) found that people with ability of performing activities have a lower social loneliness in other words, they have less problems with social interaction. Because of the greater distance between parent and child in some situations, the contact is also by telephone. Contact by telephone may be one of the solutions in overcoming problems with mobility and distance. During telephone calls, the contact is more emotional (sharing experiences or problems) or in order to solve smaller problems, instead of assisting in daily living, when the contact is face-to-face. A woman whose daughter is living 20 km's away has often contact by telephone instead of face-to-face:

Susan: *"If I want to have contact with them I'll get the telephone. That's also possible."* (female, 88 years old, 3 children)

In the literature it is also mentioned that children keep in contact different when living at a distance (Connidis, 2010). During the interviews, the content of the phone conversations was not discussed in detail. Nevertheless it shows that different contact does not necessarily result in worse contact between parents and children (Connidis, 2010; Waite & Harrison, 1992).

4.2.3 Limited contact with children is accepted

According to the elderly, one of the reasons of the limited contact with their children is the fact that they have their own lives. Because of the growing life expectancy in the last decades adults are more likely to have at the same time children to care for and parents who need assistance. This is known as the sandwich generation. People in the sandwich generation are caught between responsibility of providing care to their own children and assist and support their parents who need also care (Morgan & Kunkel, 2001; Bengtson et al., 1996; Erber, 2010). Nevertheless the problem of being in this generation is less frequent as expected, because caring for their parents comes more often in periods at which adults own children have left home already, which reduces the responsibility towards only one generation (Morgan & Kunkel, 2001), also it should be questioned whether this situation creates any problems (Hjälmsjö, 2010). The respondents seem to accept that their children have their own life. A lot of the respondents, when talking about contact with their children, add that the children have their own life, for example Gerda:

Gerda: *Yes, I see them regularly, like I said. But yes, it is not that easy, they also have work, and he has his own children again, they also need to be pleased, because they are also working and then they need to babysit so now and then. So they can't be with me all the time, and I don't need that, it's fine like this.* (female, 84 years old, 1 child)

It may be more easy for elderly with several children to accept the limited amount of contact they have with them. If there is one of the children living close, elderly still have one (or more) children where they can count on and from whom they can expect some assistance.

Research on the nature of contact between parents and children shows that in old age the responsibility of the parents for their children is becoming lower. According to Connidis (2010) this is more or less normal, but during the interviews it was remarkably often mentioned by the elderly. Qualitative research reveals that parents would like to see their children more, but they realize that this is limited because of the lives of the children (Connidis, 2010). As a result of the relatively limited contact with their children, some people are seeking more contact in their neighbourhood, but some experience a lack of social interaction. In the first case, people may invest in contacts by going to activities in 'De Schutse', but as we will see in the next section, the contact there is more superficial.

This other type of contact has impact on the how well-being is created among the elderly, superficial contact in the neighbourhood can contribute to friendship but not that much through love and emotional support (see subsection 4.2.1) while contact with children does contribute to love and emotional support. Being together, spent time, be among others then becomes important in the contact with neighbours instead of sharing and have intense contact, like elderly do with children. When people are stimulated and activated by having activities that need physical effort (such as the activities in 'De Schutse'), their well-being is positively influenced (Ormel et al., 1999).

4.3 Social life in 'De Schutse'

In the Methodology chapter (section 3.7.2) a description was given of the 'De Schutse'. In this part the results regarding social contacts in 'De Schutse' are discussed. In the first subsection the importance of privacy and its implications (in for example superficial contact) is described. In the second part the limited capability (occurrence of many physical and mental disorders among elderly in 'De Schutse') of the elderly in 'De Schutse' is discussed, together with the implications, of this limited capability among the elderly in 'De Schutse' for relatively new people. Contacts in the neighbourhood consist of participating in activities in 'De Schutse', having contact with people besides the activities and going to 'Het Atrium', which is a meeting place in the building. In Box 4.1. the activities in 'De Schutse' are discussed, this is done in a box because the focus in this section is on the interactions respondents have in 'De Schutse' and not on the nature of activities.

Box 4.1 Case study Activities in 'De Schutse'

Every week there are a lot of activities held in 'De Schutse', figure 4.1 gives an overview of the activities during the week (see appendix 4 for translation). This overview was provided by the activities attendant of 'De Schutse'. Some of the activities held in 'De Schutse' are a chatgroup, playing shovelboard, singing, bingo, performances of choirs, theatrical performances and a hobby-group (men). Some of the activities are organised for all the people in 'De Schutse' and some for smaller groups. Another type of activities are the

activities that are organized by the inhabitants themselves. These people manage their finances themselves and are an official club. The activities attendant just helped starting it, for example the shovelboard-club and the choir.

In organising the activities a couple of things are guiding for the activities attendant. First of all, she tries to let the elderly have a say in what activities they would like to do, “They know the best what they would like to do!” is an expression illustrating this. Another important issue is the fact that organizing the activities and give the elderly their own responsibility gives them an idea of independence. This is related to the demand-driven care which is an interesting development. This is not a development especially in protected housing, but more a general development in the care sector. According to the unit-manager this development is also going on in ‘De Schutse’.

They want to know what the elderly want and make decisions together with them. This possibly influences the experience of elderly in how they are addressed and how they can decide for themselves. It makes them more independent and it positively relates to their well-being because their self-esteem and possibility for self-realization is bigger, which results in a higher well-being (Nieboer et al., 2005). During the interviews a general pattern in findings was that the elderly experience enough possibilities for them to participate in activities organized by ‘De Schutse’. All the inhabitants of the protected housing, but also of the elderly home receive a monthly overview of the activities. In the conversations with the elderly they mention this overview as an important source of information. All respondents, the frail and the less frail are positive about the availability of activities. Good accessibility, experienced by the elderly, results in the possibility for them to participate and thereby invest in social relations. Of course this participation and the intensity of participation is dependent on the physical ability of the elderly.

Wat is er allemaal te doen in de Schutse !! (om te bewaren !)
(01-03-2011)

Maandag	's morgens	's middags en 's avonds
09.00-11.00	Winkelte / Stamtafel Atrium	13.30-15.30 Bibliotheek (om de week) Atrium
10.15-10.45	Bloedprikken, op de Vide	13.30-14.15 Gymnastiek Atrium
10.30-11.30	"Froetgroepje" Atrium	14.30-15.30 Winkelte / Stamtafel Atrium
10.30-12.00	Therapie in therapieruimte	13.30-16.00 Mannengroep (bij huiskamer B)
		18.15 Herenkapper (1 ^e en 3 ^e v.d. maand)
Dinsdag		
09.00-11.00	Winkelte / Stamtafel Atrium	14.00-15.30 Welzijn, vergaderruimte.
09.00-16.00	Dameskapper	14.30-15.30 Winkelte / Stamtafel Atrium
10.30-11.30	Puzzeluurtje, vergaderruimte.	15.30-16.30 Zangkoor DS, restaurant
10.00-11.30	Sjoelen, op de Vide	15.30 Snacks verkoop Atrium (opgave bij keuken)
10.30-12.00	Therapie in therapieruimte	18.30-21.00 Bijlarten Atrium
Woensdag		
09.00-11.00	Winkelte / Stamtafel Atrium	14.30-15.30 Winkelte / Stamtafel Atrium
09.30-12.00	Schoonheidspec.therapieruimte (2 ^e woensdag v.d. maand)	15.00 Activiteit in restaurant volgens lijst
10.30-11.30	Bijbelkring v.d. Herv.kerk en Gebedsdienst v.d. Kath.kerk maandelijks volgens wisselend rooster.	
Donderdag		
09.00-11.00	Winkelte / Stamtafel Atrium	14.00-15.30 Schutse-soos restaurant
10.15-10.45	Bloedprikken, op de Vide	14.30-15.30 Winkelte / Stamtafel Atrium
10.30	Bloemschikken Atrium (om de week)	15.30 Visverkoop restaurant (opgave bij keuken)
10.30-12.00	Therapie in therapieruimte	
Vrijdag		
09.00-11.00	Winkelte / Stamtafel Atrium	13.30-15.00 Krulspelden draaien in de Iris
08.30-16.00	Dameskapper (om de week)	14.00 Bijlarten Atrium
10.30-12.00	Therapie in therapieruimte	14.30-15.30 Winkelte / Stamtafel Atrium
Zaterdag		
09.00-11.00	Winkelte / Stamtafel Atrium	14.30-15.30 Winkelte / Stamtafel Atrium
		15.30 Snacks verkoop Atrium (opgave bij keuken)
Zondag		
09.00-11.00	Winkelte / Stamtafel Atrium	14.30-15.30 Winkelte / Stamtafel Atrium
		19.00 Kerkdienst om de 2 wk. restaurant

bestand: overzicht activiteiten/activiteiten/ontspanningsoverzicht aangepast 18-04-2011

Figure 4.1: Activities in ‘De Schutse’

During the interview with the activities attendant it became clear that organizing activities is sometimes problematic because of transportation with wheelchairs and so on. One of the more mobile respondents realized that organizing activities is becoming more difficult, because people who are moving into the protected housing have more impairments compared to earlier days. She also experiences the influence of this mental disorders among residents on the pace during activities. “To some activities you can bring your knitting!”

4.3.1 Importance of privacy and superficial contact

Another interesting result is the willingness of the interviewees to be alone and to decide not to invest in social relations. During the interviews a lot of respondents indicated that they have no problems with spending time alone in their house, without having social interaction. Elderly have hobbies such as solving puzzles, knitting or watching the television. Personal conceptions on and need for social interaction determine the investment of elderly in social relations. For example, the accessibility of an activity (possibility to be transported, activity close to the house) can be very good, but if the elderly prefer to spend their time a day solving puzzles, this limits the investment in social relations. Well-being may be developed through other activities and not only through having social contact. During this section this result is not discussed in more detail.

During the interviews with the elderly, practically none of the elderly said to have a lot of visitors. One of the reasons of this limited contact in their own houses may be the need of privacy. Living in protected housing means, as mentioned before, that the elderly still live independent, that means, are not under complete surveillance of 'De Schutse'. They receive the care they need, but are, in general, able to make decisions for themselves and have their own life. As long as they are able to do so, they seem to be very keen on this privacy. Linda, a woman of 91, still able to care for herself, is a good example, during the interview she repeatedly talks about the problems that can occur from too much contact:

Linda: *"Yeah, some woman came to live her and she asked me "Do you want to come over and drink coffee?", but I said "Preferably not!", because that drinking coffee causes a lot of trouble. Some of them always need to be together, well I don't need that at all."* (female, 91 years old, 4 children)

Linda: *"Yeah, I think it is not good to be under obligations you know? If it becomes like that, and you are together every day (...) because, very often, today you can talk about the weather, tomorrow about yourself and the third day? What you need to talk about? Then the talk is about others."* (female, 91 years old, 4 children)

Linda is not the only woman who finds it important to have that privacy. Also other respondents find it important to have their own life and not let others interfere too much. The last statement in the quote of Linda brings up a possible reason of the importance of privacy. Some of the elderly tell during the interview that they are afraid of gossiping. They illustrate this feeling with phrases such as: "It is not good to talk bad about others!", "You have to be careful with that.", "If you tell something about others, then it goes to the next person and it is even worse than before." and "I am aware, if you tell them too much then they will gossip about you!" Frank, a 80 year old man has a couple of arguments with neighbours and knows what the problem is.

Frank: *"I hate it if they talk rubbish behind your back. If they sit here and talk with me, very normal and they go outside and say "What a duffer is that guy!", that is where I have an aversion of!"* (male, 80 years old, 7 children)

The respondents are aware of problems that come with gossiping. In earlier research became clear that gossiping is a known phenomenon in residential locations such as protected (or sheltered) housing, because of the awareness that people gossip, elderly seem to have limits in sharing information. In the study of Percival (2000) elderly in sheltered housing also visit each other not very often, which was reinforced by the prevalence of gossiping inhabitants. Instead of having contact by visiting each other and, for example, drink a cup of coffee, the elderly meet during activities or at another time in 'Het Atrium'. In general individuals may prefer to spend time alone instead of have social contact that is superficial, which is also noted by Erber (2010). In the above part it was indicated that the elderly are afraid of gossiping, one of the implications is limited frequency of contact with the people in 'De Schutse'. Evidence for the notion that the contact is not very intense is found in earlier research, were elderly report limited friendships and intimacy during the contact with other people in the sheltered housing (Abbott, Fisk & Forward, 2000; Reed & Payton, 1997).

The respondents find it difficult to summarize what it is they talk about in 'De Schutse', but a general pattern is that the contacts are just to have a nice and cosy time. The interviewees indicate that they talk about the weather, their activities last week, other people in 'De Schutse' and other daily things.

Some elderly are withdrawing from social interactions because of negative experiences with gossiping and the kind of talk illustrated by the above paragraph. Earlier research showed that people decide to have superficial and 'safe' contact in which they resist closeness and protect their status (Percival, 2000). In this case others do not get the possibility to talk bad about them and therewith their relative ranking compared to others is not changed. According to Ormel (et al, 1999) well-being is positively influenced by a higher relative ranking towards others. On the other hand, with limited closeness towards neighbours, elderly prevent themselves from gossiping about others. They do not want to talk bad about others and by limiting contact they prevent from gossiping. A possible underlying reason is the fact that they want to do right in the eyes of others and in their own eyes, which indicates the importance of behavioural confirmation, while gossiping results in the opposite (Ormel, 1999). Older adults prefer to invest in social relations with people who are emotionally important to them and are less inclined to have social contacts that are not deeply and meaningful, this is confirmed by the literature (Erber, 2010).

Not all the elderly understand why the contact with neighbours is limited. A woman who has been living in 'De Schutse' for a short period of time (since 2 months) experience this limited contact less positive. The main reason for this experience may be the willingness of her to get in touch with other people, it may also be due to experiences in former neighbourhoods, where the contact was more frequent. Ans, who is living in protected housing since 2 months, describes the availability of close neighbours as follows:

Ans: *“She (neighbour) has been at the door, but I always say “Drop by!”, but she won’t do that. Then I have to get her, well, I won’t do that much effort. If they don’t want to come, then it’s also fine for me. (...) I don’t know why they are not coming, but well.”* (female, 87 years old, 2 children)

This woman really experiences this limited one-to-one contact as negative. Also Sara, a 80 year old woman with sight-problems and a limited availability of children around, tried to make contact with neighbours. She invited the people to come over and drink coffee, but no one is responding to that. In the following subsection (4.3.2) the phenomenon of low capability of the elderly in ‘De Schutse’ is discussed.

As a result of the superficial contact, among others influenced by the importance of privacy, the elderly in ‘De Schutse’ have, in general, limited one-to-one contact. There is some contact between the people in ‘De Schutse’ but this is more in the sense of social control. This contact is not necessarily very intense or deep, but is important. In this way, in case of problems there is someone who is informed. Especially some of the elderly in the protected housing, inside the building, mention this control being very important. The most illustrating example of this situation is a man who is describing the control executed by his neighbour:

Martijn: *“Like this morning, I did not eh, because the sun was shining, I left the roller-blind down. And surprisingly someone called me “Neighbour, everything is fine right? Because your roller-blinds are still closed!” So I told her I forgot to put them up because of the sun. That sort of things!”* (male, 82 years old, 1 child)

The activities attendant says that the occurrence of social control is highly dependent on the relation the elderly have with their close neighbours, but in the protected housing a lot of people keep an eye on each other. Through the years the social control is changing because new people come in and others die, but the social control is present.

In the theoretical part a choice was made to focus on the impact of the investment in social relations by playing a role in the social well-being, this was already discussed. However, social contact can also help to invest in the physical well-being of elderly. This became clear throughout the research and turned out to be an important aspect of the social life of the elderly. Two examples of this finding are the following elderly who describe the importance of going to the activities.

Sara: *You know, it is just ah, just that you are not becoming dull, it keeps you busy you know? I had a lot of hobby’s, but I lost them all.* (female, 80 years old, 1 child)

Ed: *“Well, yeah, how should I motivate this. Change in your daily routine. Relaxing. Yeah, call it relaxing. Doing something different.”* (male, 87 years old, 4 children)

Ellen: *“Well, I don’t know. You remain active. You are among other people, you can sit down, but it won’t help you. That is why we participate.”* (female, 75 years old, 4 children)

Being busy, participating in activities helps elderly to remain fresh, to let their brains work and in that way improve their physical well-being through stimulation and activation, which leads to physical well-being according to the literature (Ormel et al., 1999). These ideas are also ratified by the activities attendant who observes the importance of the activities for the elderly, she also mentions the functionality of the activities and contact in ‘De Schutse’ through being active and remain fresh. Earlier qualitative research showed that elderly realize that social participation is a way of avoiding loneliness and depression (Abbott, Fisk & Forward, 2000).

Besides the fact that most of the elderly limit the contact in ‘De Schutse’, there are some people who want the contact. One reason why this people are not found very frequent in the interviews may be the fact that this group spends a lot of time in ‘Het Atrium’, the possibility of convincing each other not to participate was high among these people. One respondent mentioned during the interviews that she is always present during activities and other free moments because she wants to develop new relations. For Els it is also very important to be among other people, she illustrates this by declaring what is enjoyable in going to ‘De Schutse’:

Els: *“Yeah, (...) you are among the people. Otherwise I am sitting at this table whole day, so than I prefer doing games and so on. And this afternoon we have a meeting again.”*

Interviewer: *“What is the value of the contact?”*

Els: *“Well, otherwise you’ll become lonely, if you are not going anywhere. Then you’ll become lonely, that’s not possible, is it? I need to be among others. Otherwise you will forget a lot of things (...) but if you are among others, then they talk about this and about that, (...) yeah that’s important!”* (female, 75 years old, no children)

In her case, she has not a spouse or children available and therefore seeks support from other people, which is supported by earlier research (Erber, 2010). This woman is very often present in ‘De Schutse’. For this woman the contact with people in the neighbourhood is of great value, in preventing from becoming lonely. During the interview with this woman it became clear that affection is also an important result of the contact with other people.

Els: *“Yeah, that is important isn’t it? (...) I am very often present in ‘De Schutse’ and I will make a short talk with him and after that with her. (...) And I will go to them and I give them a hug. That is what they like, you know? Also the women who are in the elderly home, I have to hold them for a while! (...) Just hug them, and they all really like it. (...) Yeah. I am good-tempered and that will help other people to!”* (female, 75 years old, no children)

Somehow the elderly want to participate in activities and find these superficial contacts important. As was discussed in the literature review (socioeconomic selectivity theory, section 2.4.2) among elderly emotional regulation becomes more important compared to information seeking, this results in more contact with familiar relations (e.g. Carstensen et al., 1999). This is also observed from the interviews, elderly want to invest in relations with their children and have intense contact with them, but on the other hand elderly in 'De Schutse' want to participate in activities and have the superficial kind of contact with people who are less familiar to them, in order to stay informed and remain active. In that sense, SEST is not explaining the situation of the elderly in 'De Schutse'.

4.3.2 Limited capability of elderly in 'De Schutse'

In the second part of this section on the social life in 'De Schutse' the nature of the people in 'De Schutse' during activities and in 'Het Atrium' is discussed. From the interviews became clear that the capability of the elderly in 'De Schutse' plays an important role in the possibilities of having social relations.

People who are moving into the protected housing of 'De Schutse' are very likely to be unfamiliar with all other people living in the protected housing. If the elderly are limited in the possibility to have contact outside 'De Schutse', they are dependent on the people they meet during activities. One of the consequences of this is that they also get in touch, with people who are more dependent. In the interview with unit manager of protected housing in 'De Schutse' became clear that, at this moment, more often people with a higher dependency are placed in the protected housing, compared to earlier days (see section 3.6.1).

A couple, living in the protected housing of 'De Schutse' since 2 months (at time of interview), experiences difficulties with getting into touch with people from 'De Schutse'. The main problems they experience are problems in communication because of the mental condition of the people they meet. They want to have more contact, but it is difficult.

Ed: *"Because eh, it are all elderly there, and it's normal that, when you start talking, some are looking at you, (...), with an empty glance. Then you have to start over and try to talk very intensively into that person, and you have to be clear. That is really tiring, very very tiring."*

Interviewer: *"Do you have an idea why it is like that?"*

Ed: *"I think that, it all is because of, first the physical condition and also, yes also the mental condition of the people, both of them."* (male, 86 years old, 4 children)

Some of the respondents indicate that the activities are at a low pace. This is mentioned during some interviews and also in the interview with the activities attendant in 'De Schutse'. This makes the activities less attractive to people who do not need the slow pace during activities. Another observation from the interviews is that the capability of the elderly present in 'Het Atrium' is also low, a lot of them are not able to have a normal conversation. Some of the more mobile elderly put this as a reason of not going to 'Het Atrium'. These elderly still

have the possibility to do other things, to have activities external the elderly home. Their own mobility and possibility to be independent is a reason for less participation.

Joost: Well, I have to confess, that with the activities, I personally have less to do. (...) I have got so many other things, (...) if you look at my schedule for this month, the 8th of June I have got a reunion of the custom officials, 11th of June a reunion with my soccer team (...) this afternoon I will get a rabbit for a man in Belgium, next Monday I am going to select rabbits from a breeder here in Coevorden, Monday the rabbits need to be tested, (...) I am floating of activities. (male, 71 years old, 2 children)

Table 4.1 shows the number of coded segments about having contact in ‘De Schutse’ against the level of dependency of the respondents.

	Dep. High	Dep. Medium	Dep. Low	Dep. None
People in Schutse*	23	15	12	6
Activities Schutse	13	7	7	4
Go to Atrium	8	2	3	3

Table 4.1: Coded segments: contact in ‘De Schutse’ and dependency of respondents

**Contact with people in ‘De Schutse’ was a less specific code and includes more general information on contact between respondents and neighbours, therefore the number of coded segments is higher.*

This table indeed indicates more participation among people with a higher dependency, which is not strange because ‘De Schutse’ is easily accessible to everybody. As a result of less participation of more active and mobile elderly in activities or going to ‘Het Atrium’, people who live in ‘De Schutse’ since a short time have difficulties to built relations. They meet new people during activities and in ‘Het Atrium’ but overall, these people have lower mental and physical capabilities. This is effected by the developments in protected housing and the elderly homes and by the limited participation of the more active elderly. There are some activities available in which the contact is deeper, but these groups, such as the chatgroup and shovelboard-club are difficult accessible for the elderly who are new in ‘De Schutse’. This was indicated by the activities attendant, who tries to overcome this problem, but still observes existing ‘groups’ during the activities.

One consequence of the difficult access to new people is a lack of a social life. This is also leading to a lower well-being. According to the activities attendant this is can be related to the decision of the children to let the person move closer to them.

Activities attendant: “That is an interesting thing, children get their parents to the protected housing in order to let them be closer to family. But people are coming here and start to become lonely. They don’t know anyone her and are coming in a unknown environment. All because the children are closer than. That is egoistic, children still come once in two weeks, if that is the case you better let them stay in their house, a little further, but still able to contact old friends and neighbours. The family bond, they think is very important, but it is not optimally used and that causes lower well-being.”

The elderly simply have less access to contacts and therefore are unable to invest in social relations. The fact that the elderly who are present in 'De Schutse' have a lot of disabilities hinders the respondents in developing relationships. As a result the contact with these people is not satisfying to them. Because of their new environment the contact with their close neighbours (who turned out to be more important according to other respondents) is limited. This absence of social interaction may have a negative impact on the well-being of the respondents.

4.4 Social contacts through giving and receiving social support

After looking more in-depth on the contact elderly maintain with family and in 'De Schutse' in this section the contact through providing and receiving social support is described. Usually, support is divided into formal and informal support. Formal support is help provided by agencies, services and professionals and informal support refers to various forms of help such as emotional support and practical assistance by people that are known (family, friends and neighbours) (Connidis, 2010). Elderly people, living in protected housing, all have access to formal support. Elderly who are in the nursing home have a 'package' with care and elderly living in the protected housing have also the availability to get such a package, but live independently next to the received care (Abbott, Fisk & Forward, 2000). The unit-manager of the protected housing explained this system and additionally mentioned that some of the elderly who live in the protected housing are without any grade of formal support, but that it is available as soon they need it. In this research all the elderly are living in the protected housing and have therefore accessibility to care, especially assistance with ADL (activities of daily living, see section 2.4.3).

In providing support there are also some types of support, for example working voluntarily, assist others in practical help or give emotional support. In this section some of the most remarkable result in the contact through social support are discussed. First of all the support received by elderly their children, followed by the role of housekeepers and caretakers in the well-being of elderly and finally the importance of giving support is discussed.

4.4.1 Availability of (informal) support by children

In this section the help and support provided by children shows another important way of having contact. In order to say something useful about the support elderly receive from their children it is important to be aware of the situation the elderly are in. Elderly living in protected housing are mostly living there because they need some amount of help or need to have the possibility of care available, this notion is supported by the story of the unit-manager in 'De Schutse', regarding the recent developments in protected housing (see Box 4.2). In the methodology chapter the importance to realize that it is a certain group of people participating in the interviews was already mentioned. People who have problems with their children, for example, may be less inclined to participate in the research because they do not want to talk about these problems. A possible consequence for the results may be that the stories on problems are not fully covered, in other words some aspects may be under exposed.

Respondents who have (at least) one of their children living close receive another type of assistance from their children as compared to elderly with children living far away. It is more on a daily basis. For example Joke, whose son is living very close, gets help with shopping.

Joke: "He is coming every Wednesday evening and asks "Can I do something? Shopping? Or other things?", so then he will put some vegetation in the garden, he makes the garden descent, that kind of things". (female, 86 years old, 6 children)

Later on in the interview she underlines that all of her children are very important "But some of them are able to come often!", she don't want to bother her children to much but is very happy with the assistance in these daily practices. Connidis (2010) argues that the children are (next to spouse) the most likely providers of support to the elderly. Determining in the availability of support by children is the presence of and access to children. Not all the elderly have children available who give support. In the very-old ages, it becomes more frequent that the children of the elderly also get problems (Morgan & Kunkel, 2001). One example of this is a 91 year old woman who has 4 children from whom one suffers from cancer, one other is becoming demented and a son who is not able to come by himself. In situations like this the elderly are dependent on their own abilities and the availability of care by employees from 'De Schutse'.

Hjälms (2010), is discussing the combination of care by the welfare state and care by the family in her article. In most recent studies the focus has been mainly on the mixed responsibility between welfare state and family. In that case they both respond to the need of the elderly (Daatland & Lowenstein, 2005). Regions with a weaker family system (Northern Europe) have weaker family ties which results in greater intergenerational differences and therewith less support between generations (Hjälms, 2010). Among people in the protected housing the help by the welfare state is present and the help from family, especially children, is limited to help with IADL (Instrumental Activities in Daily Living). On the opposite there are also some elderly who have not that daily or frequent assistance of their children. From the interviews with elderly living short in 'De Schutse' was observed that the assistance of their children was available during the move. Children then provide help by assisting in incidental occasion, like a move.

Concluding, the fact that all the people who were interviewed live in protected housing causes a limited overview of the availability of support by children. Respondents living without any form of care available (neither protected housing nor nursing home) may receive more care of their children because of the absence of care by caretakers. In the protected housing the contact with their children is meaningful to the respondents, this was already observed in the first section, in which the deep and intense contact with children was discussed. In some cases the contact with children turned out to be limited, how this limited support of their children is experienced depends highly on the personal possibilities of the elderly concerning mobility and self-help.

4.4.2 Role of housekeepers and carers in the well-being of elderly

In the protected housing elderly have the possibility to call for help at any moment. They experience this availability as very good and during the interviews elderly tried to make clear that it is a pleasant thought to have help available. "There is always someone standby." is a good summary of the experience of the elderly.

Gerda: *"Thank goodness I am able to care for myself, and (...) I don't have any complains. I only have to call and they are stand by me. I have piece of string around my neck and I only have to push this button." (...) "They take care of everything, sometimes I'll go to my neighbour and asked: "Did you already receive some tea?" and then she says: "Yeah, I received it a long time.", that kind of things, that is well-regulated!"* (female, 84 years old, 1 child)

This type of social support is not affecting the well-being of elderly through affection, status or behavioural confirmation directly. Health care is the resource that results in comfort, a higher level of comfort is positively related to the physical well-being of people (Ormel et al., 1999). Despite the health care is not primarily given in order to have contact, and therewith influence the social well-being, this is relevant for the research because the availability of this care is giving the elderly some kind of relax feeling.

During the interviews not just the availability was an important topic, also the contact the elderly have with people assisting them in caring and cleaning is important. This was only observed in the interviews with respondents receiving some kind of care or assistance, provided by the welfare state. There is a difference between carers and cleaners (or help in household). With the people who are cleaning and assisting in the household elderly can built up relations because often the same persons come to clean or help in the household. This is also mentioned by the activity attendant of 'De Schutse', the employees have a lot of elderly to take care of and they cannot give much attention in getting into touch with the elderly.

An interesting observation was that the respondents perceive a lot of people as very important in their life, but not the people who are assisting them and caring them (formal supporters). When they have to fill out the diagram, used during the interviews they all indicate family as very important. While the interview was processing, sometimes it became clear that for the people who assist in the household are also very important. In the end they realize that these people are indeed important and want them in their diagram.

An overall finding is that younger adults name less important persons when filling out the model compared to older adults, which is supported by the literature (Mariske, Frank & Mast, 2001). In general the respondents reported their children being very important and did not add a lot of other people. Except a man of 71 who put a lot of names in the model, this man may be more outgoing and more sociable but may experience less emotional closeness compared to people with less people in their network (Erber, 2010).

If we look into more detail into the importance of contact with caregivers a couple of aspects are mentioned. Despite the negative association of receiving care, interaction with caregivers is experienced as important by the elderly. Therewith it is also playing a role in their well-

being. In the literature there is a lot of information available on the importance of informal care (by family) but nothing is found on the importance of social interaction between caregivers and elderly. In the protected housing the accessibility to care is good and the contact with caregivers and housekeepers is as a rule perceived as pleasant.

Gerda: *“Yeah it is really cosy every time. Her (housekeeper) husband is a cop. (...) The contact is superficial, but it is fine, she cleans everything. (...) No I don’t have any complaints.”* (female, 84 years old, 1 child)

It is important in the well-being of the elderly through affection (in receiving emotional support) and stimulation (keep updated and have someone to talk to). Some people feel dependent and find it difficult to accept this help of other people. This is clearly reducing the well-being of the elderly.

Ed: *“Yeah we really need to get used to it. I will give an example: When we were living independent, I would say “Wake up at eight, oh we will remain in bed for another hour if we like it!”, that is not possible now. You completely lost your privacy, you know? Now it is at eight, they lift you from bed, to take medicines, you are restrained to that.”* (...) *“Yes, dependent on the care you need.”*

Ed’s wife: *“And that is not pleasant. Not all the time!”* (male, 86 year old, 4 children)

Literature that supports the importance of independence among elderly who receive assistance states that: people retain a strong value for independence (Ball et al., 2004); reducing independence may result in traumatic feelings among elderly (Connidis, 2010); big amounts of support result in lowered well-being (Mariske, Franks & Mast, 2001), the reason why the elderly receive support and the amount of assistance they need determines how elderly perceive their dependency (Hammerstrodiem & Torres, 2007).

Not all the elderly are positive about the care they receive and would like to see it different. For example Sara, who needs a lot of care because she is almost blind. Just like the couple who find it difficult to get used to receiving help this woman experiences problems with the limited privacy that is resulting in annoyances.

Sara: *“They told me I would be free here, that I was able to go and stand where I wanted to go. I am man enough, that is also what the doctor told me.”* (...) *“Eh, yeah that’s not fine with me. Someone of the pharmacy will come in and puts a box on the table, walks to the kitchen, watches in the closets. (...) I said “Well, what are you doing? When I go to someone’s house I will say ‘Hi!’, but you just walk in without saying anything?” I don’t think that is normal, she should ring the bell first and say something when she comes in.”* (female, 80 years old, 1 child)

This can be seen as a form of abuse among elderly, this woman is not threatened as she would like to be. There is little known on abuse in institutional settings and assisted-living facilities such as protected housing (Erber, 2010).

4.4.3 Providing support to others

From the conducted interviews becomes clear that a general pattern is that participants who have a absence of, or low, dependency are more able to provide support. Things that they do differ from bringing newspapers to going the neighbour once a month and talk with her. Giving this support is perceived as good by a lot of the elderly. Giving support is done by the elderly living in 'De Schutse' in very different ways. For example two men are helping others very practically by doing work in the garden or help bringing folders to inform all the inhabitants of 'De Schutse'. Joost, a man of 71 years old with a good mobility and a lot of social contacts is clarifying what kind of support he is giving:

Joost: "Well, there is mail for the protected houses here, and that mail I am delivering. (...) And there is a lot of waste putted in the containers and that containers I am travelling to the bike shed and that paper is picked up for church etcetera. (...) You know, and next to that I am doing voluntary work for Humanitas, what means that I am eh, with a couple of elderly with impairments. So they are in a wheelchair and I am going to walk with them, that's what I am doing on Tues-, and Thursdays." (male, 71 years old, 2 children)

Other elderly also find it important to help people but are not able to provide support because of their own limits. They can also provide support but at a different level (Boerner & Reinhardt, 2003). Martijn for example helps his neighbour with practical matters, such as replacing light bulbs, and experiences this as very normal. Support can also be provided in a very different way, by giving emotional support to others. A women, who is mobile enough herself, gives an example of this emotional support to another participant who is not that able anymore.

Ellen: "During the activity they put her next to me and eh, during the entire hour the woman is holding my hand. (...) You don't need to say anything, I think "She also enjoys it!" and that gives a good feeling. Mean something for them and just sit next to them because when they are not able to communicate, or hold their hands, that's important to the elderly, I think." (female, 75 years old, 4 children)

If a closer look is taken at the support that is provided among others it is interesting to see why people find it important to help others. Providing support is done in order to help others, but it is also creating well-being for the elderly who provide support. Earlier research suggested that volunteering improves physical and psychological well-being of elderly in different ways. For example in getting self-esteem or life satisfaction (Van Willigen, 2000).

This is illustrated by the elderly talking about the good feeling they get from giving support. First of all, some people mention that they see problems with others and that is the reason for them to help others. This is the main reason for Joost, who already mentioned his voluntary activities.

Joost: *“Yeah it is mainly because of that the people get a pleasant feeling. That they are involved in life. Look, when they are out of the picture, and nobody is coming, that prevents them (...) it prevents the discomforts becoming even worse, because they are distracted, they are busy.”*

“So yes, for me it is important, we observe people having no contact any more they weaken and impoverish. (...) So when you are not going to them, they can't come to you. (...) It's is simple like one, two, three, so you have to pay attention to that people.” (male, 71 years old, 2 children)

Linda, a 91 year old woman support this notion that helping others gives a good feeling. She adds that she is helping others because others supported here too.

Interviewer: *“Is there something you would like to get in return?”*

Linda: *“No, not at all. It gives me a pleasant feeling if I can do something for somebody. (...) For example when I suffered from a little stroke, I received a lot of help from my neighbour.”* (female, 91 years old, 4 children)

Some other respondents, also indicate that helping others gives them a good feeling. Behavioural confirmation is important in the above examples sections. The elderly provide support because it feels good to them, it gives them satisfaction to do so. Doing right to others through providing help relates positively to elderly their social (or psychological) well-being. (Van Willigen, 2000).

One of the elderly, who is also providing a lot of support in the neighbourhood, wants to be respected and get appreciation for what he is doing. Frank, a 75 year old man illustrates the importance of being appreciated by the things he is doing:

Frank: *“If they treat me normal? As befitting? Yeah, I'll say again, then they are allowed to wake me in the middle of the night. Do you get me? Well, if the treat me right, I will treat them right. Easy as it is”*

“It is because I want to do it for them! That all that old people are not breaking their legs. They are allowed to wake me up in the middle of the night, but I want to be treated with respect. And not that the neighbour is complaining and commenting on everything. Then I won't bother anymore!” (male, 80 years old, 7 children)

This investment in social relations may be in order to create well-being through status, creating self-esteem is clearly more important in this case. Someone link Frank finds it more important to show excellence and unique skills, instead of finding it important to do the good thing, which results in well-being through status (Ormel et al., 1999).

Activity theory suggest that elderly who remain active after their retirement have a better well-being compared to those who withdraw completely from activities (Van Willigen, 2000). Another result from earlier research suggest that, for older adults, the effect on well being is higher when giving support compared to receiving (Thomas, 2010). Elderly give support and assist others in a way that suits to them. Their social structure therefore plays a role in the accessibility to give support. Independent elderly are more able to move and therefore help in practical things. Even older adults who need support are able to support others (Boerner & Reinhardt, 2003).

4.5 Conclusion

This section shows and summarizes the findings from the research on social contacts and well-being of elderly. For the interviewed elderly their children turn out to be the most important source of interaction and that contact is playing an important role in the development of well-being. With the presence of children, elderly have deep and intense contact available. The importance of children in the lives of elderly was also found in the literature. Emotional ties with children become more important for elderly (Erber, 2010; Morgan & Kunkel, 2001) and, in general, elderly find emotional support more important than other types of support (Erber, 2010; Morgen & Kunkel, 2001). Nevertheless, the nature of the contact with children differs among the respondents, this is, among others, influenced by the distance to their children and the possibilities of the elderly (mobility), but also by the willingness of the children to visit their parents. Almost none of the interviewed people are complaining about the relation with their children, they accept the situation as it is, whether the contact is frequent or less frequent, and seem very satisfied. The children may live at a larger distance, but earlier research showed that the contact can be good as well (Connidis, 2010). Drageset (2004) argued that people with better physical abilities can have more social interaction and are therewith able to invest in these relations, this was also observed among respondents with a good mobility. During the interviews a lot of the respondents indicated that their children have their own life and they do not expect more contact or help than they receive at the moment.

‘De Schutse’ is a social setting in which the elderly are able to invest in social relations. Respondents find it important to have privacy, and are afraid of gossiping, which appears to be one of the reasons for limited social interaction with other people from ‘De Schutse’. Qualitative research shows the occurrence of this phenomenon, elderly decide to limit their contact when they are aware of the prevalence of gossiping (Percival, 2000). During activities the interviewed elderly have contact, but the contact is mainly superficial and the role of this activities is generally in order to remain active and have something to do. Through these contacts the elderly support each other and have the opportunity to prevent becoming lonely. The literature (Abbot, Fisk & Forward, 2000) also argues that being active prevents from becoming lonely and that active elderly have a higher well-being (Stawbridge et al., 1996). According to the activities attendant some of the activities give the elderly the possibility to do what they like, they can be independent in that. This is in contrast with large-scale activities where the elderly are just consuming. The availability of activities is perceived as positive by all the respondents. Besides the activities the respondents tend to have contact

with each other through social control, some of the elderly argue that they keep an eye on each other. Respondents who moved to 'De Schutse' recently have difficulties with developing social relations. This seems to be related to the impairments of the elderly present during activities in 'De Schutse' and the limited participation of elderly who have less physical and mental problems.

People who receive care for a short period and were used to be independent may find it difficult to accept assistance. The value of independence for older adults and the negative impact of assistance on their well-being is also found in other studies (Ball et al., 2004; Connidis, 2010; Mariske, Franks & Mast, 2001). The assistance received from carers and housekeepers can be of great value for the elderly who participated in the research. Looking at the social interaction that comes with the support that is received, it is important in the well-being of elderly. They have someone to talk to and the elderly indicate they experience a bond with these people. This is mainly possible with the housekeepers because these people have more time available for the elderly, compared to carers who have limited time. Help and assistance of children seems to be important for the elderly too, but the help of children may occur less frequently which is due to the availability of care by 'De Schutse'. Providing support to others appears to be an important source of well-being. Some respondents want to be appreciated and valued for their skills and some others want to do good to others and for them investment in social contact results in behavioural confirmation, in the sense that this assistance is giving them a contented feeling. Van Willigen (2000) mentioned the positive impact of helping others for people's psychological well-being.

5. Conclusions

5.1 Introduction

This last chapter of the study deals with the conclusions and answers the research questions. Section 5.2 gives the inductive conceptual model, based on the results of the research section 5.3 provides the main conclusion and answers the research questions, section 5.4 discusses the limitations of the research and the last section, 5.5, provides suggestions for further research and indicates some implications of the conducted research.

5.2 Inductive conceptual model

The inductive conceptual model (figure 5.1) is an adapted version of the conceptual model presented in section 2.2.3 (figure 2.3). The conceptual model is based on the social capital theory of Lin (1999) and the Social Production Functions theory (Ormel et al., 1999). In the former model the social resources of an individual were determining the accessibility to social relations and the accessibility determined the investment in social contacts. The returns of this investment in social relations were conceptualized by the three aspects contributing to social well-being: status, behavioural confirmation and affection. This qualitative research revealed that the role that social relations play in well-being among elderly is complex. The results call for some changes to the first conceptual model in order to visualize the process.

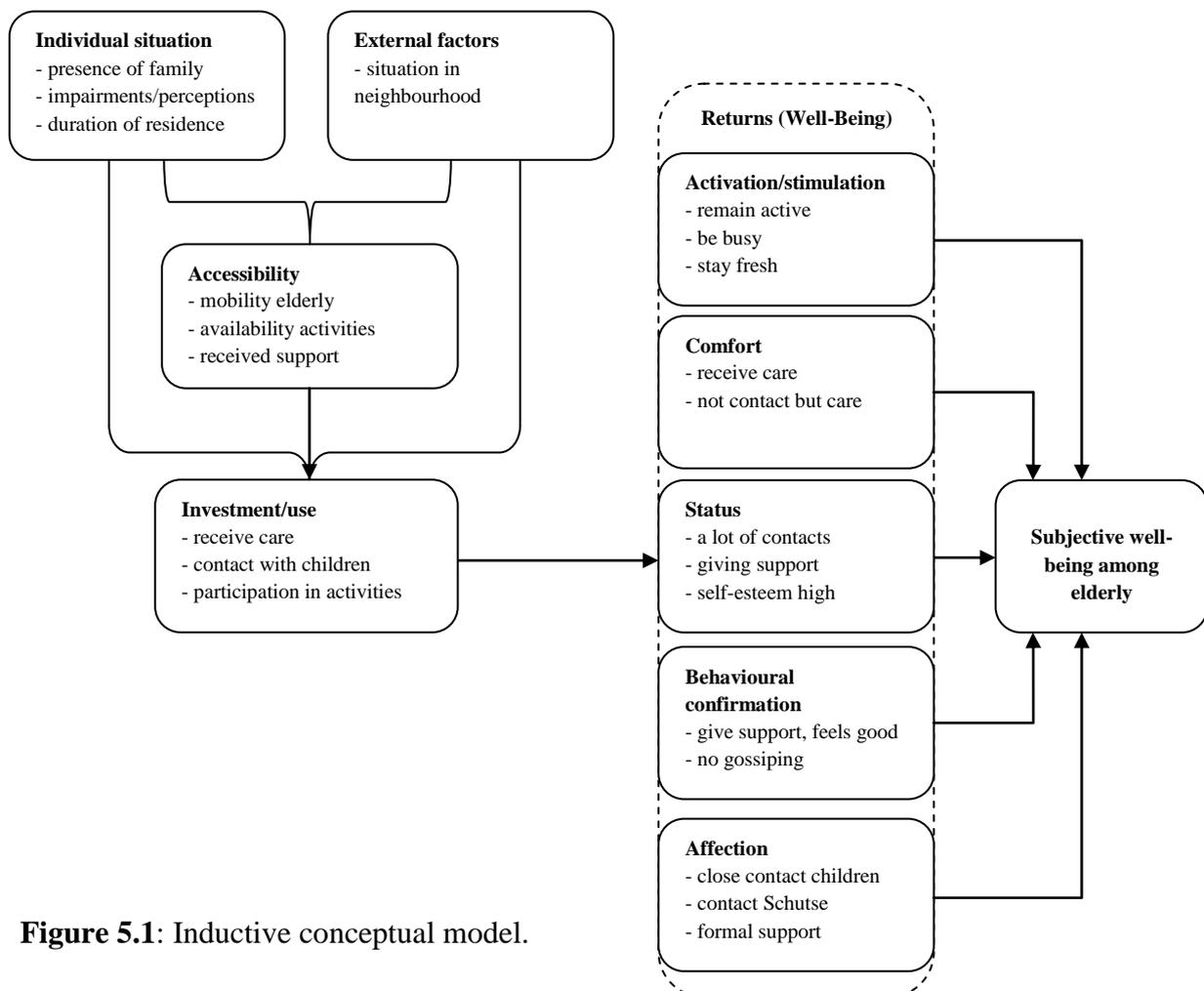


Figure 5.1: Inductive conceptual model.

Instead of the social structure of the individual, which was a vague concept in the theory of Lin (1999), a division is made in the individual situation and the external factors. In the individual situation, the presence of certain family members, the impairments (or absence of impairments), perceptions on having social relations (willingness to spent time with others) and the duration of residence in 'De Schutse' seemed to be important. External factors that are of importance are, in this study, the situation in the neighbourhood (read: 'De Schutse'). The second aspect included in the inductive model are the instrumental goals stimulation/activation and comfort. During the interviews with the elderly the effect of social relations on elderly their physical well-being turned out to be of importance and these instrumental goals were not included in the first conceptual model.

The characteristics of the elderly (such as mobility and perceptions about having contact) determine the accessibility to social relations, for example in the relation with their children. Through a lower mobility (individual situation) and bigger physical distance (accessibility) elderly are hindered in having interaction (investment) with their children. Further the individual situation is important for people who live since a short time in 'De Schutse', they have limited contact with others because they are new. External factors, such as the observation that elderly with physical and mental impairments participate in activities causes a lower accessibility for elderly who still are looking for new social relations. Aspects that are part of the accessibility to social interactions are the mobility of the respondents, the availability of activities and the received support (formal as well as informal). Elderly with good mobility are able to invest in social relations differently compared to elderly with limited mobility. Because of the good accessibility and availability of activities and meeting moments, the elderly living in protected housing are able to invest in social relations with other people, which is, according to Lin (1999) playing an important role in the possibility to create returns. Elderly mainly invest in social relations with people coming to them for assistance and care, other elderly they meet in 'De Schutse' and with their children through more intensive interaction.

Subjective well-being is developed through the five instrumental goals conceptualized in SPF-theory. Activation/ stimulation seems to be part of the well-being and is received from the participation in activities (remain active and be busy). Comfort is not achieved by social interaction but by the care received from carers in 'De Schutse'. Status is among the respondents created by having many contacts and by providing support (only when receiving appreciation is the main goal), respondents report on negative association with receiving care, which influences their status and reduces self-esteem. Behavioural confirmation is of great value for the elderly, this is shown by the good feeling they get from providing help to others and the limited contact they have with people in 'De Schutse' because of the fear of gossiping (and the need of privacy). Interaction with their children is creating well-being through affection, because of the importance of emotional support and love in the deep and intense relation with their children. For some respondents affection is received through contact with close neighbours or other elderly living in 'De Schutse'.

5.3 Main conclusion

In chapter 1 the research questions were formulated as follows: The main question is “What is the role of social contacts in well-being among elderly?” and this main research question is followed by three sub questions:

“ How does the social structure of elderly create differences in accessibility to and investment in social contacts?”

“ How does the investment in and use of social contacts contribute to status, behavioural confirmation and affection?”

“ How do status, behavioural confirmation and affection contribute to subjective well-being among elderly?”

Personal characteristics of the elderly (such as mobility and perceptions about having contact) determine the accessibility to social relations. Through a lower mobility (individual situation) and bigger physical distance (accessibility) elderly can be hindered in having interaction (investment) with their children. The availability of activities in ‘De Schutse’ is perceived as positive by the respondents. Also the accessibility is good because of the help with transportation when needed and the short distance to the atrium for those elderly who are able to transport themselves. The elderly living in the protected housing are able to invest in social relations with other people, which is, according to Lin (1999) playing an important role in the possibility to create returns. But, people living in ‘De Schutse’ since a short time have problems with developing new social relations in ‘De Schutse’. This is related to the, in general, low capacity of people participating in activities. So a new environment results for some of the respondents in problems with investment in social relations. The elderly in need of care or assistance receive it from housekeepers or carers, the interaction with the housekeepers and carers is experienced as important by the respondents. Elderly living in the protected housing, have therefore access to interaction with housekeepers and carers and are able to invest in these relations. Finally, the respondents who have no, or few physical problems can provide support to others and have access to social relations with these people. However, it was also observed that elderly with more physical problems are able to provide, more emotional, support. In the above alien it becomes clear that the study relates to the concepts in the network theory of social capital (Lin, 1999). Personal characteristics of the elderly (social structure by Lin (1999)) influence the accessibility to social relations and determine whether people are able to invest in social relations.

During the interviews it became clear that there is variation among the respondents in how accessible the contact with their children is for them. Interaction with their children is creating well-being through affection, because of the importance of emotional support and love in the deep and intense relation with their children. Providing support is another important investment and may be of value for status or behavioural confirmation. Some respondents want to be appreciated and valued for their skills and for them well-being is influenced through status (getting self-esteem). Some others want to do good to others and for them investment in social contact results in behavioural confirmation, in the sense that this assistance is giving a contented feeling to them. Some of the respondents choose to limit the investment in social relations with other people from ‘De Schutse’, because of the negative

implications of having contact with people in 'De Schutse'. So, the choice to invest not in social relations may also lead to a higher well-being, the respondents are not having contact and prevent from gossiping, gossiping is experienced negatively by the respondents. Not gossiping is, thus, seen as 'doing right' by the respondents. The interaction with carers and housekeepers is creating affection for the respondents. Some of the interviewees indicated the housekeeper or carer as an important and nice contact. But next to affection, status and behavioural confirmation, physical well-being also turned out to be positively influenced by social relations. Through investment in activities well-being is created by stimulation and activation, the respondents keep fresh, stay active and prevent from becoming lonely through participation. Relating to the network theory of social capital by Lin (1999), the investment in social relations indeed created returns. Social relations contribute to status, behavioural confirmation and affection, as conceptualized with help of the Social Production Functions theory (Ormel et al., 1999).

When individuals age, their possibility to invest in social relations that contribute to status declines because a lot of status contacts come with work related contacts. The limited mobility and physical impairment that occurs with age, limits the possibility to invest in status, because status is achieved (as indicated by the respondents) by giving support, having a lot of contact and maintain self-esteem, these three are dependent on physical abilities of individuals. Investment in social relations therefore is more often in order to create affection (deep and intense contact with children) and behavioural confirmation (providing emotional support or limit contact in order to prevent from gossiping). Besides, emotional support is shown to become more important when people age (see socioeconomic selectivity theory (Carstensen, 1992) which results in a increasing importance of affection. Respondents in the protected housing have less desire for superficial contact and tend to focus on the relations that are emotionally important for them, especially the relation with their children. However, in this study the focus was not on changes over time, so changes during the life of the elderly are not investigated thoroughly. Social relations was, in this study, used as the resource of the realization of instrumental goals. Through the different instrumental goals (status, behavioural confirmation and affection), in SPF-theory (Ormel et al., 1999), well-being is created among the respondents. In the next subsection the limitations of the research are briefly discussed.

5.4 Limitations of research

The research on the role of social contacts on the well-being of elderly is only dealing with people living in the protected housing. Some of the respondents live intramural (entrance inside 'De Schutse') and others extramural (entrance outside 'De Schutse'). Elderly who receive care from 'De Schutse' but are living somewhere else in Coevorden are not included in the study. It is therefore not possible to say anything about elderly receiving full care in the nursing home or elderly living in their own house, away from an assisted living facility. The research was conducted in Coevorden, among sixteen elderly living in protected housing in 'De Schutse'. The respondents are having their own lives, which are related to the situation they are living in (neighbourhood, other people in 'De Schutse', amount of care they receive, region they live in, family situation). So the results would probably have been different when

the study was conducted somewhere else because of different situations in other assisted living facilities, other perceptions of people on social relations, etc. In other words, the results from this study are very context specific. In general, qualitative research is dealing with experiences and perceptions of individuals and therewith general conclusions cannot be drawn upon, for example, the Dutch elderly.

Elderly that participated in the research may be less inclined to report on problems they have. Potential respondents may refuse to participate because they are not willing to talk about sensitive topics regarding their family situation or problems with other people with whom they have contact. Also, in the research more women were included compared to men, which seems logical, because institutionalization is higher among women than among men (Connidis, 2010). Because of this limitation no comparison could be made between both sexes. The same holds true for elderly living with a spouse or those living alone.

In the SPF-theory an important part is also focusing on substitution (Ormel et al, 1999) because this research was conducted cross-sectional and the focus was not on changes over the life time the development of how different instrumental goals are reached is not included in the research. Related to that, social contacts are only one resource of well-being. In the history of well-being research several factors showed to have impact on well-being and social relations with other individuals is only one of them. But an advantage compared to SPF-theory is that the concepts of status, behavioural confirmation and affection can be reviewed at an individual level. In this research well-being is not measured in terms of marks or levels, but a description is provided of how well-being of elderly is changed, which may be different and a different process for every individual.

In developing the interview guide, no attention was paid to the relation between social interactions and physical well-being. The information and conclusions drawn upon the importance of social interactions for physical well-being may therefore be limited. If this was taken into account beforehand more direct questions could have been asked on the importance of social relations for elderly their physical well-being.

5.5 Future research and recommendations

While examining the results some interesting topics appeared. In this section some of these interesting observations are mentioned briefly, followed by some recommendations that come from this study.

One of the respondents indicated being addressed by carers from 'De Schutse' in a way that was not comfortable to her. There is not much known on abuse in institutional settings and assisted-living facilities such as protected housing (Erber, 2010). It would be interesting to see whether more elderly experience problems with carers, housekeepers or other people assisting them with activities in daily life.

The fact that all the people who were interviewed live in protected housing causes a limited overview of the availability of support by children. Respondents living without any form of

care available (neither protected housing nor nursing home) may receive more care of their children because of the absence of care by caretakers, it would be interesting to investigate whether this indeed is true. Related to that, it would be interesting to see whether, among elderly in institutionalized care, emotional support of children becomes even more important compared to provided care and other types of support. Subsequently, providing support was of relevant influence on of well-being among the respondents. Although elderly help others with different purposes it may be interesting to further investigate the importance of providing support in later life. Investigating how, and which activities contribute to a pleasant feeling may give residential homes or nursing homes an idea about how they can make the elderly feel more happy through stimulating them to support others.

Face-to-face contact is only one possible type of contact between elderly and relevant others and it is shown that different contact does not necessarily result in worse contact between parents and children (Connidis, 2010; Waite & Harrison, 1992). It would be interesting to study the value of other communication possibilities. The respondents already mentioned the importance and availability of interaction by telephone but the nature and content of phone calls was not discussed during the interviews. This would be an interesting possibility in future research. Finally, elderly tend to have problems with receiving assistance from children or formal care givers. According to Hjälms (2010), one of the solutions is meeting at routine times. It would be interesting to explore other things that can help elderly accept the care they need.

With this study, a broad range of topics was covered and a lot of aspects of the social life of elderly are discussed. In the following subsection some recommendations are made to policy makers or people that are involved in nursing homes or other residential facilities.

With the process of an growing amount of very old individuals in society and lower birth rates some problems occur. Therefore it may be useful to explore how aging in place policy can be used. The phenomenon of giving care to elderly in their own house, in other words, those not living directly near or in the assisted living facility is a popular development in the world. Aging in place is the ability of an individual to remain living in a home during the aging process (Fausset et al., 2011). This is often a desire of the older adults (Fausset et al, 2011) but also a policy goal, because of problems with budget. The desire of elderly to receive care in their own house and the budget constraints can be an opportunity for different states (NCSL, 2006). As the number of very old people increases it becomes difficult to offer care to all older people. The growing number of older people possibly inclines a decrease in the percentage of elderly that receive care in a nursing home, in sheltered accommodation or at home, these changes may lead to the need of more care given by families (Hellström & Hallberg, 2001). In order to meet the needs for all the elderly a collaboration between formal (welfare state) and informal care (family, friends and neighbours) is inevitable (Hellström & Hallberg, 2001). Earlier in this study the importance of children in contact with older parents was mentioned, combining both facts shows a higher need for the children to care for their parents. Thanks to the increase in life expectancy, more families will have four generations,

but each generation will have fewer members because of lower birth rates, which is known as the beanpole family structure (Erber, 2010). In other words, fewer children are available to care for their parents.

Another negative implication of aging in place is the limited possibility of elderly to participate in activities and remain active. According to research on activity, remaining productive in later life positively relates to well-being (Stawbridge et al., 1996; Diener, 1984). Activities in protected housing like 'De Schutse' are an example of such activities. When elderly are stimulated to receive care in their house (not in protected housing or in a nursing home) this is limiting their possibilities to invest in social relations. Therefore, the initiative of 'De Schutse', to open the atrium for people from the neighbourhood and others may be a possible solution for this problem. The unit-manager of 'De Schutse' tells that the plan is to use the atrium as a meeting centre for people from Coevorden. They are allowed to eat in the restaurant or have a drink in the atrium. With this development the elderly who receive care at their own house (not in 'De Schutse') still have the possibility to participate in activities and develop social relations with people from 'De Schutse'. So I would like to recommend to personnel in 'De Schutse' to develop the plans of opening their doors to other people from Coevorden, if other people get the possibility to come in 'De Schutse' elderly have the possibility to remain active and have contact with other people of the same age. The contact with others during activities turned out to be important for the respondents and this can be achieved through opening the doors and organize attractive activities for elderly and make facilities in 'De Schutse' accessible for inhabitants of Coevorden. A recommendation to the elderly who age in place would be to participate in activities or come to 'De Schutse' for a cup of coffee, this helps them to remain active, have interaction and be less dependent on their children. The respondents indicated that opportunities provided through being active in activities and have social interaction with other people from 'De Schutse' are very important. Individuals who age in place may be confronted with limited social interaction among neighbours (following from own physical impairments) and therefore interaction with other elderly in, for example a residential facility may have positive influence on their well-being. Activities can be of great value for the elderly, by for example organizing activities that fit to their own abilities and preferences and the effect of participating in activities may even be bigger. Although this may be difficult, because the study showed the importance of having privacy among the respondents.

A recommendation to the elderly and the people who are working in residential facilities is to encourage elderly to help others. The study showed that elderly are able to help others in their own way and through very little things. Even going once a month to a neighbour is providing some kind of support to others and comes with pleasant feelings among the receivers as well as the providers. Another recommendation to caregivers and personnel in residential facilities lies in the approaching of new residents. People who live since a short time in 'De Schutse' indicated having problems with developing social relations, personnel in residential facilities should stimulate new people to participate in activities and they should take effort to make it easy for them to adopt to their new environment.

In the results (see section 4.2.3) the phenomenon ‘sandwich generation’ (Morgan & Kunkel, 2001; Bengston et al., 1996; Erber, 2010) was already mentioned. With the growing number of people in the older ages and the decline in birth rates, more individuals come in the situation of being responsible for two generations. In the recommendation regarding aging in place the importance of children in the support of elderly was already mentioned. The development that less children are available to future older persons and the fact that these children often have to care for their own offspring may cause limited interaction between parents and children in the future. Developing a policy that is dealing with possible solutions for the well-being of elderly may be of use. This policy can focus on, for example, (1) providing emotional support through housekeepers and carers, (2) stimulation of children to take their parents in their houses, in order to have the possibility to care for their parents and provide all types of support or (3) creating all sorts of meeting places for elderly where they can develop close relations with people they feel comfortable with. In this study, social relations turned out to be of great value for the well-being of the respondents. The increasing amount of elderly in the population and other relating developments remain an enormous challenge for policy makers, the care sector and family of the elderly but also for the elderly themselves.

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Appendices

Appendix 1 - In-depth interview guide

Appendix 2 – Codebook

Appendix 3 - Recruitment material

- Announcement letter
- Announcement letter ‘De Schutse’
- Appointment approval

Appendix 1 – In-depth interview guide

In-depth Interview Guide

Allereerst wil ik u bedanken dat u mee wilt werken aan dit onderzoek. Dit onderzoek wordt gedaan om de relatie tussen sociale contacten en het welzijn van mensen van 65 jaar en ouder te onderzoeken. Mijn naam is Daniël Herbers en ik doe dit onderzoek voor mijn Afstudeer scriptie aan de Rijksuniversiteit van Groningen. Speciaal ben ik geïnteresseerd in de ervaring die u heeft bij het hebben van contacten met anderen en de invloed die deze contacten hebben op u. Daarnaast zou ik meer willen weten over de invloed van contacten op uw welzijn. In deze flat ga ik nog meer mensen interviewen die hier een aanleunwoning hebben. De vragen die ik u wil stellen gaan dan ook allemaal over de relaties die u met andere mensen hebt en hoe u denkt dat deze uw leven beïnvloeden.

Alles wat besproken wordt zal alleen voor het onderzoek gebruikt worden en wordt door niemand anders gelezen dan door mij en mijn begeleidster. Bovendien zal ik nergens uw naam noemen. De resultaten van het onderzoek worden mogelijk gebruikt in publicaties over dit onderwerp. Als mijn afstudeerscriptie is afgerond zal ik u een samenvatting geven van de resultaten. Zou ik ons gesprek mogen opnemen zodat ik het later nog een rustig kan terugluisteren?

Ik wil u vragen om dit formulier te ondertekenen. Heeft u verder nog vragen voordat we kunnen beginnen?

Achtergrond informatie

Interviewnummer:

Geslacht:

Vroeger werk:

Leeftijd:

Waar komt u vandaan:

Aantal kinderen:

Woonsituatie:

Lid van verenigingen:

Kerks:

Voordat we verdergaan met het interview wil ik u graag een tekening laten invullen, meer informatie in de bijlage.

Introducerende vragen

Vragen over het diagram, waarom zijn die mensen zo belangrijk voor u?

P: veel contact, altijd gezellig, welke mensen zou u meer willen

Kunt u misschien iets vertellen over dingen die u doet met de mensen die u in het diagram hebt ingevuld?

P: activiteiten, winkelen, koffie drinken, familie, burens, visite

Hoe ziet een normale dag er voor u uit?

P: dagritme, contact met anderen, boodschappen, zelfstandig?

Hoe zou u uw eigen mobiliteit willen beschrijven?

P: tijd genoeg, pijn, moeilijkheden, afstanden, auto, fiets

Onderwerp 1. Activiteiten/ participatie

Kunt u iets vertellen over activiteiten waar u aan deelneemt, zoals bijvoorbeeld dagjes uit en spelletjesavonden?

P: voldoende aanbod?, druk bezocht?, welke organisaties?, waar?,

Waar hebben de meeste van deze activiteiten plaats?

P: stad, deze buurt, flat, buiten de stad

Hoe worden in deze buurt activiteiten georganiseerd?

P: voor wie?, opgehaald, kosten, welke dingen, door wie

Wat is de waarde van deze activiteiten voor u?

P: contacten, bij elkaar zijn, tijdverdrijf, belangrijk om deel te nemen

Hoe ervaart u de mogelijkheid om deel te nemen aan deze activiteiten?

P: naar wens, mobiel genoeg?, support van anderen

Bent u actief (geweest) in andere organisaties naast u werk?

P: commissies, kerk, vereniging, sport, vrijwilligerswerk, contact overgehouden?

Wat is precies uw rol in deze organisaties?

P: organiseren, veel contacten leggen, regelen, voordelen van

Onderwerp 2. Algemeen sociale contacten

Waarom is het hebben van contacten volgens u belangrijk?

P: ondersteuning, hulp, gezellig praten, ontwikkelen, dingen ondernemen

Kunt u misschien aangeven wat u belangrijk vindt in uw relatie met een ander?

P: burens, vrienden, familie, waarover praten, dieper contact?, oppervlakkig

Wat bespreekt u met mensen waar u een 'dieper (meer intensief)' contact mee hebt?

P: problemen, ziekte, gevoelens, twijfels, waarom, wie dieper?

Wat bespreekt u met uw oppervlakkige (minder diepgaande) contacten?

P: situatie werk, nieuws, weer,

Met welke mensen heeft u het meeste contact?

P: burens, familie, vrienden, mensen van vereniging

In hoeverre bepaalt u zelf de contacten die u hebt?

P: vrije wil?, opgelegd, verplicht, zorg,

Vindt u dat u genoeg sociale contacten hebt?

P: meer willen?, van wie?, waarom?

Onderwerp 3. Familie relaties

Kunt u misschien vertellen hoe de relatie met uw familie is?

P: veel contact, goed contact, bepaalde familie wel/niet

Wat is voor u het belang van contact met familie?

P: support, hulp, 'verplicht', verwachting, belangrijk in contact

Kunt u misschien aangeven hoe u zich voelt in het bijzijn van uw familie?

P: verschil, vertrouwd, zoals het hoort?, ongemakkelijk

Kunt u misschien in het bijzonder beschrijven hoe de relatie met uw kinderen is?

P: vaak contact, soort contact, wat verwacht, alle kinderen even belangrijk?

Hoe ervaart u de interesse van familie in u?

P: frequentie bezoek, vragen, praatje maken,

Hoe ervaart u de afstand van familieleden en vrienden tot u?

P: dichterbij wonen, meer contact, waarom, hoe verbeteren

Onderwerp 4. Vriendschappen

Kunt u misschien iets vertellen over de belangrijkste vriendschappen die u hebt?

P: hoe vaak, belang,

Wat is volgens u belangrijk in een vriendschap?

P: liefde, respect, luisterend oor,

Kunt u misschien aangeven hoe u zich voelt in het bijzijn van vrienden?

P: verschil, vertrouwd, zoals het hoort?, op uw gemak

Hoe ervaart u de interesse van vrienden in u?

P: frequentie bezoek, vragen, praatje maken,

Onderwerp 5. Buren en andere kennissen

Kunt u misschien iets vertellen over het contact dat u hebt met mensen in de buurt?

P: belang, veel, makkelijk toegankelijk

Kunt u misschien aangeven hoe u zich voelt in het bijzijn van buren?

P: verschil, vertrouwd, zoals het hoort?

Hoe belangrijk is het contact met buren en mensen in de flat voor u?

P: normaal, anders minder/meer, waarom, gemoedelijk?

Hoe ervaart u de interesse van uw buren in u?

P: frequentie bezoek, vragen, praatje maken,

Hoe ervaart u de mogelijkheid om uw buren te ontmoeten?

P: meer nodig?, nabijheid, goed in omgang?, stimulatie?

Onderwerp 6. Mensen van verenigingen/ eerder werk

Kunt u iets vertellen over het contact met mensen waarmee u gewerkt hebt?

P: wat voor werk, positie, nu nog contact?, hoe belangrijk

Kunt u iets vertellen over de contacten met mensen via verenigingen enz.?

P: belang, nog steeds?, welke dan?,

Kunt u misschien aangeven hoe u zich voelt in het bijzijn van mensen uw vereniging/ kerk/ etc.?

P: verschil, vertrouwd, zoals het hoort?

Wat betekenen contacten met mensen van de andere organisaties (kerk/ sport/ verenigingen) voor u?

P: hulp bieden?, aandacht, onderwerpen van gesprek, wat bespreken,

Kunt u iets vertellen over andere contacten die u hebt?

P: huishoudelijke hulp, etc., belang, goed contact?,

Wat betekent het contact met mensen (nog niet hierboven genoemd) voor u?

P: zoals huishoudelijke hulp/ mensen van verenigingen/ etc,

Onderwerp 6. Waardering en interesse

Door wie voelt u zich gerespecteerd en door wie minder?

P: waaraan merkt u dat?, door wie, door wie meer/minder, waarom?

Door wie voelt u zich gewaardeerd en door wie minder?

P: waaraan merkt u dat, belangrijk voor u?, door wie wel/ niet/ waarom

Kunt u aangeven in hoeverre u denkt dat anderen vinden dat u aardig bent? (aardig/ behulpzaam/goede buur)?

P: hoe merkt u dat?, vertellen?, behandeling, wie wel/ wie niet

In hoeverre heeft u het gevoel dat mensen naar u opkijken?

P: invloed van werk, andere functies, waar merkt u aan, welke mensen?, waarom?

Hoe ervaart u de hulp die u krijgt van anderen?

P: nodig?, wat regelen, meer als anderen, goede toegang tot benodigdheden

Hoe staat u tegenover het helpen van andere mensen, in de zin van dingen voor andere mensen doen en er voor ze zijn als het nodig is?

P: belangrijk? doet u veel?, waarom?, meer/minder, welke mensen

Wat betekent het helpen van anderen voor u?

P: waardering, noodzaak,

Heeft uw partner ander contacten dan u?

P: minder vaak, familie w/ familie partner, meest contact?

Wat is de invloed van de contacten van uw partner op uw contacten?

P: gezamenlijke relaties, welke meer intensief

Onderwerp 7. Toegang tot contacten

Kunt u iets vertellen over eventuele communicatie problemen met anderen?

P: toegang, weinig tijd, niet begrijpen, hoe veranderen

Hoe ervaart u problemen in het bereiken van uw contacten?

P: mobiel, privacy, afstand, mobiliteit

Afsluitende vragen

Zijn er andere dingen in de sociale contacten die belangrijk zijn voor u?

P: Wat haalt u eruit,

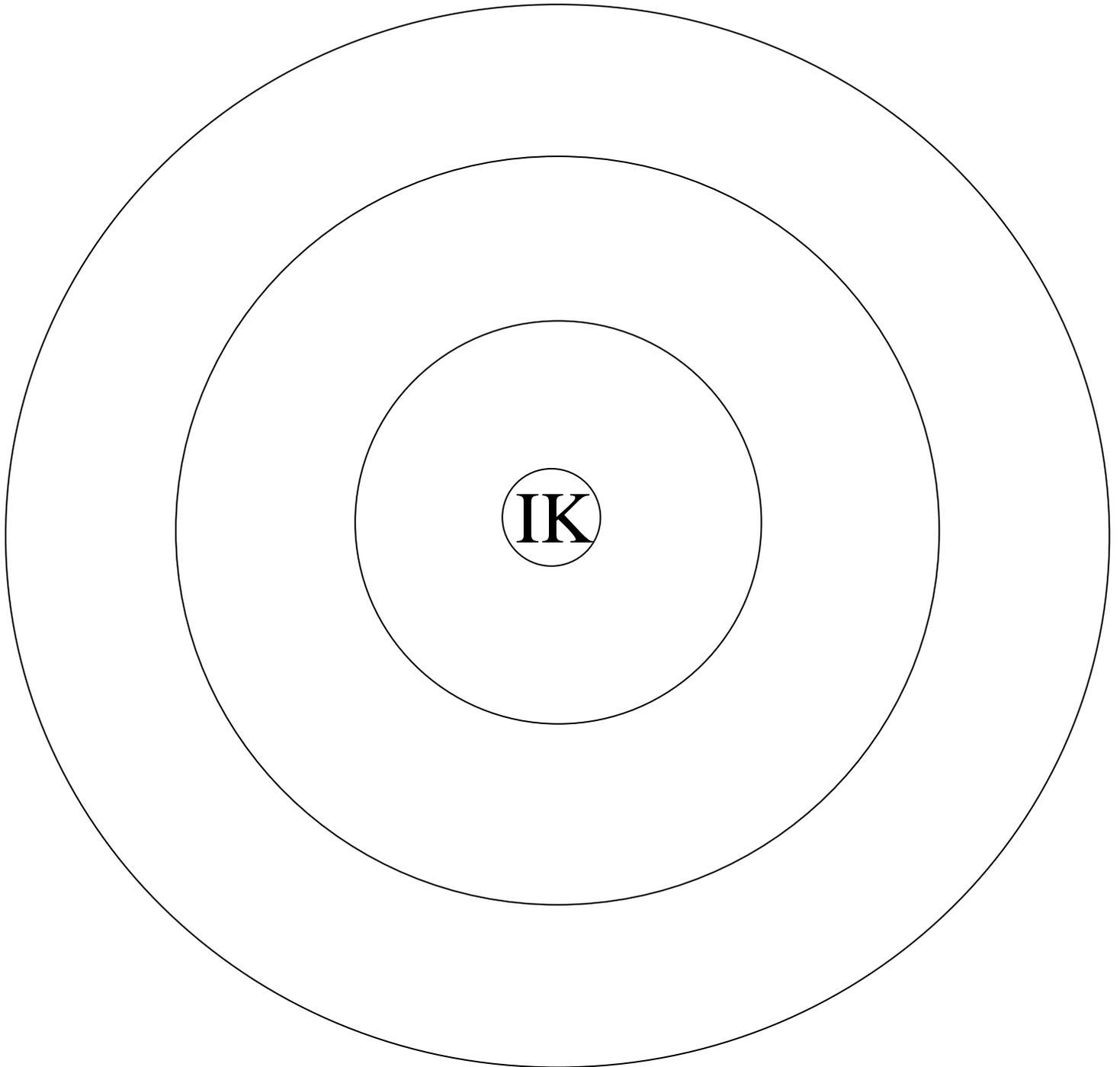
Wat is uw verwachting over sociale contacten in de toekomst?

P: meer/ minder dan nu, mensen wegvallen, goed zo, ervaring daarbij

Heeft u nog vragen of zijn er nog dingen die interessant voor mij kunnen zijn?

Diagram voor sociale contacten

Zou u in onderstaande cirkels de namen van mensen willen invullen die voor u, op dit moment, het belangrijkste zijn. Hoe dichtere degene bij het midden van de cirkel staat, hoe belangrijk hij of zij is. Ik wil u vragen om tien mensen in te vullen en erbij te zetten wat degene van u is (zoon/ dochter/ ex-collega/ vriendin/ kennis van de kerk/ etc.).



Appendix 2 – Codebook

Code system [1655]

In vivo

Je privacy dat ben je dus gewoon kwijt [2]

Ik zeg gewoon net zoals ik erover denk [2]

We komen niet zo vaak bij elkaar over de vloer [5]

Contact [0]

PerceptionContact [0]

NoComplains [4]

NoContactAnymore [10]

Verwatert [10]

NotSeen [3]

BadRelation [6]

Argument [0]

WouldLikeMore [26]

NotNice [3]

Bore [0]

Inactive [3]

Lonely [5]

NotNeeded [15]

Independent [4]

HelpSelf [8]

BadRelation [0]

Privacy [7]

EnoughContact [5]

Egoistic [0]

DontLike [1]

FrequencyFine [20]

HelpSelf [5]

Privacy [4]

Partner [2]

EnoughContacts [7]

OtherActivities [3]

ContactFine [30]

Ok [3]

Helpful [8]

Trust [1]

GoodRelation [40]

SortContact [0]

Helping [12]

Help [32]

Service [3]

Assistance [16]

Care [13]

Household [11]

Acquaintances [5]

- AcUnions [7]
- AcEx-Neighbours [3]
- AcChurch [6]
- AcWork [9]
- Friends [4]
 - Past [1]
 - FrUnions [4]
 - FrChurch [2]
 - FrEx-Neighbours [6]
 - FrWork [4]
- Neighbours [0]
 - OutsideSchutse [1]
 - InSchutse [82]
 - CloseNeighbour [37]
- Family [2]
 - Partner [6]
 - Parents[0]
 - Siblings [24]
 - Grand(grand)children [26]
 - Children [77]

Social Structure [0]

- External [0]
 - Neighbourhood [7]
 - Region [0]
 - LivedOtherPart [11]
 - NearCoevorden [11]
- Personal [0]
 - LivingSituation [0]
 - NewEnvironment [4]
 - Dependent [6]
 - Partner [2]
 - FamilySituation [0]
 - Siblings [9]
 - Children [22]
 - Arguments [1]
 - Divorce [2]
 - CloseFamily [7]
 - Problems [14]
 - OrganizationalInvolvement [4]
 - ActivitiesSchutse [5]
 - VoluntaryWork [8]
 - Church [5]
 - Sport [6]
 - Religion [0]
 - Conviction [1]
 - Changes [2]

Attendance [1]

Accessibility [0]

Financial [0]

PayTransport [0]

PayActivities [2]

PayEatDrink [3]

Communication [0]

NoProblems [4]

ProblemsOther [8]

NotAble [12]

Inactive [1]

Deaf [0]

Impairments [6]

Blind [2]

Deaf [4]

Availability [0]

AvailabilityActivities [9]

AlwaysActivities [3]

InSufficient [0]

Sufficient [16]

AvailabilityOthers [3]

ManyContacts [4]

Verwaterd [5]

AlwaysStandBy [16]

DontWant [19]

Busy [8]

OwnLife [22]

PhysicalCloseness [0]

MobileEnough [6]

WantedCloser [6]

Isolated [6]

ComingHere [31]

CloseEnough [9]

ProblemsReach [1]

FarAway [20]

Mobility [50]

Wheelchair [1]

NoProblems [6]

GetMe [10]

Problems [8]

Taxi [2]

Walking [8]

Rolator [5]

Car [3]

Bicycle [4]

Investment/use [0]

- Visiting [0]
 - Reunion [5]
 - Hobby's [5]
 - Assisting [6]
 - Anniversary [9]
 - DaysOut [5]
 - Coffee [12]
- Participating [0]
 - VoluntaryWork [12]
 - Church [8]
 - Unions [5]
 - ActivitiesSchutse [45]
 - GoToAtrium [24]
- IntensityAndType [0]
 - BeingTogether [3]
 - Deeper [28]
 - NoDeepContact [4]
 - AboutExperiences [1]
 - AboutChildren [1]
 - AboutProblems [2]
 - AboutFeelings [0]
 - Superficial [38]
 - ShowInterest [4]
 - JustSuperficial [13]
 - AboutWeather [2]
 - AboutOthers [3]
 - AboutPast [4]
 - SayHi [4]
 - SocialSupport [3]
 - GiveSupport [22]
 - Caring [16]
 - Cleaning [9]
 - Shopping [8]
 - Control [10]
- Frequency [0]
 - PracticallyNever [2]
 - Regelmatig [8]
 - SpecialDays [6]
 - PhoneCall [13]
 - Weekly [3]
 - Daily [0]
 - WhenPossible [7]
 - Monthly [3]
 - Weekly [11]
 - Daily [7]
- WellBeing [0]**
 - PhysicalWellBeing [0]

- BeBusy [13]
- FreshMind [5]
- NietAfstompen [1]
- BehaviouralConfirmation [0]
 - VoluntaryWork [0]
 - Possible [1]
 - GetAppreciation [0]
 - Charity [0]
 - HelpingOthers [0]
 - NotNeeded/Possible [1]
 - ReceivedPast [1]
 - ReceiveLater [4]
 - IsNeeded [11]
 - FeelsGood [10]
- Status [1]
 - BeIndependent [22]
 - BeRespected [0]
 - BeLiked [12]
 - BeAppreciated [11]
 - BeImportant [4]
 - HaveInfluence [3]
 - ManyContacts [6]
- Affection [0]
 - Everything [3]
 - Eigen [7]
 - FeelHappy [8]
 - StayInformed [8]
 - Share [14]
 - Trust [7]
 - Pastime [2]
 - AmongOhters [15]
 - Pleasant/cosy [28]

Appendix 3 – Recruitment material

Announcing letter

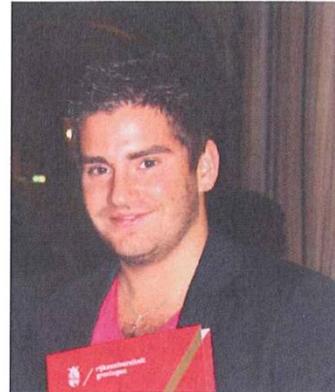


rijksuniversiteit
groningen

faculteit ruimtelijke
wetenschappen

Afzender:

Daniël J. Herbers
Taxus 18
7742 ST Coevorden
Tel.: 0621860940



Betreft: Aankondiging bezoek

Beste meneer/ mevrouw,

Mijn naam is Daniël Herbers, ik ben 22 jaar en studeer aan de Rijksuniversiteit in Groningen. Daar heb ik vorig jaar mijn Bachelor afgerond in Sociale Geografie en Planologie en doe ik dit jaar de Master Population Studies, waarin onderzoek naar gedrag een belangrijke rol speelt. Op dit moment ben ik bezig met mijn Afstudeeronderzoek naar de rol van sociale contacten in het welzijn van mensen. Dit onderzoek doe ik in Coevorden, bij mensen die wonen in een aanleunwoning. De resultaten van dit onderzoek kunnen eventueel dienen als advies voor bepaalde instanties. Dr. Louise Meijering is mijn beleidster tijdens het afstuderen, zij is eveneens docent aan de faculteit waar ik mijn opleiding volg.

Met behulp van gesprekken wil ik proberen inzicht te krijgen in het belang van sociale contacten voor u, en dat is de reden dat u deze brief ontvangt. Zou u willen deelnemen aan het onderzoek? Het gesprek zal één tot anderhalf uur in beslag nemen.

Op mei tussen uur een uur kom ik even bij u langs om te vragen of u wilt deelnemen aan het onderzoek en om eventueel een afspraak te maken. Dit kan natuurlijk op het moment dat voor u het meest geschikt is.

Alvast hartelijk bedankt voor uw medewerking en tot ziens.

Met vriendelijke groet,

Daniël J. Herbers

Student Population Studies

Louise B. Meijering

Universitair docent Rijksuniversiteit Groningen



Appointment approval

<p>Afspraak interview</p>  <p><i>Onderzoek: Invloed van sociale contacten op het welzijn.</i> Daniël J. Herbers, Rijksuniversiteit Groningen. Tel nr.: 0621860940</p> <p>Datum: _____ 2011 Tijd: _____ uur.</p>	<p>Interview no. 1</p> <p>Naam: _____ Adres: _____</p> <p>Datum: _____ Tijd: _____ uur</p>
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Appendix 4 – Activities schedule ‘De Schutse’ in English

**What is organized in ‘De Schutse’?
March 1st 2011**

Monday	Morning		Afternoon + Evening
09:00 – 11:00 10:15 – 10:45 10:30 – 11:30 10:30 – 12:00	Shop/ Regular table in atrium Bloodwithdrawal on 1 st floor Chatgroup in atrium Therapy in therapy-room	13:30 – 15:30 13:30 – 14:15 14:30 – 15:30 13:30 – 16:00 18:15	Library (once in 2 weeks) Gymnastics in atrium Shop/ Regular table in atrium Men-group Men-barber (once in 2 weeks)
Tuesday			
09:00 – 11:00 09:00 – 16:00 10:30 – 11:30 10:00 – 11:30 10:30 – 12:00	Shop/ Regular table in atrium Ladies hairdresser Puzzle-hour Shovelboarding on 1 st floor Therapy in therapy-room	14:30 – 15:30 14:00 – 15:30 15:30 – 16:30 15:30 18:30 – 21:00	Shop/ Regular table in atrium Welfare Choir practice in restaurant Sell of snacks Play billiards in atrium
Wednesday			
09:00 – 11:00 09:30 – 12:00 10:30 – 11:30	Shop/ Regular table in atrium Beautician or bible hour Prayer service catholic church	14:30 – 15:30 15:00	Shop/ Regular table in atrium Activity in restaurant (varies)
Thursday			
09:00 – 11:00 10:15 – 10:45 10:30 10:30-12:00	Shop/ Regular table in atrium Bloodwithdrawal on 1 st floor Flower arranging (once in 2 w) Therapy in therapy-room	14:00 – 15:30 14:30 – 15:30 15:30	‘Schutse-club’ Shop/ Regular table in atrium Sell of fish
Friday			
09:00 – 11:00 08:30 – 16:00 10:30 – 12:00	Shop/ Regular table in atrium Ladies hairdresser Therapy in therapy-room	13:30 – 15:00 14:00 14:30 – 15:30	Hair curlers by hairdresser Play billiards in atrium Shop/ Regular table in atrium
Saturday			
09:00 – 11:00	Shop/ Regular table in atrium	14:30 – 15:30 15:30	Shop/ Regular table in atrium Sell of snacks
Sunday			
09:00 – 11:00	Shop/ Regular table in atrium	14:30 – 15:30 19:00	Shop/ Regular table in atrium Church service (once in 2 w.)