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Chapter 1. Societal change and older adults' social functioning: Introduction and theoretical background

Introduction

In this dissertation, I have investigated the effects of societal dynamics on older adults' social functioning. Previous studies on older adults' social functioning have focused primarily on a reduction in social relationships and activities during old age. This reduction is assumed to be a consequence of declining physical and mental health (Aartsen, Van Tilburg, Smits & Knipscheer, 2004) and a perception of limited time at the end of the life span (Carstensen, 1992). Such age-related decline in social relationships and activities is problematic for at least two reasons. First, studies have consistently shown that social functioning has powerful effects on physical and mental health (Berkman, 2000; Fiori, Antonucci & Cortina, 2006; Haines & Hurlbert, 1992). Second, due to declining health, older adults are particularly in need of a large number of social relations that can offer social support and integration (Newsom & Schulz, 1996). In old age, the social functioning of older people is likely to reflect earlier transitions in the life course which have affected opportunities, constraints and choices of individuals to develop relationships and activities.

Although studies have given considerable evidence on how social functioning changes during old age (e.g. Shaw et al., 2007; Van Tilburg, 1998), much less is known about how societal context shapes changes in social functioning. Only a few studies are available on how societal change influences the social functioning of older adults (e.g. Ajrouch, Akiyama & Antonucci, 2007; Cozijnsen, Stevens & Van Tilburg, 2011; Einolf, 2009; Rotolo & Wilson, 2004; Ryan, Smith, Antonucci & Jackson, 2012; Van Tilburg & Thomése, 2010). This study has departed from the argument that societal changes have transformed social functioning, also among older adults. I chose to highlight four domains in my dissertation for which changes due to societal dynamics could be anticipated. These topics concern the effects of societal dynamics on changes in stepparent-stepchild relationships, non-kin relationships, volunteering and informal and formal care use among older adults.

Societal change and the social functioning of older adults: theoretical background

Older adults' social functioning is related to the characteristics of the broader social environment. This is particularly observable in periods of rapid social change. In this section of the introduction, I will discuss how societal conditions have changed. In studies on societal change, there have been two theories that have often been invoked to explain older adults' social functioning in relation to societal characteristics that are mainly applicable to the first half of the twentieth century, namely disengagement theory of Cumming and Henry (1961) and the modernization theory of Cowgill (1972). In the disengagement theory, the mutual withdrawal of the older person and society is seen as a natural process that prepares the older adult for the end of life (Cumming & Henry, 1961).

The main cause for this disengagement process is assumed to be a psychological process. Although this theory can explain a shrinking social network among older adults, it is hard to integrate positive changes in social relationships within this paradigm as it predominantly focuses on loss of roles and related contacts.

In contrast to the disengagement theory, modernization theory attributes the withdrawal of older adults from social life exclusively to the societal context in which older adults live. Cowgill (1972) stated that changes in the social system related to modernization, like urbanization, the introduction of mass education and cultural change, tended to undermine the social position of older adults. He argued that many of earlier cohorts of older adults were less educated and less informed about technological advances than later cohorts and consequently forced into less prestigious occupations. In addition, increased urbanization resulted in larger geographic distances between older adults and their network members, thus weakening opportunities for intergeneration exchange and ties with non-kin. Consequently, Cowgill has argued that modernization in the first half of the twentieth century lowered the status of older adults in society, made older people redundant and reduced their opportunities to interact with a variety of persons. Both theories reflect the widespread opinion on older adults in the 1950's and 1960's as being passive and not interested in the world that surrounds them (Achenbaum, 2009). Although the view of older adults as isolated and redundant has remained very popular in both research as well as public realms and keeps on informing scientific study and policy practice until today, its propositions have been countered by numerous empirical findings that older adults maintain socially active until late in life, not only in close family relationships but also in the broader society by, for example, volunteering and associating with friends (Aboderin, 2004).

Since the mid 1970's, the gerontological field changed from perceiving old age as a problem caused by modernization and focusing on disorganizational effects of old age to a more nuanced view. Theories were empirically tested and the effects of modernization on older adults' social functioning were reconsidered (Gilleard & Higgs, 2005). This was also partially in response to shifting patterns of modernity that were affecting the social structure during that time. Central within this time period are processes of 'de-traditionalization' (Giddens, 1990) and 'individualization' (Beck, 1992). Beck (1992) described three factors within his model of individualization: 1) removal from historically prescribed social forms and commitments in traditional social communities (like church, family and neighborhoods) that simultaneously protected and constrained individuals, 2) loss of traditional security with respect to knowledge, religion and norms and 3) a new type of social commitment (reintegration) that emphasizes active construction of biographies by individuals. In the first half of the twentieth century a wide range of societal roles were available from participation within traditional social communities that were bound and prescribed by clear social norms and guidelines concerning behavior (Allan, 2008). By the 1970's, these communities had considerably weakened and social roles had become less clear. When social life becomes more fluid and less socially rooted, the possibilities as well as the ideological support for the exercise of agency over one's own life increases (Allan, 2008; Bauman, 2000). In a sense, individuals need to be increasingly active in constructing their own lifestyle and their own identities. As a consequence, the importance of personal relationships might have increased rather than decreased, although relationships are now perceived as flexible and voluntary instead of obligatory and rigid (Allan, 2008; Giddens, 1990).

These developments in Western societies have coincided with the rise of a discourse on aging that frames older adulthood as a productive and more active phase of life than before, also in terms of government policy (Gilleard & Higgs, 2002; Martinson & Minkler, 2006). The increase in the pension age and the increasing emphasis on volunteering and care giving by older adults in social policies are both integral parts of this change. Some have argued that this push for productive activities in older adulthood is caused primarily by an economical imperative and serves to replace mandatory government programs in dealing with social issues. In line with this emphasis on productivity in old age, in research old age is now frequently divided in the 'third age' and 'fourth age' (Laslett, 1996). Although rigid, this distinction signifies that old age is not only a period of declining health (i.e., the fourth age), but also a time (the third age) in which older adults are still capable of making active contributions to society by paid work, volunteering and providing care, due to declining work and child care responsibilities combined with good health (Laslett, 1996).

Despite the opportunities that the new societal situation provides for older adults' social functioning, it is important to realize that there are also threats and inequalities with respect to the realization of these opportunities. Inherent to the process of individualization, the protection of the societal environment has diminished strongly over the last decades. So individuals can face obstacles in attaining their individual needs and preferences, also in terms of social functioning. In this light, Bauman (2000) has argued that there is a clear paradox between socio-structural constraints and individual experiences in recent decades. The societal constraints that govern the behavior of individuals are beyond their control, and different than in earlier times, individuals have no predefined social groups to whom they can turn for help or accountability. Individuals that lack resources, for example lower-educated, low-income and disabled older adults, are likely to face difficulties to realize autonomy and to live up to societal expectations concerning productive aging.

As a result of changes in the societal context, i.e. the weakening of traditional social institutions and norms and increasing emphasis on self-fulfillment and productive activities in old age, I expected that, contrary to the still commonly invoked idea that older adults are isolated, they are more likely to be involved in a wide range of social relationships and activities until a later age than before. It is clear however, that the degree to which these changes have impacted on older adults' life is highly dependent on their position within the societal structure. For example, highly educated might be more exposed to processes of individualization than people living in isolated rural areas with low population turnovers. In this dissertation, I aim to contribute to a further understanding of how societal changes have impacted on older adults' social functioning.

Data: general description

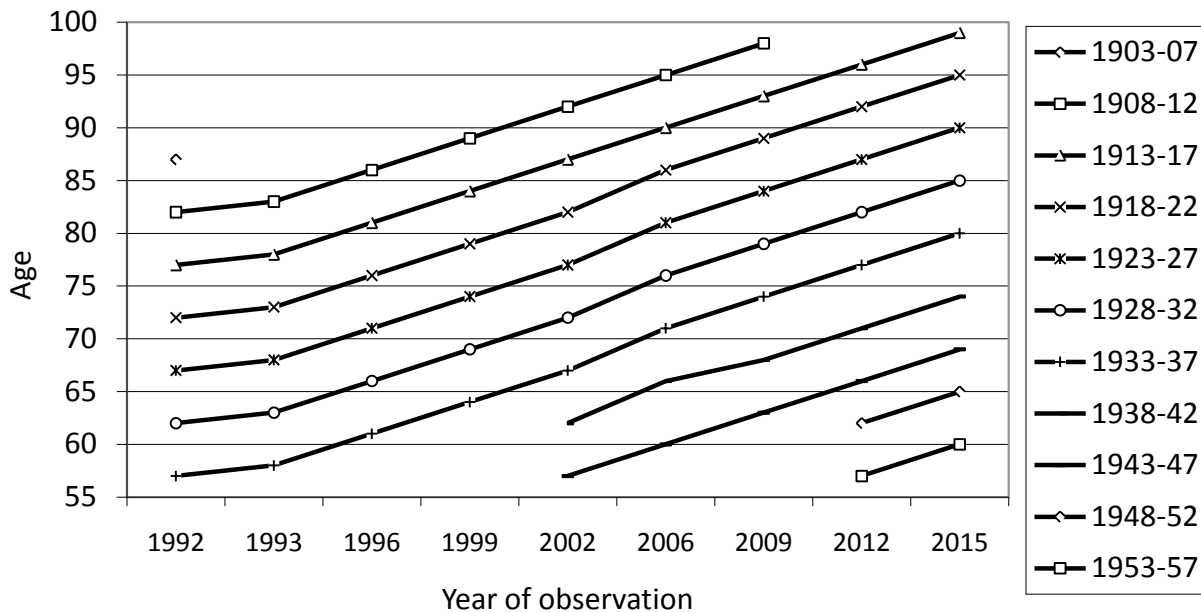
In this dissertation, various research designs have been employed in order to study the effects of social changes on the social functioning of older adults. Ideally, for studying the effect of societal changes on social functioning of older adults, cohort-sequential data is needed (Schaie, 1965). Cohort-sequential data can be derived in which older adults of the same age groups from various birth cohorts are investigated at several times. As this data on the social functioning of older adults is not always available for different birth cohorts at multiple times in similar age groups, often the research design needs to be tailored to the availability of the data. As such, below I first give a short overview of the data employed in

this dissertation.

For three out of four studies data from the Longitudinal Aging Study Amsterdam (LASA) were used. LASA is a multidisciplinary cohort-sequential study on the social, cognitive, emotional and physical functioning of Dutch older adults (Huisman et al., 2011). The main aim of the LASA study is to study determinants, consequences of as well as changes over time in the four domains of functioning. Data were obtained from two surveys of the aging population in the Netherlands. Within the context of the 'Living Arrangements and Social Networks of Older Adults' (LSN) research program (Knipscheer et al., 1995), data from 4494 respondents born between 1903 and 1938 were collected in 1992. The sample was drawn from the population registers of 11 Dutch municipalities that differ with regard to urbanization and religion. Follow-ups among respondents born in 1908 or later were conducted by the Longitudinal Aging Study Amsterdam (LASA; Huisman et al., 2011) in 1992-1993 (N = 3,107), 1995-1996 (N = 2,545), 1998-1999 (N = 2,076), 2001-2002 (N = 1,691), 2005-2006 (N = 1,257) and 2008-2009 (N = 835). LASA conducted follow-up observations that were held each three years after 1992; the response rate was between 89% and 97%. In 2002-2003, a new sample was taken in the context of LASA (born in 1938-1947; N = 1,002) following the same sampling frame as the earlier cohorts with a cooperation rate of 62%. Follow-ups were carried out in 2005-2006 (N = 908) and 2008-2009 (N = 833). In each observation, the interviewers received a four-day training course and were supervised intensively by the field work manager. The interviewers tape-recorded the interviews to monitor and enhance the quality of the data obtained. Data were collected by employing Computer Assisted Personal Interviewing. The interviews took between an hour and a half and two hours. The longitudinal observations and the inclusion of an additional cohort facilitates the study of differences between cohorts in social, cognitive, physical and emotional functioning over a relatively long period in time (17 years at a maximum) among a sample with a broad age range. Future data collections involve a follow-up observations in 2011-2012 and a study among Dutch older adults from ethnic minorities and the inclusion of a new cohort of indigenous older adults born between 1948 and 1957 in 2012-2013, and follow-up observations in 2015-2016. An overview of the sample composition is shown in Figure 1.

For the fourth study, I employ data from the European 'Survey of Health, Ageing and Retirement' (SHARE) that incorporates data on older adults from a large number of European countries on (Börsch-Supan & Jürges, 2005). This data was supplemented by data from various sources for inclusion of national characteristics related to cultural norms, welfare state policy and demographical characteristics. The SHARE data is based on national probability household samples that represent the non-institutionalized population of age 50 and older and their partners. I employed the second observation among respondents interviewed in 2006 that incorporated information on thirteen countries. The response rate at the baseline observation of SHARE was 62% at the household level and 81% at the individual level.

Figure 1.
Age of LASA respondents of different birth cohorts at the various observations



Research questions and aims

In an attempt to study effects of societal changes in variety of domains of the social functioning of older adults, I have chosen topics in four areas in which change over the last decades could be anticipated, to be specific 1) family relationships, 2) non-kin relationships, 3) participation in voluntary associations and 4) the relation between informal and formal care use. In what follows, I summarize the research questions and aims that are posed in this dissertation.

Family relationships

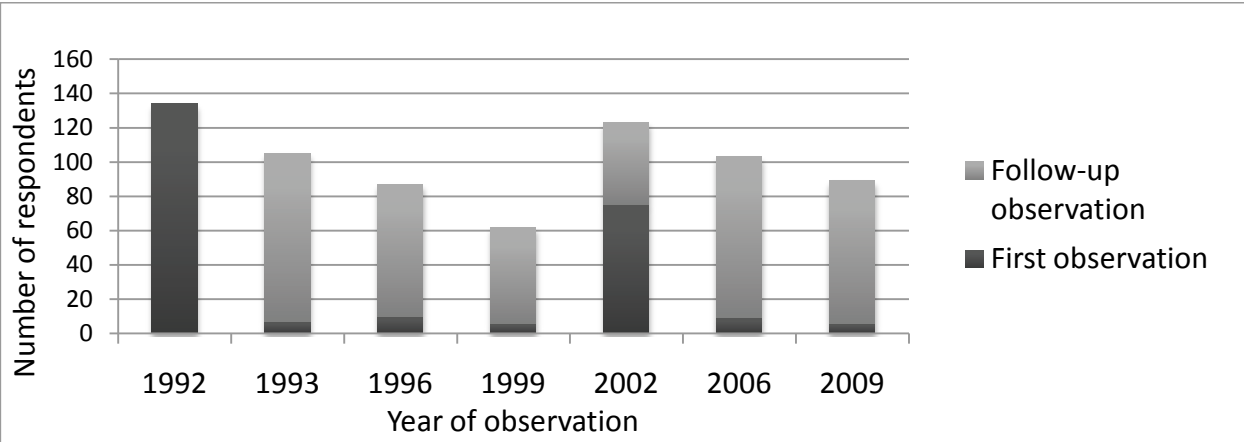
The large-scale increase in divorce rates is one of the main demographic changes over the last decades (Amato & James, 2010; Cherlin, 2010). In combination with stable rates of remarriage after divorce, these changes have resulted in a vast increase in stepfamilies. Despite their ever increasing prevalence in society, surprisingly little is known about the older parent-adult child relationships within stepfamilies. Former studies (Pasley, 1987; Stewart, 2005) have shown that within stepfamilies, family boundaries are less clear as the result of unclear norms and guidelines concerning conduct. In the light of large-scale social changes over the last decades, stepfamily relationships are likely to have changed substantially. Since the 1970's, the acceptance of non-traditional family behavior like divorce, stepfamilies and non-marital childbearing has strongly increased (Allan, 2008). No study to date has examined to what extent stepfamily boundaries have changed over the

last decades in response to large scale changes in families and society. Consequently, in the study, the following research question will be answered:

To what extent have societal changes affected the identification of stepchildren by Dutch stepparents as an important and regular tie with whom support could be exchanged?

In this study, reported in Chapter 2, I examine to what extent the identification of stepchildren by stepparents as an important and regular contact has changed between 1992 and 2009. I also determine whether identification of stepchildren is associated with characteristics of the stepparent–stepchild relationship like relationship duration, gender of the stepparent and stepchild, and the relationship type of the stepparent and the biological parent (i.e., marriage, cohabitation or living part together). Data is used from the 1992 to 2009 observations of the Longitudinal Aging Study Amsterdam (LASA) on stepparents reports of stepchildren in their family network (Figure 2). The time span of seventeen years in which I can track older stepparents’ assessments of their relationship with adult stepchildren allows us to draw conclusions on how these relationships have changed over time. In terms of the research design, I treat older parents’ reports of their stepparents across observations as a panel study with dependent observations. Ideally, panel studies of independent observations for different birth cohorts were available. Stepparents were included, and in the course of the study respondents might become stepparent when they gained a partner relationship. However, not all stepparents identified their stepchildren as an important and regular contact, which might vary with specific societal circumstances at that time. Moreover, in the course of the longitudinal study variations in identification might occur as a consequence of the development of the partner relationship and of the stepparent-stepchild relationship (e.g. due to increased contact frequency). I employ a multi-level model to control for this interdependence of observations. An additional advantage of this design was the higher statistical power compared to using only similar age groups compared at two points in time.

Figure 2.
Number of stepparents in the various LASA-observations between 1992 and 2009



Non-kin relationships

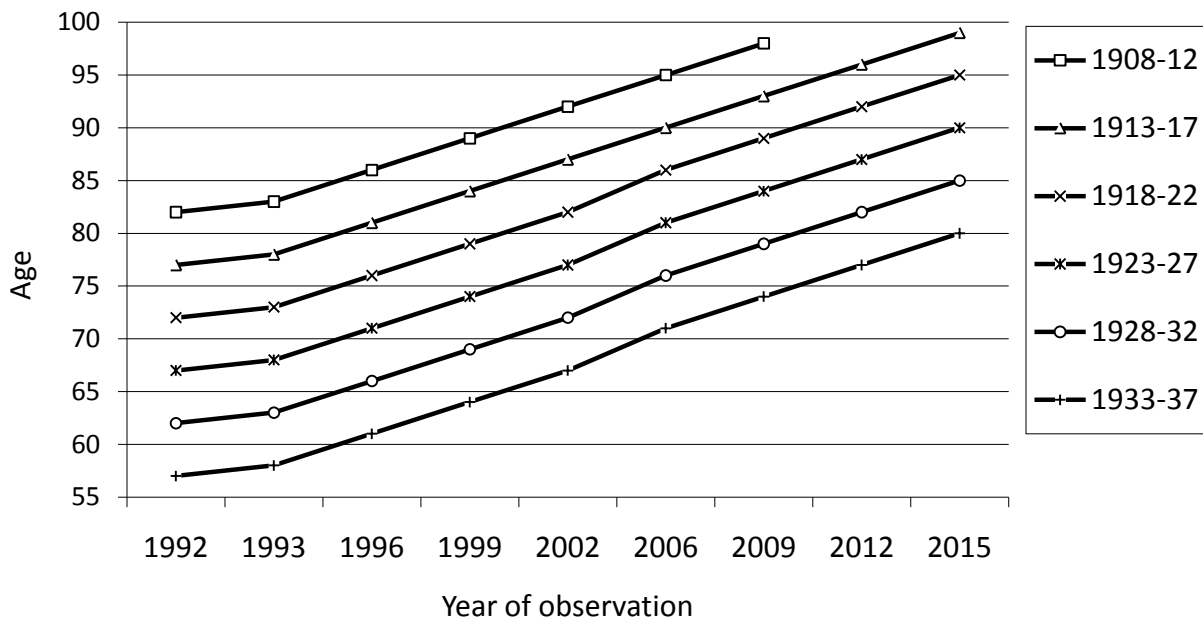
Next to family relationships, changes in the society over the last decades are also likely to have profoundly affected the network composition of older adults. As outlined above, since the 1970's, the strength of traditional communities has diminished, resulting in more salience for voluntary relationships (Allan, 2008). It has been argued that structured life phases have become less predictable and that self-fulfillment has become one of the main guiding cultural values guiding personal relationships. Until now, the vastness of the work has focused on age-related changes in network composition, which has shown that the variety in personal network ties is particularly reduced among the oldest adults (Aartsen et al., 2004; Shaw et al., 2007). These studies have suggested that declining mental and physical health and the perception of a limited time span (Carstensen, 1992) are the main causes. No studies exist that track how societal changes have affected the presence of non-kin in older adults' personal network by looking at changes in characteristics of different cohorts. In this study, I focus on how the age-related change in the proportion of non-kin varies across birth cohorts and take into account different explanations for such changes, focusing primarily at health and demographic characteristics. Therefore, in Chapter 3, the main guiding research question to be answered is:

To what extent have societal changes influenced age-related developments in non-kin relationships among Dutch older adults?

In order to answer this question, I examine whether birth cohorts differ with respect to the proportion of non-kin in their personal networks at certain ages and test whether the gradient of age-related decline differs across birth cohorts. Furthermore, I determine whether these changes in age-related trajectories across birth cohorts are mediated by changes in health and socio-demographic characteristics. Data are employed from seven observations of the LSN and LASA, encompassing elaborate information on personal network composition as well as health and socio-demographic characteristics for older adults born between 1908 and 1938 (Figure 3). These cohort-sequential data allow me to study changes in the proportion of non-kin for a time span up to seventeen years for various birth cohorts, making it possible to disentangle age and cohort effects. The comparison between cohorts can predominantly be made when age spans overlap.

Figure 3.

Age of LASA respondents of selected five-year birth cohorts at the various observations



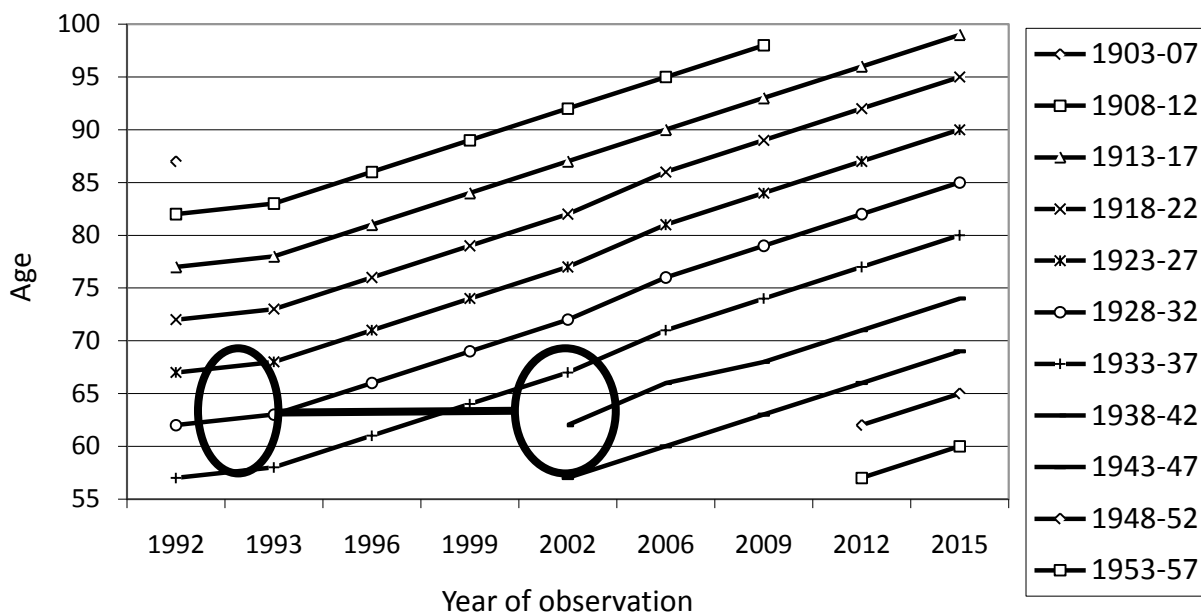
Volunteering

Previous studies have shown that young olds, often defined either as being 55-65 years old, or retired and in good health, in both Europe and the United States are more likely to volunteer nowadays than several decades ago (e.g. Agahi & Parker 2006; Knulst & Van Eijk 2006). In previous studies, increased educational level and better health have been used to explain this increase in volunteering among later cohorts (Broese van Groenou & Deeg 2006; Knulst & Van Eijk 2006; Pohjolainen 1991). These studies showed that the increased level of education and improved health of later cohorts however only captured part of the trend towards increased volunteering among young older adults. In general, volunteering is associated with three types of determinants: the level of personal capacities, restrictions in the social context, and the disposition to volunteer (Wilson, 2000). As previous studies have mainly focused on capacities and restrictions, the main aim of the fourth Chapter of this dissertation is to determine to what extent a more favorable disposition to volunteer is an explanation for the recent increase in volunteering among younger older adults. In order to do so, the focus is on several dispositional factors that are deemed important for explaining changes in volunteering among young old: the individual's religious involvement, family socialization, i.e. the intergenerational transmission of status, norms and religion as well as young olds own norms concerning engagement. As a consequence, I answer the following research question in Chapter 4:

To what extent have societal changes influenced participation in voluntary organizations among Dutch younger older adults?

I examine this research question by comparing volunteering rates of 55 to 64 year olds in 1992 to the same age groups in 2002 based on data from two observations of the Longitudinal Aging Study Amsterdam (figure 4). In the 1992 and 2002 wave, elaborate information on volunteering as well as dispositional factors were collected. Subsequently, I investigate whether different explanations related to disposition (religiosity, intergenerational transmission, age-related engagement norms) can be viewed as additional explanations to capacities and restrictions for explain cohort-differences in volunteering. By comparing two independent samples of older adults in the same age groups, i.e., respondents aged 55-64 years and included in LASA in 1992 and 2002, respectively, this study is an example of a panel study in which I study differences between cohorts by keeping age constant.

Figure 4.
Two cohorts of 55-64 years olds in 1992 and 2002.



Relationship between the informal and formal care

In the final study of this dissertation, the relation between informal and formal care among older adults in Europe is studied. Families and other social relationships do not exist in a vacuum but are shaped by cultural norms and welfare state policies. In 2050, a third of the population in Europe will consist of those of 65 years and older (United Nations, 2002). Consequently, it is a question on how care for older adults could be arranged. Often, a distinction is made between informal care given by personal network members (often family members) and formal care, that is either state-based or privately financed care. The vast majority of the existing studies on older adults' informal and formal care use have focused on explaining variation in informal and formal care use by individual characteristics (e.g., Motel-Klingebiel, Tesch-Römer & Von Kondratowitz, 2005; Pommer, Woittiez &

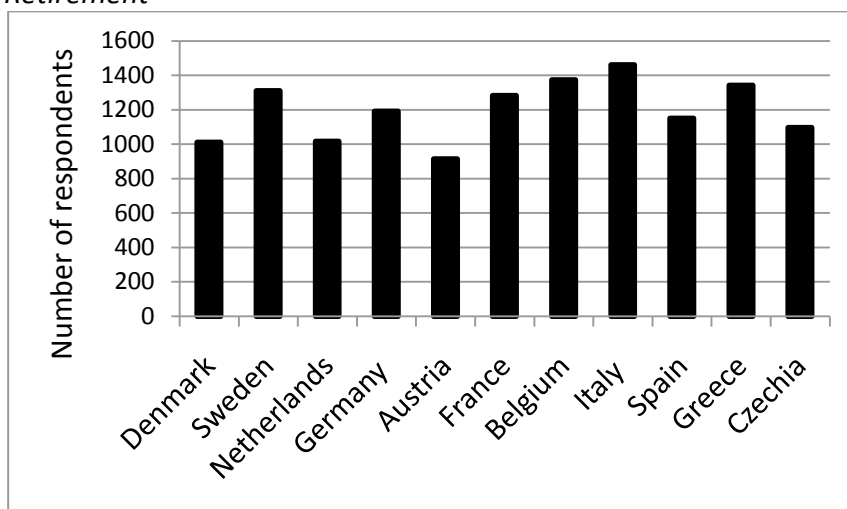
Stevens, 2007). Studies on intergenerational solidarity have shown the importance of cultural norms and welfare state policies for older parent-adult child relationships (Haber Kern & Szydlik, 2010; Kalmijn & Saraceno, 2008). In this study, I expand on the insight of former studies by studying how societal characteristics affect the relationship between informal and formal care, by asking the following research question in Chapter 5:

To what extent do societal context and composition shape older adults' informal and formal care use across eleven European countries?

I make use of the second wave of the Survey of Ageing, Health and Retirement (SHARE) collected in 2006. As shown in Figure 5, I employ individual-level data from 11 European countries. These individual-level data are supplemented with national characteristics of the 11 European countries related to cultural norms, welfare state arrangements (e.g., availability of home care, residential care) and demographic characteristics from various sources like the Eurobarometer and OECD. This design may provide indications on how changes in culture, welfare states and demographic characteristics in countries can influence patterns of care use.

Figure 5.

Number of respondents by country in second wave (2006) of Survey of Ageing, Health and Retirement



To sum up, I investigate the effects of societal dynamics on social functioning in several domains, ranging from (step)family relationships to broader social participation like volunteering. In each chapter, another aspect of social functioning assumes a central role. These domains of social functioning differ with respect to their structure and functions for individuals and the impact of social changes is therefore also likely to differ. The research design in each Chapter is tailored to the specific research question, bound by the limitations of the data. As such, the Chapters can also be read separately. In terms of societal changes, the explanatory variables that are considered are all broadly related to the processes of modernization. Despite this similarity, the more specific explanatory variables studied in the various Chapters are tailored to what I would expect to have a most impact on each domain of social functioning studied in this dissertation. For example, processes of secularization

and increases in the level of education take on a more central role in Chapter 3 on non-kin relationships and Chapter 4 on changes in volunteering, whereas changes in family structure are central in Chapter 2 and welfare state policies in Chapter 5.

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