

CHAPTER 5

LIVING ARRANGEMENTS, FAMILY BONDS AND THE REGIONAL CONTEXT AFFECTING SOCIAL INTEGRATION OF OLDER ADULTS IN EUROPE

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1 - INTRODUCTION - RELEVANCE OF SOCIAL BONDS

Through the ages, some people grew very old. Nowadays we are confronted with a new phenomenon: not just one or two people of a generation, but unprecedented numbers of people are reaching advanced ages. It is the increase in absolute numbers of people aged 60 and over and the increase in the proportion of older people that is known as “population ageing”. Rapid population ageing is a result of (a) lower fertility levels, (b) increasing life expectancy due to a decline in infant, child and late-life mortality, and (c) the baby-boom cohorts entering old age.

In principle, each woman would need to have 2.1 children to replace the older generation by a younger generation of the same size. However, there are many countries with fertility below the replacement level of 2.1. Examples are Greece, Italy and Spain, with an enduring low fertility rate (a TFR of around 1.3). The Eastern European countries are now champions of low fertility, with a TFR of 1.2 in countries such as Poland, Slovenia and Ukraine. Decreasing mortality rates at younger and older ages is the second determinant of population ageing. Improvements in medical knowledge and the availability of medical care for larger segments of the population, together with economic growth and the related improvements in hygiene, have mitigated the effects of infectious diseases and decreased infant, child and maternal mortality. As such, population ageing must be considered as a positive achievement and has to be welcomed.

It is generally believed that population ageing affects many spheres of life, such as intergenerational exchange of emotional and instrumental support, labour supply, the pension system, the health care system, and other types of collective facilities. Policy attention is predominantly focused on the financial-economic consequences of ageing. The financing of State pensions is being debated in many countries, as is the organization and financing of health care and other public services to be provided for the elderly. Owing to this preoccupation with the financial-economic consequences of ageing, the effects of population ageing on the broader family life, the social network of interpersonal relationships, and the (potential for) informal support for the older adults have been receiving relatively little attention. However, given the changing characteristics of older adults and their preference for continuing life as they

used to do, one of the main challenges of the future will be to guarantee the social integration and social well-being of older adults, in addition to financial security and an income above poverty level.

A starting point for addressing social integration can be taken from the classic volume on old age by Rosow (1967) and his statement that “The most significant problems of older adults are intrinsically social. The basic issue is that of their social integration”. A special volume of the journal *Research on Ageing* addressed the question: “To what degree are older adults integrated in society, and what are the extent and the quality of older adults’ integration and embeddedness, or are they segregated, isolated and lonely?” (De Jong Gierveld and Hagestad 2006). Social integration is considered to be an outcome of the extent to which individual lives are tied to the lives of others and is to a large extent related to their roles in marriage, parenthood and employment. In employment, people meet colleagues, clients and others; over the years, the small talk and discussions within this circle of relevant others may affect the sense of belongingness in the work setting as well as the social positioning and social integration of older adults in general (Hagestad and Uhlenberg 2006). Marriage may provide people with feelings of intimacy and emotional connectedness. Married people have additional possibilities, through the spouse’s and children’s activities, to maintain a larger and varied network of social and emotional bonds with kin and non-kin network members as compared to those who live alone (Pinquart and Sörensen 2001). The impact of marriage on social integration is different for men and women. Men tend to rely on their spouses for social and emotional support. Women are socialized to have more complex affective needs, in which an exclusive relationship with a spouse is not enough; involvement in a broader social network is prioritized (Chodorow 1978).

People’s roles evolve with increasing age. After retirement, most contacts with former colleagues fade away, and contacts with members of the community might lessen when children leave the parental home. Moreover, it is known that widows report a decline in relationships with acquaintances and friends. Several authors address the process that with increasing age, bonds with non-kin will decrease in importance, while the bonds with

children and close family members might increase in importance (Carstensen 1995). Many of the older adults are then involved in the new role of grandparenting and eventually in support-giving and caring of the spouse, siblings and other family members who are confronted with deteriorating health and the onset of long-term handicaps. Others become involved in civic duties through all kinds of volunteer work and organizations to support the community in its broad functioning. It has been shown that involvement in organizations and volunteer work is helpful in increasing and maintaining social integration (Van Tilburg et al. 1998) and well-being (Brown, Consedine and Magai 2005, Väänänen et al. 2005). However, Scharf and Bartlam (2008) present compelling data on how communities can be the antithesis of places for social integration, with some residents unable to benefit from, or participate in, the resources in their

communities because of social exclusion originating from old age, low income, lower levels of education, health problems and long-term disabilities.

This chapter investigates the extent to which older adults in Western and Eastern European countries are socially integrated, or lonely, and the factors that enable or place barriers to social integration of older adults. In doing so, the data of the Generations and Gender Surveys (wave 1) are analysed for some Western, Central and Eastern European countries: Bulgaria, France, Germany, Georgia and the Russian Federation. Two avenues towards social integration of older adults will be central: the integrating features of the broader family, i.e. the composition and functioning of family bonds and the living arrangements, which concern the size and composition of the household in which older women and men are involved.

2 - BACKGROUND

2.1 Familial bonds and social integration

Contacts and exchange of support within the family at large – that is, the family living together in a household, in combination with the family living elsewhere (including non co-resident children) – lies in the heart of social embeddedness and attachment theoretical thinking (Attias-Donfut, Ogg and Wolff 2005). The bonds with spouse and children seem to be based on the continued recognition of family obligations as guidelines for action and part of the glue that keeps families together (Daatland and Herlofson 2003). Family norms are clearly strong all over Europe, albeit that normative familism co-exists with a rising preference for welfare state provisions (Daatland & Herlofson 2003). Family support is broadly regarded as the basic source of care available for people of all age groups, be it via instrumental, emotional or financial support. Older adults with small familial networks are consequently confronted with the risks of insufficient support, especially during periods of long-term illness and handicap.

Additionally, significant variations in family norms between countries can be seen. In some countries, family norms are more traditional, prioritizing daily instrumental supportive relationships between older parents and adult children. The main responsibility rests with the oldest son (and his family) in Japan and with the youngest son in

Georgia. In other, especially in Western-oriented, countries, older adults normatively and de facto favour intimate relationships with adult children, but “at a distance”; older family members tend to live independently for as long as possible, and to prioritize non-instrumental, emotional contacts with their children. In the 2000–2003 wave of the Population Policy Acceptance Surveys investigating pension reform schemes, the mean percentage of respondents in favour of the option “require that children support their parents” was only 5 per cent; but support for this option was stronger in Eastern than in Western Europe (11 per cent in Romania, 9 per cent in Estonia, 8 per cent in Poland and only 1 per cent in the Netherlands) (Velladics, Henkens and Van Dalen 2006).

However, in most countries of the world, only a minority of older adults rely on their children and grandchildren for their daily survival. The net flow of intergenerational support is mostly downwards – from old to young – or balanced (Albertini, Kohli and Vogel 2007, Kohli et al. 2000, Künemund and Rein 1999; for Indonesia, see Schröder-Butterfill 2004; for Sub-Saharan Africa, see Oppong 2006). Moreover, adults in need of help are not only at the receiving side: “A person who is physically dependent may still be a great correspondent, a raconteur or great listener. Thus, the care-giving relationship need not always be as one-sided as it

might appear on the surface” (Kahana and Young 1990: 79). In this context, Nolan, Grant and Keady (1996) and Finch (1995) pointed out that carers and care-recipients often negotiate a finely tuned set of reciprocities in the relationship. Research has shown that providing support to siblings and to older parents in combination with support to children who are not co-resident is consistent with the altruism perspective, namely that giving brings rewards, rather than the exchange perspective, which emphasizes the costs involved in giving support. Those who have provided support up, across and down the family lineage tended to be least lonely (De Jong Gierveld and Dykstra 2008). In comparing family relationships in several countries in Europe and Asia, Nauck and Suckow (2006) showed that it is especially the emotional support given and received that explains the perceived quality of relationships and embeddedness; this is shown to be true for countries with strongly varying socio-cultural contexts.

The integrative functioning of the family seems to be at risk as a consequence of the trends towards increasing rates of divorce and remarriage after marital break-up, in combination with the forming of complex new forms of stepfamilies, the increase in one-person households and more marked differences between the lifestyles of subsequent generations within the family. Concomitantly, it is not unlikely that older adults are involved in giving support to multiple generations of family members. As Coontz (2004: 974) has pointed out: “The coexistence in one society of so many alternative ways of doing all of these different things – and – the comparative legitimacy accorded to many of them – has never been seen before”. All these changes affect the diversity regarding quantity, type and frequency

of interactions as well as support exchanges within the family as well as the satisfaction, social integration and well-being that result from these interactions. Hank (2007) and Lyon and Glucksmann (2008) provide evidence that notwithstanding these developments and connected negative stereotypes regarding the evolution of familial support and care tasks, the quantity of support and care giving via the family by far exceeds the quantity of formal support provided to persons in need of support and care.

However, familial relationships are not only sources of support, but can serve as sources of stress, thus negatively contributing to older adults’ well-being, for example for those confronted with a spouse with dementia and the related long-term intense personal care needed on a 24-hour scheme and couples confronted with conflicts and not realized expectations. Feelings of stress, conflict, disappointment, exclusion, isolation and loneliness are among the frequently mentioned outcomes. The impact of these trends varies by country and region, as does the impact on social integration.

2.2 Living arrangements and social integration

Nowadays, a significant proportion of adults aged 50 and over lives in one person households. Women are more frequently living alone than men. There are marked differences in living alone: in Southern Europe the mean proportions of women and men living alone is 26 versus 9, in Eastern Europe it is 31 versus 11, and in Western Europe the figures are 43 versus 15. The Northern European countries are characterized by the highest proportions of 44 versus 21. For the countries, under investigation the data are provided in table 46.

Table 46

The population aged 60 and over living independently in a one-person household with percentages by sex, from selected countries

	Men	Women
Eastern Europe	11	31
Bulgaria	12	25
Georgia ^a	---	---
Russian Federation	10	31
Western Europe	15	43
France	15	38
Germany	15	46

Source: United Nations, 2006.

^a) data not available

When we summarize living alone and living as a couple, the data indicate that more than 50 per cent of adults aged 50 and over in many European countries live in these small residential living arrangements. Again, there are marked geographical differences: Southern and Eastern European countries have lower levels of one and two-person households as compared to countries in Western Europe. However, the trend towards smaller residential units among older adults is clear as is illustrated by Grundy (2000). Counter-tendencies are found for some countries of the former Soviet Union e.g. the Ukraine, where the socio-economic crisis resulted in decreasing income levels for older adults and increasing levels of co-residence of the elderly and their adult children (Bezrukov and Foigt 2002).

What are the main driving forces behind the increase in small residential units? Around age 50–60, many people face the home-leaving of their children. The following empty-nest phase of young old couples is certainly a promising household situation for enjoying freedom and independence, a phase of “chosen” biography (De Jong Gierveld, De Valk and Blommesteijn 2001). The death of the spouse terminates life in couple relationships and requires economic, social and psychological adaptation. In widowhood, a new situation arises with respect to living arrangements (Vikat et al. 2007). Related to this life event, the older person is in principle free to choose either to live alone, move in with one of the children or (in some European countries) to move into an institution, but country and regional variations in attitudes towards family support are important determinants for the de facto outcome of this decision process (Palomba and Moors 1998). More and more widows and widowers decide to continue living independently for as long as possible in a one-person household. This decision-making process is directly related to changes in demographic attitudes, as summarized in the ideas of the second demographic transition (Lesthaeghe 1995, Liefbroer 1999, Van de Kaa 2004). This coincides with Verdon’s central axioms that any older adult will want to run his or her everyday life and desires for everyday economic and domestic autonomy (Verdon 1998). This is why today’s older adults, while wanting to have a good relationship with their children and grandchildren, also have a strong desire to live independently for as long as they can, also after widowhood or divorce. Frequent visits of children are prioritized above

sharing the same household: “Intimacy but at a distance” (Rosenmayr and Köckeis 1963). Research by Hank (2007) has shown that intimate but distant intergenerational relationships still allow for high levels of affinity.

With the support of children and neighbours – on an ad hoc basis or even according to a modest weekly scheme – most of the oldest olds living alone or as a couple-only succeed in continuing to live independently. The risks of loss of independence are higher for childless than for older adults who can rely on children geographically nearby (Koropeckyi-Cox and Call 2007). As Grundy convincingly described it, “The most vulnerable groups include the very old, those with low incomes, those with poor social ties and a history of poor social ties, and those with limited opportunities or capacities to exercise autonomy. All of these sources of vulnerability intersect. Policy initiatives to reduce vulnerability can focus on each part of the dynamic process that creates vulnerability (Grundy 2006: 128).” Those with higher educational levels and in the higher income brackets tend to benefit and are more successful in continuing independence as compared to those who live near or under the poverty line. The latter confronts people more intensely with all the hardships of making ends meet. It has been proven that older women living alone are more frequently at risk of financial hardship (Avramov 2002, Ginn, Street and Arber 2001) and are more at risk regarding the transition to dependent living than men in the same age groups.

Living independently in a small residential unit is positive in terms of guaranteeing autonomy and independence in decision-making and creating one’s own lifestyle, but negative in terms of the risks of disintegration and loneliness. Co-residence, on the other hand, can work out positively in intergenerational in-house exchanges of support and care. It might provide more optimal conditions for social integration (Glaser, Tomassini and Grundy 2004), although many researchers report an imbalance in the giving and receiving of support, with the older generation taking the larger part of the burden of housekeeping, care for the grandchildren and sharing the old-age pension income (Kohli et al. 2000, Kohli 2004).

Co-residence is not only the outcome of decision processes of adult children taking older frail parents into their homes to provide care and support. Co-

residence is frequently the outcome of decision processes strongly affected by contextual factors, e.g. increasing prices of apartments and decreasing income levels that do not allow adult children to start independent living. As formulated by Robila (2004: 3) for the Eastern European countries: "The shortage of housing and high prices force young families to live, at least for several years, with their parents. This creates difficulties for young people wishing to own or rent an apartment independently, and places families under intolerable pressure and intergenerational tensions".

2.3 Social integration and loneliness

Social integration is described in this chapter as an outcome of the extent to which individual lives are tied to the lives of relevant others; it is the subjective evaluation of being "well-embedded" in the lives and intimate thinking of people who are important in one's life. The opposite of feeling social integrated is loneliness. Loneliness is a universal phenomenon, but the antecedents vary to a large extent based on personal and contextual determinants (De Jong Gierveld, Van Tilburg and Dykstra 2006). Perlman and Peplau (1981: 38) define loneliness as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively". Loneliness is a subjective and negative experience, the outcome of the cognitive evaluation of the match between the quantity and quality of existing relationships and relationship standards. Loneliness has to be markedly differentiated from social isolation, which concerns the objective characteristics of a situation and refers to the absence of relationships with other people. Loneliness is but one of the possible outcomes of the evaluation of a situation characterized by a small number of

relationships. Where a person ends up vis-à-vis the subjective loneliness continuum depends on his or her relationship standards. Some people with a small number of social contacts might feel lonely, while others might feel sufficiently embedded. Several components of loneliness can be distinguished. Weiss (1973) differentiates emotional loneliness related to the absence of an intimate figure (e.g. spouse, best friend), and social loneliness related to the absence of a broader, engaging social network (e.g. friends, colleagues, neighbours).

Loneliness has been linked to many aspects of life that combine to explain why some older people consider themselves lonely. Loneliness can be associated with socio-demographic characteristics such as gender, income level, educational level, health status and the related care needs of older people and their spouses (De Jong Gierveld, Van Tilburg and Dykstra 2006). Most research into loneliness in Western European countries tries to explain the marked differentiation in the intensity of loneliness between older adults who are married and live as a couple-only and those who live alone. Research into loneliness that takes into account intergenerational co-residence is very scarce; we intend to close this gap and address different familial and household types in both Western and Eastern European countries.

This brings us to a refinement of the research questions: To what extent are older adults in European countries from West and East socially integrated or lonely? Are social integration and loneliness of older adults related to the types of living arrangements they are involved in? And how do living arrangements and the characteristics of family relationships intervene in affecting social integration and loneliness of older adults?

3 - AGEING POPULATIONS IN DIFFERENT REGIONS OF EUROPE

All regions of the world are confronted with an increase in the absolute numbers of people aged 60 and over, and all regions face increases in the proportion of older people. However, there are significant differences between regions as far as the indicators of ageing populations are concerned. For the countries under investigation, a selection of demographic and financial indicators is presented in table 47. Table 47 shows that the level of ageing is high in Western European countries, with 28.3 per cent of the female and 22.2 per cent of the male

German population aged 60 and over. In contrast, the ageing process is lagging behind in many Eastern European countries, e.g. the Russian Federation, with 21.1 per cent of the female and 12.5 per cent of the male population aged 60 and over. With respect to the percentages of the population aged 80 and over, table 47 shows that both Germany and France are the top scorers. Life expectancy at birth is highest for French and German women (83.5 and 82.1, respectively), and more than 10 years shorter for women in the Russian Federation.

Life expectancy among Russian men is 58.7 years, about 17–18 years shorter than for their male peers in France and Germany. The main reason for the relatively low male life expectancy in Eastern Europe is the high mortality among males under the age of 60 years. Average remaining life expectancy at age 60 is more moderately lower for both sexes (European Population Committee of the Council of Europe 2005: 104–107).

As an indicator of the financial situation of the countries, table 47 shows the GDP per capita (in United States dollars). The data for 2007 indicate marked differences between the regions and

countries. Starting in the beginning of the 1990s the Eastern European region has gone through a significant geopolitical reorganization, accompanied by a general state of socio-political changes. The connected economic transformations had the most profound impact, both at the country and the family levels. Major problems encompass a high level of unemployment and poverty in the region, going together with high inflation and decreasing wages. One has to take these developments into consideration in discussing intergenerational relationships, integration and loneliness.

Table 47
Selected countries: demographic and financial indicators

	France	Germany	Hungary	Russian Federation	Bulgaria	Georgia
Population size*	60,940,400	82,728,600	10,044,600	141,900,400	7,615,700	4,395,800
Percentage population aged 60 + *						
Women	24.3	28.3	25.1	21.1	25.6	20.5
Men	19.3	22.2	17.1	12.5	20.1	15.3
Percentage population aged 80 + *						
Women	6.5	6.8	4.7	3.7	4.0	3.3
Men	3.4	2.6	2.1	1.2	2.3	1.5
Life expectancy at birth*						
Women	83.5	82.1	77.7	71.8	76.3	74.8
Men	76.5	76.3	69.8	58.7	69.8	67.1
Life expectancy at 60*						
Women	26.0	24.5	21.4	19.2	20.1	20.4
Men	20.9	19.9	16.3	13.9	16.3	16.7
GDP per capita, PPP USD **	26,820	26,428	12,728	8,490	6,366	3,553
Purchasing power parities (PPP)**	0.92	0.96	114.4	7.35	0.59	0.42

*) Source: World Population Ageing 2007. New York, United Nations, Population Division.

***) Source: Development in an Ageing World. World Economic and Social Survey 2007. New York, United Nations, Department of Economic and Social Affairs.

Gross domestic product (GDP, value added): The principal measure of total economic activity occurring within a country's geographical boundary. As an aggregate measure of production, the GDP of a country is equal to the sum of the gross value added of all resident institutional units engaged in production of goods and services (plus taxes and minus subsidies). Gross value added is the value of output minus intermediate inputs (that is, the value of goods and services consumed as inputs by process of production, excluding fixed assets which contribute to gross value added).

4 - DATA AND METHODS

4.1 Data

Data for this study come from the Generations and Gender Surveys (GGS), initiated by the Population Unit of the United Nations Economic Commission for Europe in Geneva. From the database consisting of cross-nationally comparable survey data based

on the first round of interviews, I selected the following countries for in-depth investigations: Bulgaria, France, Germany, Georgia and the Russian Federation. In each of the countries, the same sampling procedures were used, guaranteeing a representative sample of the male and female

population aged between ages 18 and 79. In most of the countries under investigation, the sample size was 10,000 or above. Out of the country samples, I selected the older adults: women and men aged

60 years and over, with sample sizes for this age group being 2,266 or above. Table 48 provides the main characteristics of the samples for each of the countries.

Table 48

Some characteristics of the GGS data sets for France, Germany, Bulgaria, the Russian Federation and Georgia

	Population size ^a	Sample size ^b	Sample size Adults 60+ ^b
France	60,940,400	10,069	2,541
Germany	82,728,600	9,604	2,630
Russian Federation	141,900,400	11,261	2,823
Bulgaria	7,615,700	12,828	2,496
Georgia	4,395,800	10,000	2,266

^a) Source: World Population Ageing, 2007. New York, United Nations, Population Division

^b) Unweighted data

4.2 Measuring instruments

Loneliness, the dependent variable, is measured using the six-item version of the De Jong Gierveld scale (De Jong Gierveld and Kamphuis 1985, De Jong Gierveld and Van Tilburg 1999, 2006); for the items of the scale and the scoring procedures see table 50. The scale has proven to be reliable and valid (Dykstra and Fokkema 2007; Pinquart and Sörensen 2001). In this study, the reliability coefficients for the six-item scale vary between .71 and .74. Homogeneity tests vary between .41 and .50, indicating a strong scale for each of the countries under investigation. Mean scores on the scale are skewed, with large proportions of respondents reporting no loneliness. It is possible to dichotomize the scale scores around the scale value of two, as recommended by the authors of the scale, and to differentiate between the lonely respondents with loneliness scores of two and higher on the scale versus the not lonely with scores of zero or one on the scale.

Living arrangements. For each of the respondents, information is available about all the persons living in the same household, e.g. age, relationship to the respondent (spouse, parent, child, etc.), sex and date of arrival in the household. On the basis of this information, it was possible to construct a typology of living arrangements. Given our research questions, it is important to differentiate between older adults in small households and older adults in co-residence with adult children. Following the United Nations recommendations, the

operationalization of intergenerational co-residence is dependent on the presence in the household of a child aged 25 or over (United Nations 2005). In doing so, the following categories are constructed: (1) no partner, living alone; (2) no partner, with one or more children aged 25 or over (and others); (3) no partner, living with others but not with a child aged 25 or over; (4) with partner, couple-only; (5) couple with one or more children aged 25 and over (and others); and (6) with partner, with others but not with a child aged 25 or over.

Familial relationships are investigated by taking into account the presence of and contacts with children. We know the number of children born, dead or still alive. We know the number of children living in the same household as well as the number of children that have left the parental home, the not co-resident children. For children living outside the parental home, we are especially interested in knowing the frequency of contact between parents and children. On this basis, we constructed a variable indicating the “intensity” of contact: (1) co-residence with children aged 25 or over; (2) no co-residence, seeing at least one of the children outside the household on a weekly basis; (3) no co-residence, seeing none of the children on a weekly basis; and (4) childless older adults.

4.3 Procedures

Descriptive univariate and bivariate data are presented in graphs and tables. Additionally, a

multivariate regression analysis of loneliness is used to investigate the interplay between living arrangements, family bonds and several socio-

demographic variables; these regression analyses are presented separately for each of the countries under investigation.

5 - RESULTS

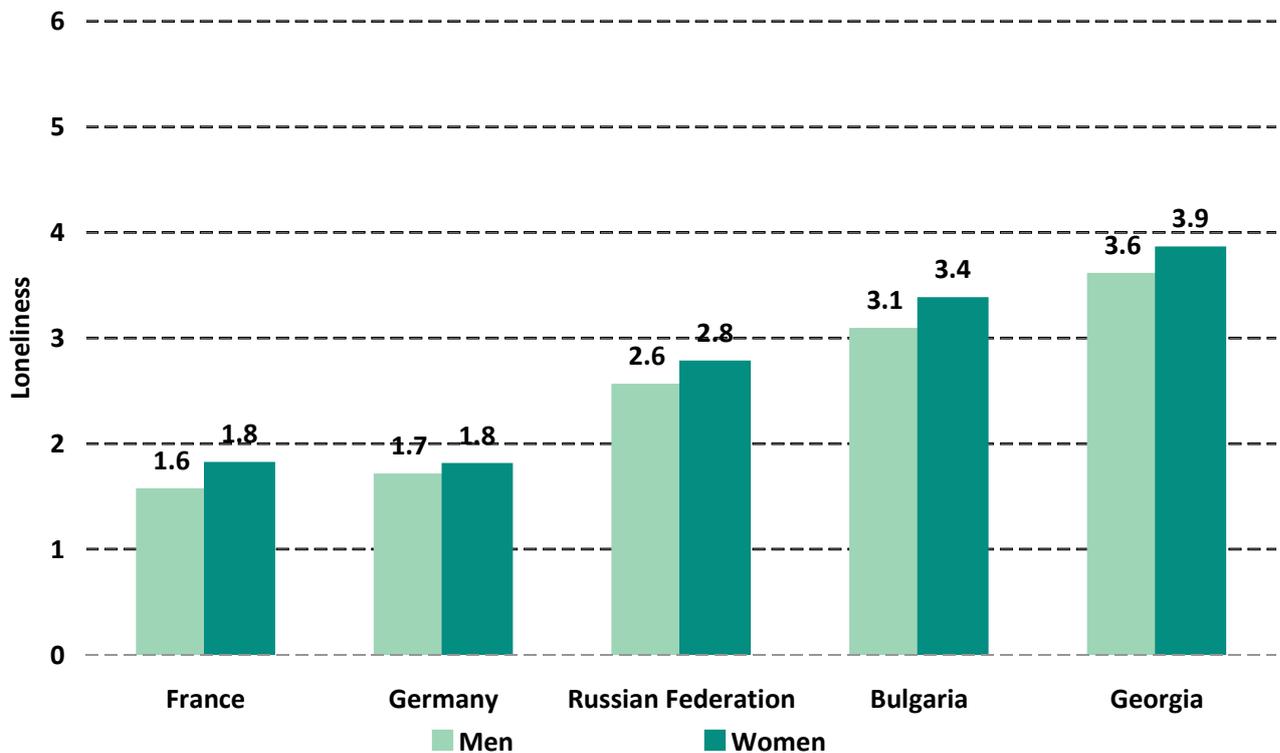
5.1 Loneliness

As shown in figure XXI, the mean loneliness scores vary significantly between countries. France and Germany score relatively low in terms of loneliness, with mean scores below the 2 level, the threshold-line differentiating between the not lonely people (scores 0–1) and the moderate or intensely lonely people (2–5). For the Eastern European countries,

mean loneliness is above 2, with the Russian Federation and Bulgaria in the middle and Georgia with the highest mean levels of loneliness. In each of the countries under investigation, mean loneliness scores are higher for females aged 60 and over than for men in the same age categories, but the rank ordering of the countries does not change according to sex.

Figure XXI

Mean loneliness men and women aged 60-79, in selected countries



Source: GGS, wave1

Is loneliness less intense in countries with frequent co-residence as compared to countries with high percentages of people living in small residential units? To answer this question, first the attitudes towards living arrangement types and the realization of living arrangement types per country will be investigated, and second the association between living arrangement types and loneliness.

5.2 Living arrangements of adults aged 60 and over

Living arrangements are considered to be of crucial importance as determinants of the social support arrangements available to older adults as well as the realized level of well-being. As shown in figure XXII the vast majority of respondents in Bulgaria, Georgia and the Russian Federation agreed with

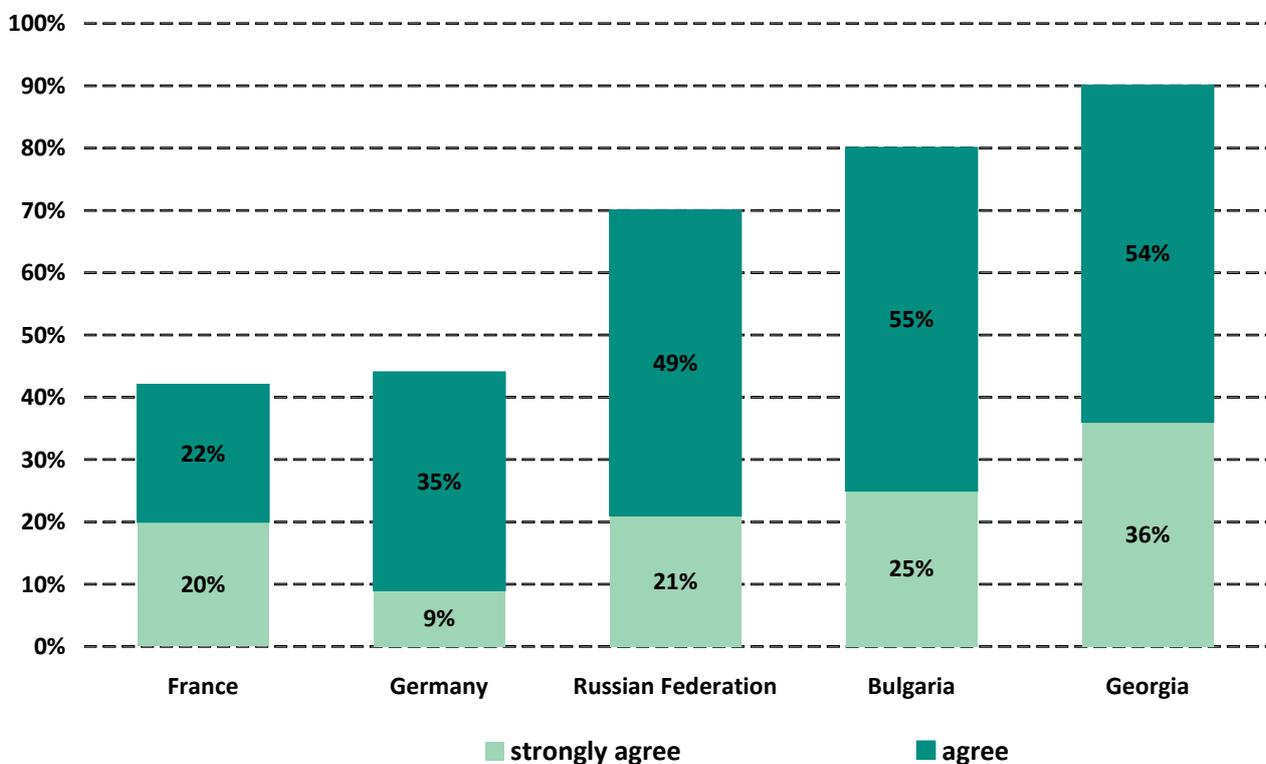
the statement about intergenerational co-residence as the optimal living arrangement for older adults. In contrast, the percentage agreeing with this statement was considerably lower in the other countries under investigation.

There might be coherence between attitudes and behaviour, but there might also be divergence; the realization of a certain type of living arrangement is the result of many life events and transitions that have taken place in the long lives of older adults and

their family members. (Is the older adult childless? Did the children of this older person migrate to other countries? Is the older person confronted with divorce or mental health problems?) Due to these and other differences in the life course, heterogeneity and growing complexities are being introduced into the living arrangements of older adults. In figure XXIII, the differentiations in living arrangements of older men and women are presented for five countries.

Figure XXII

Opinion about the statement: “Children should have their parents to live with them when parents can no longer look after themselves”; respondents aged 18–79.



Source: GGS, wave1

Figure XXIII provides information about the living arrangements by sex and country. First, the marked and significant differences according to gender should be mentioned. Men are more frequently living with their spouses, and especially as a couple-only. Differences in mortality and in remarriage patterns between men and women are reflected in the high percentage of men with partners in the households (varying between 75 and 88 per cent of older men interviewed in the five countries), as compared to

significant lower percentages among older women. Living alone in a one-person household is more frequently seen among older women than among older men. It is especially prevalent in France, Germany and the Russian Federation. In these three countries, more than one third of all women in the age group 60–79 live alone; albeit that living alone is also recognizable among men in the these countries.

Figure XXIII A

Living arrangements of respondents aged 60-79, in France, Germany, the Russian Federation, Bulgaria and Georgia - Women

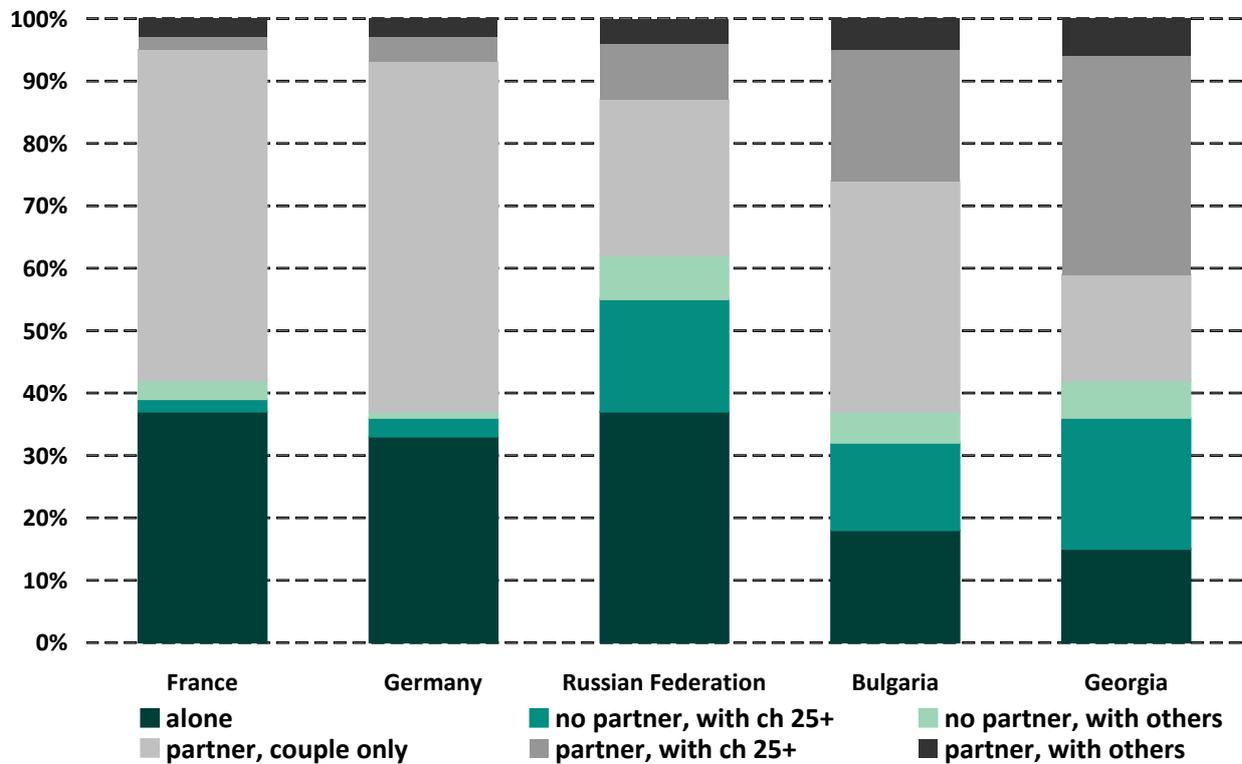
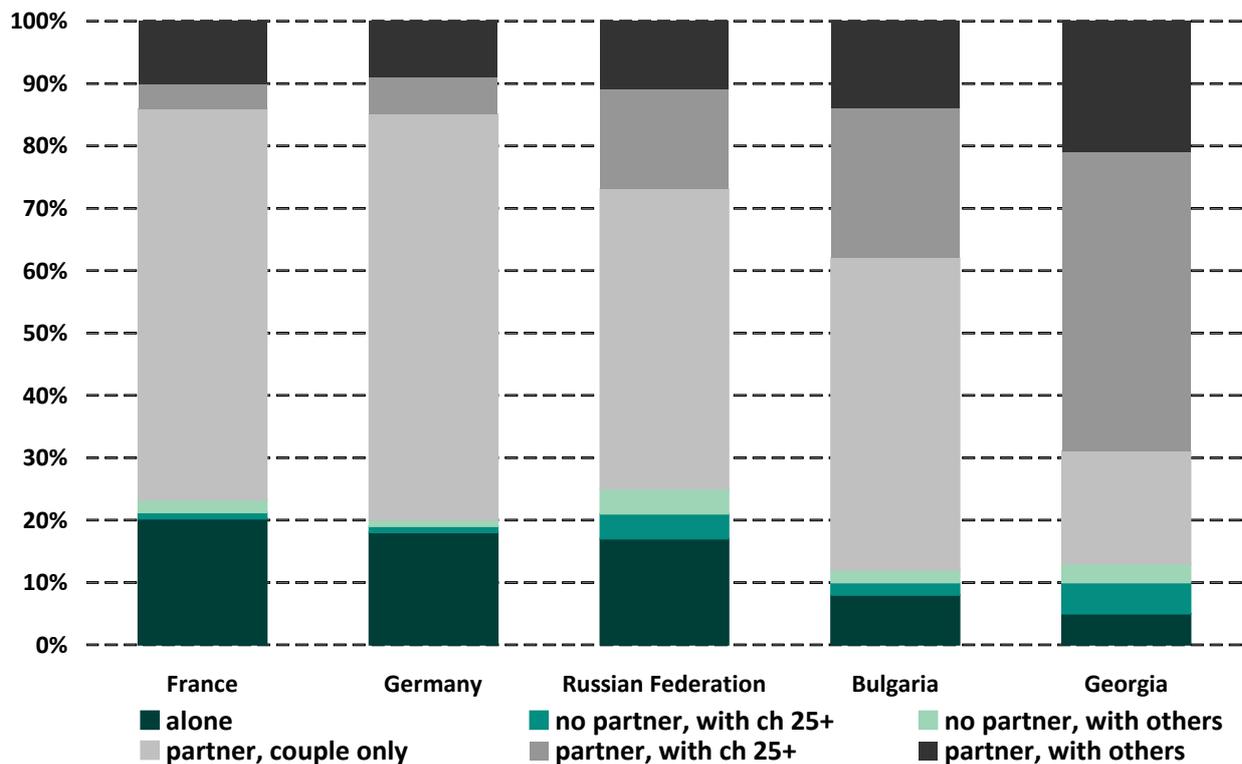


Figure XXIII B

Living arrangements of respondents aged 60-79, in France, Germany, the Russian Federation, Bulgaria and Georgia - Men



Source: GGS, wave1

Figure XXIII also shows significant differences between the countries. Among older adults with spouses, the percentage living as a couple-only is highest in France and Germany, and much lower in Bulgaria, Georgia and the Russian Federation. This should be considered an outcome of the varying overall cultural ideas in these countries: after adult children have left the parental home, the couple continues to live independently for as long as possible. The same values and norms affect the living arrangements of older adults without partners (after widowhood or divorce) in France and Germany; they continue to live independently. The marked contrast between Western and Eastern Europe is also apparent when investigating co-residence of older adults and one or more of their children aged 25 and over. Co-residence is high among older women without spouses in Bulgaria, Georgia and the Russian Federation. Additionally, co-residence is high for both men and women still living with their spouses in Bulgaria, Georgia and the Russian Federation. As for Georgia, the percentage of men and women living in small residential units is very low compared to other countries in and outside the region.

5.3 The association between living arrangements and loneliness in five European countries

Figure XXIV shows that living arrangement types are related to intensity of loneliness: those living alone are characterized by the highest mean levels of loneliness in each of the countries. In the Western European countries, mean loneliness for those living alone is above 2; in the Russian Federation, mean loneliness is above 3, and for Bulgaria and Georgia it is above 4. For those without spouses living in co-residence with adult children, mean loneliness is lower than reported by those without spouses living in one-person households. This indicates that co-residence is a more optimal condition for social integration and alleviating loneliness. Older people living as a couple-only are shown to be less lonely than those living alone. In the Western countries, men and women living in couple-only living arrangements have the lowest mean scores on the loneliness scale of all respondents aged 60 and over. Apparently, the marriage bond with opportunities

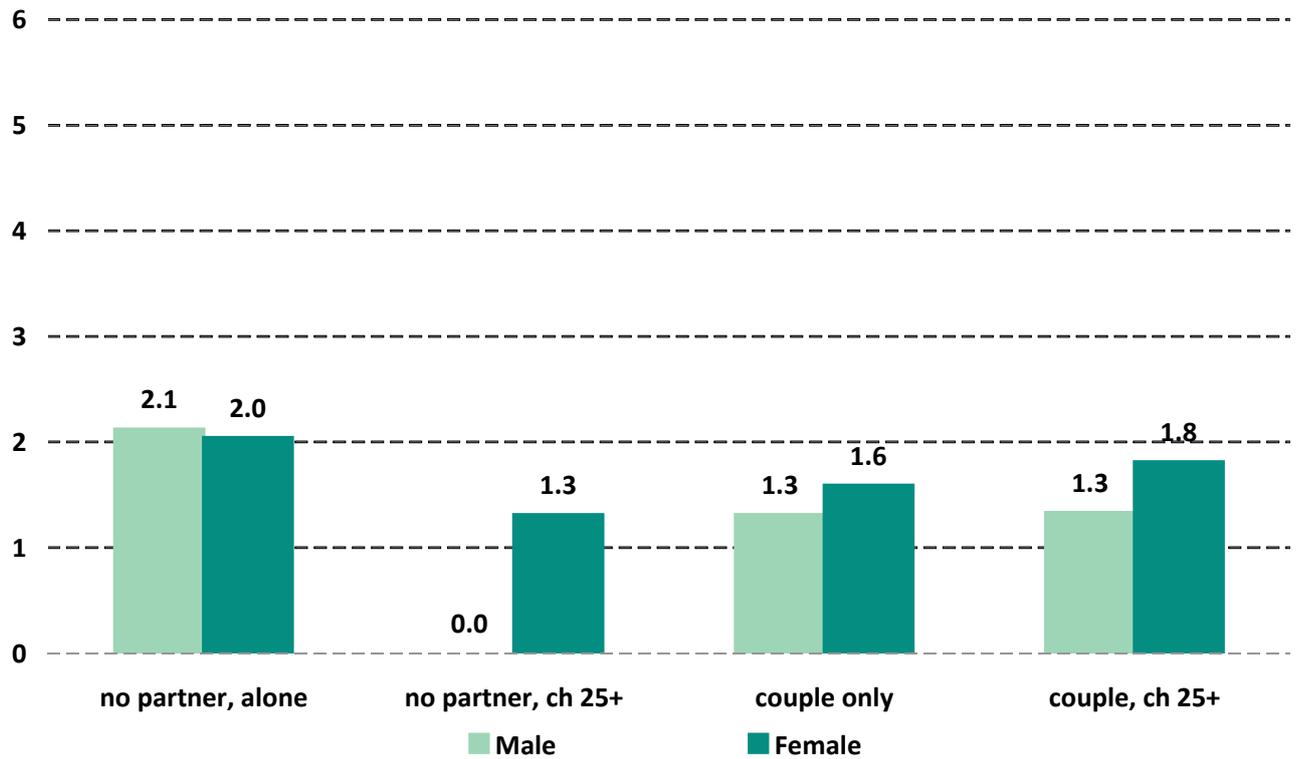
for emotional and instrumental support exchange and connectedness can provide a guarantee against loneliness for many married older respondents. In the Eastern European countries, mean level of loneliness of married older adults is significantly lower than mean loneliness of older respondents without spouses; however, the marriage bond and living in a couple-only arrangement is not sufficient to decrease mean loneliness to a level beyond the threshold of 2. Georgia is the only one of the five countries under investigation where the availability of a spouse and co-residence with children aged 25 or over works together in decreasing mean loneliness. In other words, the living arrangement “with spouse and with adult children” is associated with relatively low levels of loneliness, and especially so in Georgia.

In all five countries, men without spouses and living alone are characterized by higher mean levels of loneliness than their female peers. This phenomenon might be related to men’s explicit reliance on an intimate bond with a spouse; the absence of such a bond is associated with a high risk of loneliness for older men. Apparently, older women without a spouse are somewhat better in coping with this situation.

In France and Germany, the data show that men and women differ significantly in intensity of loneliness for those with spouse and with children aged 25 and over. Given this situation, women are lonelier than men. An explanation for this situation might be that the co-residence with children is associated with handicaps and other problems of the children, with the effects of stress and more negative life experiences especially for older women, who are the first ones to be responsible for the well-being of those in co-residence. Other differences in loneliness between men and women are less systematic and will not be covered here.

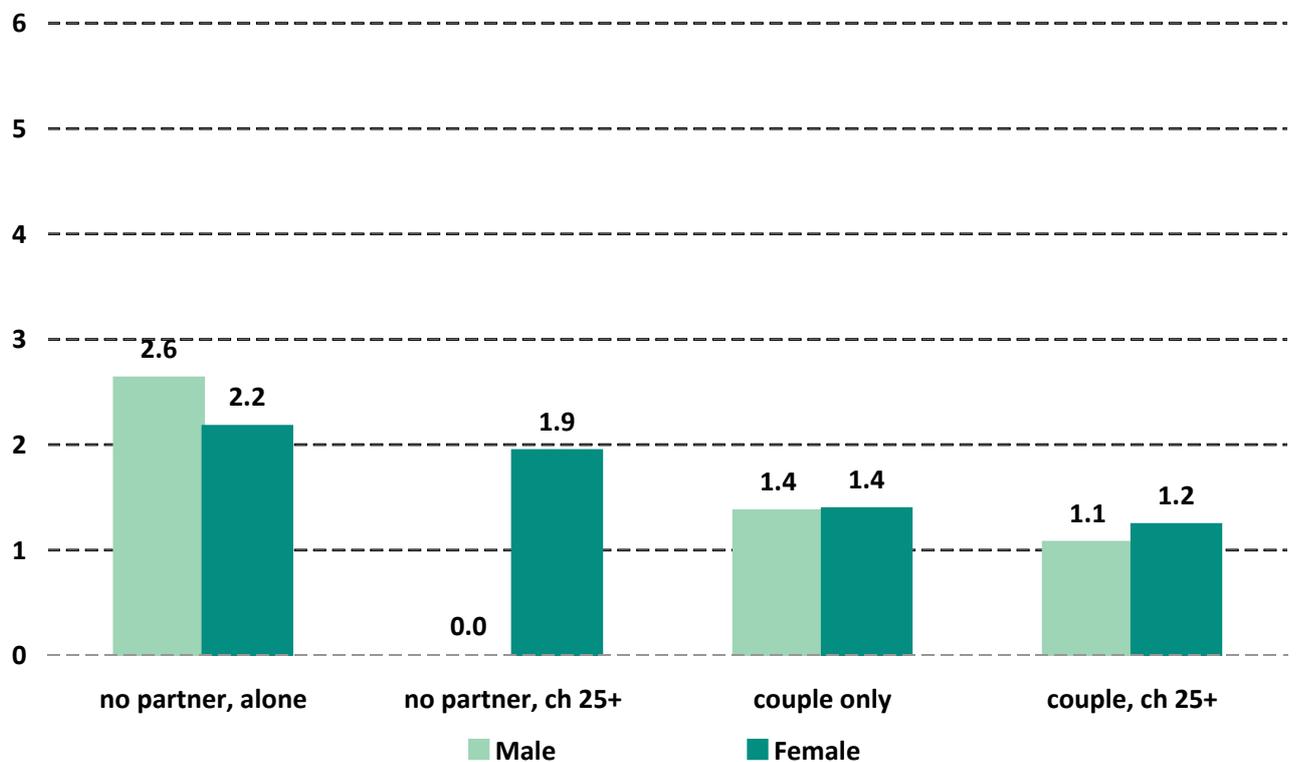
Starting from the differences in loneliness associated with living arrangement types as discussed here, the supplementary effects of the presence of and contact with adult children living outside the parental household will be investigated in the next section. Can adult children outside the parental home provide a level of social integration that helps to decrease intense feelings of loneliness?

Figure XXIV A
Mean loneliness by sex and living arrangement; France



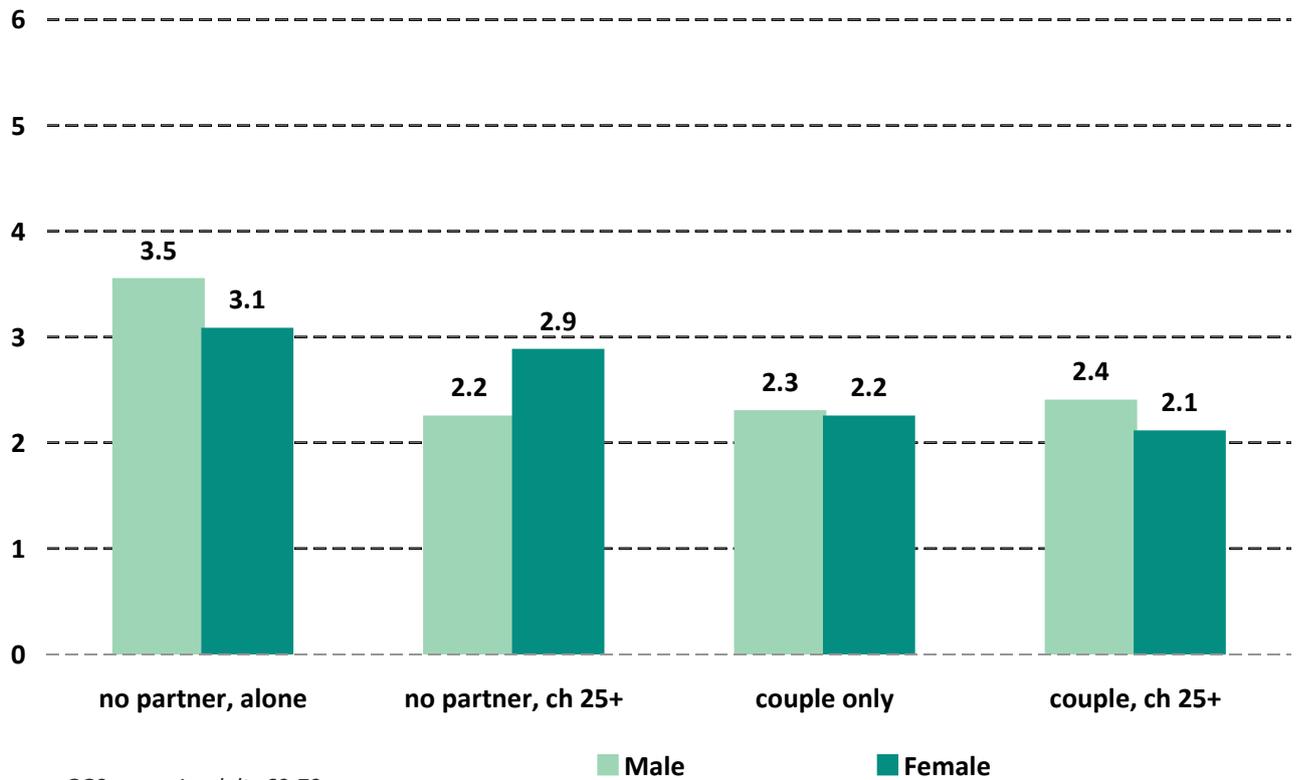
Source: GGS, wave 1; adults 60-79 yrs

Figure XXIV B
Mean loneliness by sex and living arrangement; Germany



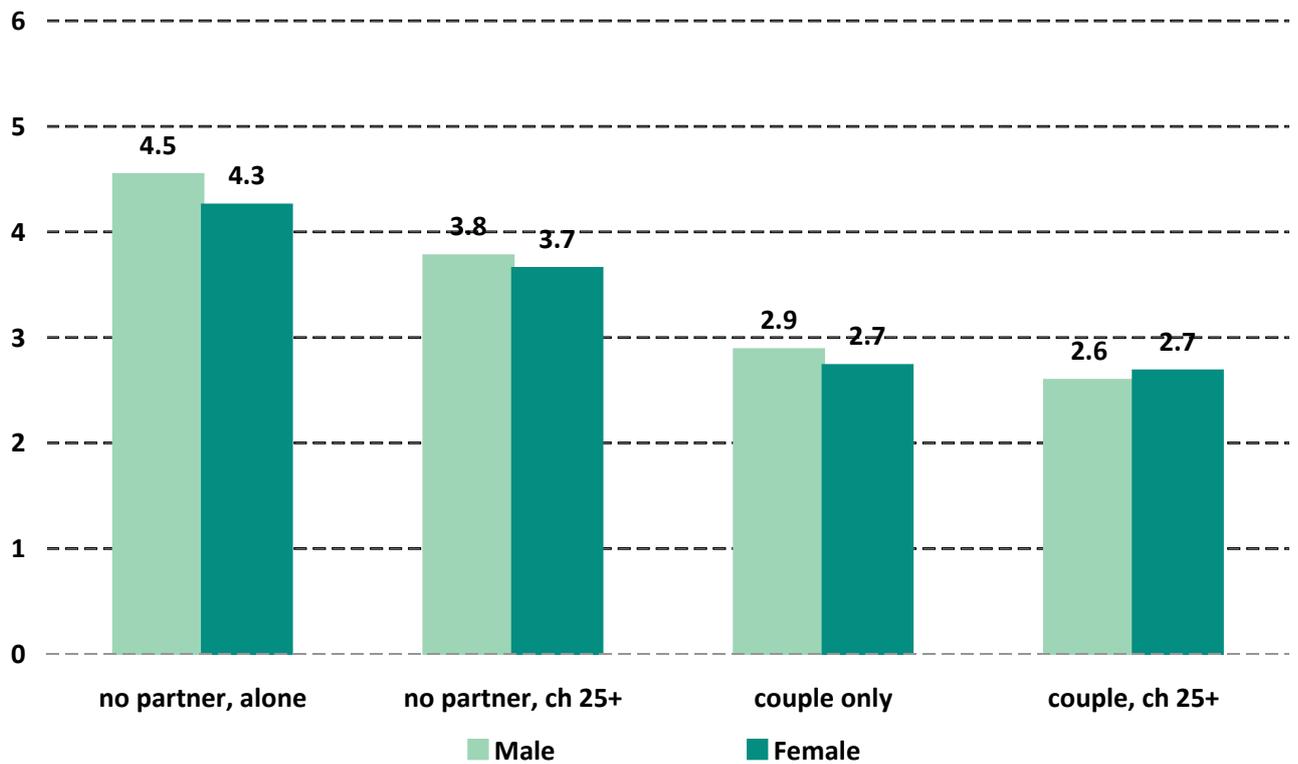
Source: GGS, wave 1; adults 60-79 yrs

Figure XXIV C
Mean loneliness by sex and living arrangement; Russian Federation



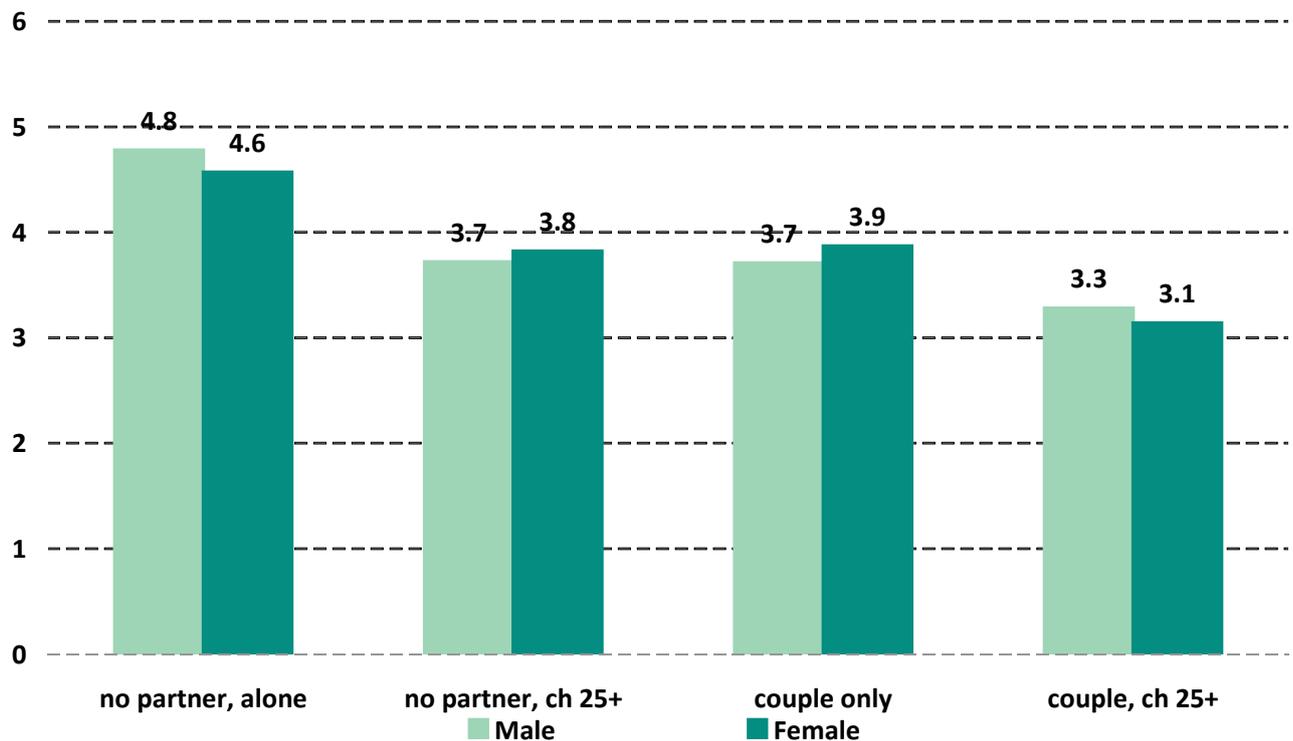
Source: GGS, wave 1; adults 60-79 yrs

Figure XXIV D
Mean loneliness by sex and living arrangement; Bulgaria



Source: GGS, wave 1; adults 60-79 yrs

Figure XXIV E
Mean loneliness by sex and living arrangement; Georgia



Source: GGS, wave 1; adults 60-79 yrs

5.4 The association between living arrangements, contacts with children outside the household, social integration and loneliness in five European countries

The effects of living arrangement types in combination with information about the contacts between older adults and their not co-resident children on loneliness are investigated using multivariate regression analysis. The outcomes of this analysis are presented in table 49.

Table 49 shows that, in four countries, after taking into account other factors and the covariates, living without a partner in a one-person household is significantly associated with more intense feelings of loneliness when compared with those older adults living without a partner but with adult children. In contrast, living with a partner in a couple-only household is negatively associated with loneliness in four of the five countries. Living with partner and with adult children diminishes loneliness (significantly) in all countries under investigation, but especially so in Bulgaria and Georgia.

Additionally, the presence of children and the

frequency of contact with adult children living outside the household are significantly associated with loneliness in each of the five countries. More children outside the household who are contacted weekly or more frequently is associated with less loneliness when compared to those without not co-resident children. The meaning of contact with not co-resident children is especially important for older adults in France and Germany.

The data of table 49 show also that, after taking into account differences in living arrangement types and in family bonds, women tend to be less lonely than men. In Bulgaria and the Russian Federation within the age group of respondents aged 60-79, the oldest respondents are lonelier than the younger old respondents. In all countries, subjective health was significantly associated with loneliness: those who reported their health to be fair or poor are characterized by higher levels of loneliness. Socio-economic conditions of the household are significantly related to loneliness as well in each of the countries under investigation. Those in the household who are confronted with difficulties in making ends meet are significantly more at risk of experiencing higher levels of loneliness.

Table 49

Coefficients beta based on regression analyses of factors related to loneliness, adults aged 60–79 in selected countries.

	France	Germany	Russian Federation	Bulgaria	Georgia
Household composition (dummies)					
No partner, alone	0.04	0.15***	0.14***	0.17***	0.13***
No partner, with children aged 25+	-0.04	0.00	0.03	0.02	0.00
With partner, no others	-0.09	-0.05	-0.06*	-0.16***	0.00
With partner with children aged 25+	-0.04	-0.05*	-0.05*	-0.14***	-0.12***
Number of non-resident children seen weekly	-0.19***	-0.16***	-0.13***	-0.08***	-0.10***
Sex (M,F)	0.04*	-0.03	-0.07***	-0.05*	-0.02
Age	-0.01	0.02	0.06**	0.04*	0.02
Subjective health	0.20***	0.17***	0.16***	0.20***	0.15***
Household makes ends meet	0.13***	0.18***	0.18***	0.15***	0.19***
Sample size	2,540	2,630	2,823	2,496	2,266
Adjusted R²	0.12	0.16	0.13	0.20	0.14

Source: GGS, wave 1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

6 - CONCLUSIONS AND POLICY RECOMMENDATIONS

Promoting older adults' social integration has benefits for the individuals themselves in terms of increasing the possibilities for more optimal well-being, including the alleviation of loneliness. A higher level of social integration of individuals is also associated with positive outcomes at the community level. When more individuals are integrated – that is, better connected to others in and outside the community – this situation may result in better overall communal interconnectedness and well-being. Moreover, it will postpone communal care and support and decrease the costs related to care. This is in line with the pronouncement by the World Health Organization that policies and programmes that promote social connectedness are as important as those that improve physical health (WHO 2002).

Support and care work undertaken in the family – either by the spouse, co-resident adult children, not co-resident children or other family members – is an important aspect of the overall package of elder care. Lyon and Glucksmann (2008) have shown that in different countries the provision of care to older adults is quite differentiated, and is characterized by complex linkages between the public sector, the market, the family/household and the voluntary

sector. The various modes of providing are “joined” in different ways in different countries. Our data, based on large-scale international comparative survey research in Bulgaria, France, Germany, Georgia and the Russian Federation, support this statement by showing significant differences between countries in the preferred type of support for older adults. Countries that more intensely prefer the co-residence of older parents and adult children are de facto more frequently characterized by co-residence; in this respect the Eastern European countries should be mentioned. In other countries such as France and Germany, respondents do favour “intimacy, but at a distance” and are characterized by large percentages of the older population living in small residential units, that is living alone in a one-person household or in a couple-only living arrangement.

For older adults living in co-residence with adult children, a complex interplay of dividing the household and care tasks between household members is possible. Older adults are known to invest a lot of their time in care for grandchildren, in preparing the meals and taking responsibility for other household tasks, and in sharing their old-age

pensions with younger family members. It is evident that most of these exchanges of support go from the older to the younger generation (Kohli 2004). Central in this chapter is the investigation of the extent to which older adults living in co-residence with adult children (and others) feel socially integrated as compared to older adults who live in small residential units, and which factors enable – or place barriers – to the social integration of older adults.

First, the data show marked differences in the levels of loneliness of older adults between countries, with low or moderate levels in France and Germany, moderate and higher levels in Bulgaria and the Russian Federation and high to very high levels of loneliness in Georgia. Given that the reliability, validity and structural characteristics of the loneliness measuring instrument used in the surveys is of high quality and allows intercultural comparison, further research is needed to investigate the mechanisms that affect these country differences.

Secondly, the data show that within countries living arrangements are significantly associated with loneliness. Older adults living alone in a one-person household are characterized by higher mean levels of loneliness than older men and women who share the household with others. In most of the countries under investigation, older men and women without spouses (widowed, divorced or never married) who share the household with adult children are in the second position in terms of loneliness, indicating that co-residence with children to a certain extent does decrease the mean levels of loneliness of older adults. In most of the countries we studied, older adults living with a spouse or living with a spouse and adult children are characterized by the lowest mean loneliness. The social integrative functioning of the presence of a spouse – and of children in the household – is a key element in the social embeddedness of older adults.

The loneliness situation of older adults living alone, however, is mitigated by support and care exchanged with adult children living outside the household. Those in at least weekly contact with one or more of the children outside the parental home are characterized by lower mean levels of loneliness than their peers who are childless or do not see their children on a weekly basis. This trend is generally

recognizable; only a small percentage of older male respondents in Georgia living alone do not seem to profit from contact with non co-resident children.

This brings us to the conclusion that the composition and functioning of the network of close family members – that is, the presence of a spouse, co-residence with adult children and/or frequent contact with not co-resident children – is a prerequisite for social integration and alleviation of loneliness of older adults. As Buber and Engelhardt (2008) have stated, a high frequency of contact with children is a sign of integration, whereas less contact with children is interpreted as a sign of disinterest and lack of concern for one's older parents. After controlling for differences in the composition of the older population per country, by taking into account the gender and age composition as well as the health and socio-economic position of older adults, the composition and functioning of the network of close family members in both the Western and the Eastern European countries continues to be an important factor in guaranteeing that older men and women are embedded and socially integrated. Differences between countries do exist: social integration in Eastern European countries (especially in Bulgaria and Georgia) is strongly associated with the presence of spouse and co-resident children, in contrast, in France and Germany, social integration is strongly associated with the presence of the spouse, and frequent contacts with non-resident children. A further conclusion is that preferences for support exchanges as well as the optimal functioning of the network of close family members differs between countries. However, irrespective of these differences in the form and constitution of the familial support network, the spouse and adult children should be considered as very important vehicles to social integration and embeddedness, and this type of familial support exchanges is the first one to help promote an age-integrated community.

Policymakers in Eastern and Western Europe need to continue to work towards the realization of the goal of ensuring “a society for all ages” with social integration and embeddedness for all groups: younger and older, men and women. In this context, a variety of family forms and changing functions of the family needs to be considered. Moreover, policymaking needs to emphasize the importance of guaranteeing the social participation of older adults in the family and in other sectors of society.

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APPENDIX

Table 50
Items of the six-item De Jong Gierveld loneliness scale

Instruction: I am going to read out six statements about your current experiences. Please indicate for each of them to what extent they have applied to you recently:

1=yes, 2=more or less, 3=no

	Yes	More or less	No
a. There are plenty of people that I can lean on in case of trouble	1	2	3
b. I experience a general sense of emptiness	1	2	3
c. I miss having people around	1	2	3
d. There are many people that I can count on completely	1	2	3
e. Often, I feel rejected	1	2	3
f. There are enough people that I feel close to	1	2	3

In developing the scale, item response models Rasch and Mokken (MSP) were applied to evaluate the homogeneity of the scale. Scale scores are based on dichotomous item scores; the answer "more or less" always indicates loneliness. Processing the scale data entails counting the neutral and positive answers ("more or less", "yes") on items b, c, e. This is the emotional loneliness score, ranging from 0 (not emotionally lonely) to 3 (intensely emotionally lonely). The emotional loneliness score is valid only if the missing emotional loneliness score (i.e., no answer) equals 0. Count the neutral and negative ("no" and "more or less") answers on items a, d, f. This is the social loneliness score, ranging from 0 to 3 (intensely socially lonely). The social loneliness score is valid only if the missing social loneliness score equals 0. Compute the total loneliness score by taking the sum of the emotional loneliness score and the social loneliness score. The score 0 refers to complete social embeddedness and the absence of loneliness. The score 6 refers to ultimate loneliness. The total loneliness score is valid only if the sum of the missing emotional loneliness score and the missing social loneliness score equals 0 or 1.

Further details, the manual and updates are available under "loneliness scale" at: <http://home.fsw.vu.nl/tq.van.tilburg/>