



Everyone Needs at Least One Friend

A Case Study on the Subjective Wellbeing and Networks of Elderly in Galway, Ireland

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For quality of life

“Everyone Needs at Least One Friend”

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Abstract

The objective of this study is to answer the question as to how elderly use their social networks to perceive and maintain their wellbeing in the context of the economic crisis in Galway, Ireland. From the literature it is known that there is a relationship between network types and wellbeing. It is through social networks that people receive network capital such as social support. However, in light of the current economic crisis the type and function of elderly's social relationships might change, due to migration, financial uncertainties and the close-down of social services. It is therefore needed to study how elderly perceive their wellbeing in this specific time and how this relates to social networks. In order to reach to a conclusion I conducted 19 in-depth interviews with people aged 65 and over living in Galway City. Additionally I participated in four different social activities organized for and by elderly people. Throughout the phase of data-gathering and analysis I aimed for an actor-oriented approach in order to get a proper understanding of the perceptions and feelings of elderly. Based on the data I conclude that older people define their wellbeing according to three main factors: independence, attitude and social aspects. These three factors all relate to relationships with other people. Furthermore, friendships form unique ties within the older actor's network and therefor provide vital and unique types of support. Whereas family mainly provides social support, material support and a sense of belonging, friends also provide important information that can enhance wellbeing. Different from family, friends are of the same age and have the same interests which makes that many older people feel more understood by friends than by family. Also, because of the parent-child relationship, many older people rather not share their issues with children. Because of the unique relationship between friends and the function of friendships in terms of support, it is vital that older people are encouraged to make friends. Social groups are thereby accessible, easy and fun ways to meet peers. In many ways these groups help elderly to maintain their wellbeing and are beneficial to independence, a positive attitude and the degree and quality of social relationships.

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Chapter 1: Introduction

"Friendship is born at that moment when one person says to another: 'What!' You Too? I thought I was the only one." (C.S. Lewis, 1898-1963)

Like many other quotes on friendship, this one by C.S. Lewis refers to a certain uniqueness and beauty of friendship. The quote makes a reference to feelings of understanding, trust and acceptance which are often characteristic for the relationship between friends. Likewise, every relationship between human beings is unique and provides us with things that most of us value in life, such as: trust, love, empathy and respect. While it is often assumed that elderly do not focus on friendships, or do not have many friends, they as well value and need such relationships. Drawing upon this, this study focuses on relationships of elderly in Galway (Ireland) and what the value of their relationships is in regards to their wellbeing. I study this in light of the current economic crisis for it is likely that the crisis affects the elderly population in a number of perspectives. For example, the economic crisis in Ireland affects social interaction and wellbeing of elderly through large-scale emigration ("Survey shows 300,000 people have emigrated from Ireland in past four years", 2013) and the close-down of social services for elderly people (Huffington Post, 2012). Next to many other effects of the economic crisis, these two developments in specific are likely to influence the social life and wellbeing of elderly in Galway by hindering social encounters and the exchange of support. It is therefore necessary to study if and how the social life of elderly has changed, what this means for relationships and the exchange of support, and how this eventually influences wellbeing.

Especially for elderly people (aged 65 and over) it has not yet extensively been studied how different types of relationships influence their objective and subjective wellbeing. In short, objective wellbeing refers to a predefined notion of wellbeing which is measurable according to types of capital or assets. Subjective wellbeing on the other hand focuses on the actors' perceptions and feelings and takes account of how actors themselves evaluate their state of being. While it is known that older people often value more high-quality relationships (Plickert, Côté & Wellman, 2007) we do not exactly know what is the difference between relationships with different types of actors (friends and family). Hence I will study what the particular benefit is of high-quality relationships with one or both type of actors in regards to wellbeing of elderly. Furthermore, this social side of wellbeing has been ignored by many researchers. While Cough & McGregor (2007) for example do acknowledge the importance of the social dimension of wellbeing, there is still lack of knowledge on the exact function of different social relationships. My focus is therefore exactly on this connection between the actor's social network and his subjective wellbeing because relationships influence how we think, speak, feel and how we act, and eventually influence how we define our state of being. I use an actor-oriented approach in order to gain a proper understanding of what elderly themselves think, feel and experience in terms of wellbeing and the function of social relationships. Such an approach takes account of the differences between people and their specific needs and preferences in regards to their wellbeing. I focus thus on the 'subjective' of wellbeing, as opposed to the 'objective'. Subsequently, this subjective approach to wellbeing acknowledges precisely that wellbeing is socially-constructed and depends on perceptions, feelings and worldviews. Furthermore, this approach puts the actor

central and approaches wellbeing through the eyes of the actors. This is essential were it just for the fact that elderly are likely to define wellbeing differently from other age groups. In addition, elderly in Galway during the economic crisis will also have a specific view on their wellbeing compared to elderly from the different times, places and contexts. Taking account of all these factors allows us to gain a better understanding of wellbeing and the function of social networks.

1.1 Problem Statement

At the start of the economic crisis in Europe, especially Ireland and Spain, suffered a lot in terms of growth and unemployment: debt of GDP increased dramatically, while unemployment rates grew bigger. Additionally, if we look at consumer confidence, inflation, and industrial production, the Irish social-economic situation is currently still in a weak condition (Dellepiane & Hardiman, 2012; Marsh & Mikhaylov, 2012; Thomas, Keegan, Barry & Layte, 2012). In order to tackle these major challenges, the Irish government is forced to make budget cuts on a range of areas that also include services vital to the wellbeing of elderly people. If one looks at governmental spending on care for older people, spending decreased from €1.739.128 in 2008, to €1.611.314 in 2011, while spending on primary care and community health declined from €1.371.131 in 2008 to €1.033.492 in 2011 (CSO, 2011). The economic crisis in many ways hits the lives of elderly hard, for example through: cuts in public health care, reduced release of free travel cards, cuts on the reimbursement for medicines and the provision of nutritional supplements, reduction of home care packages, increased fuel prices, cuts on personal alarms, close-down of security call centers, and the close-down of day care centers and meal providing services (Cullen, 2012; Halpin, 2012; The Huffington Post, 2012; Veronica, 2013). Strikingly, Thomas et al (2012) mention that these kind of government cutbacks are not likely to do much for the national debts, while the impact for individuals (in this case elderly) has been huge:

“The costs of collection will outstrip the revenue gained.” (Thomas et al., 2012).

Moreover, not only does the economic crisis directly affect the resources or assets of elderly, it also affects the mental state of those in older age. For example: with the close-down of security call centers and cuts on personal alarms elderly feel less secure and protected (Veronica, 2013). Also, with the close-down of day care centers older people are likely to slip into social isolation more easily because they lose an important source for social contact (Huffington Post, 2012). Hence, these developments challenge social relationships because elderly might now depend more on a smaller number social relationships.

Besides the economic crisis, but at the same time intensified by it, is the ongoing population ageing that Ireland experiences. As in many European countries the proportion of older people in Ireland keeps rising. It is even predicted that by 2041, 20-25% of Ireland's population will be aged 65 and over (McGill, 2010). While with this population aging there is a growing demand in terms of health care and social services, at the same time the government tries to save 130 million euros by making budget cuts on the areas of health and home care (Cullen, 2012). With the combination of both the economic crisis and population ageing, the situation and wellbeing of older people is expected to grow worse; that is at least in terms of *objective* wellbeing. In addition to population ageing, due to the crisis

many young people have migrated in order to find jobs elsewhere (“Survey shows 300,000 people have emigrated from Ireland in past four years”, 2013). This is an extra factor which increases the pressure on the working population to support elderly. It also affects (mainly family) relationships and thus older people are increasingly forced to seek other sources for support.

To recap, the economic crisis affects the wellbeing of older people in Ireland in three ways: (1) through public budget cuts that challenge older people in terms of income and the availability of social services, (2) through affecting the mental state of older people (fear and uncertainty), and (3) through reinforcing the current population ageing which challenges, amongst others, social relationships. While most people in Ireland are directly or indirectly affected by the economic crisis, it is more difficult for a vulnerable group to cope with such challenges. Although not all elderly are (to the same degree) vulnerable or dependent it is likely that they might have more trouble in terms of coping with the effects of the economic crisis.

Moreover, while several studies already focused in general on wellbeing of elderly (see for example Hardill & Baines, 2009; and Ingersoll-Dayton, Saengtienchai, Kespichayawattana & Aungsuroch, 2001), there is a need to study wellbeing of elderly in this current situation of crisis in Ireland. Hence, figure 1.1 serves as an overview of the scope and objectives of this study.

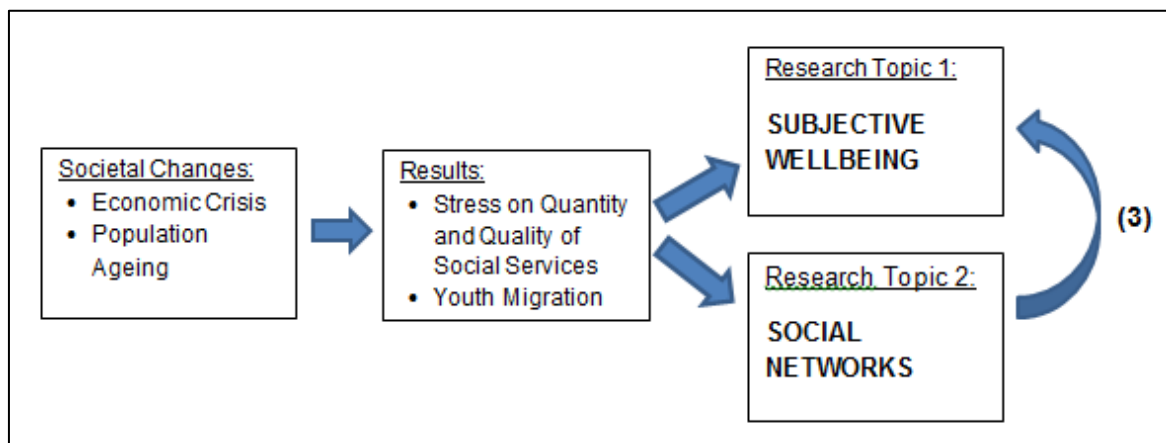


Figure 1.1: Overview of the Problem Statement

All the way to the left figure 1.1 shows the motive behind and context of this study. Both the economic crisis and population ageing are likely to impact the lives of elderly on several domains, of which one: the social domain. Not only are governmental institutions and organizations forced to provide less social support and assistance, older people also experience to be more on their own with children and grandchildren living abroad. Therefore it may be expected that at least the *objective* wellbeing of elderly has deteriorated in light of the economic crisis. While this might be true in case of objective wellbeing, it does not necessarily have to be true in terms of *subjective* wellbeing (explained in section 2.2.1). Therefore, in order to understand how elderly themselves evaluate their wellbeing I also study the social networks of elderly people and how (the function of) social relationships are affected by current developments. This leads us to the main research question: **How do elderly use social networks to define and maintain their wellbeing in the context of the Irish economic crisis?**

In order to answer this question I study four sub-questions that are all part of the bigger picture. Two of these questions focus on subjective wellbeing in terms of how elderly perceive their wellbeing and how this is influenced and shaped through social relationships: ***How do elderly perceive their wellbeing?***, and: ***What is the role of social networks for elderly in the perception on wellbeing?*** In addition, the two other sub-questions relate to elderly's coping strategies and how their social network functions as a source of support: ***How do elderly maintain their wellbeing?*** and: ***What is the role of social networks in maintaining wellbeing?***

As I mentioned before, while young people may be better able to cope with changes and challenges, for elderly it might be hard to adapt to new developments. There is a need to better understand if and how, both in the objective and the subjective sense, wellbeing of elderly is affected by the crisis and how social networks play a role in this. If a better understanding is created about the lives and expectations of elderly, it will be easier for policy makers and social service providers to meet the needs of the elderly. In the following section I explain how this study is structured and how this leads to answers on the four sub-questions and consequently the main research question.

1.2 Structure of This Thesis

Now that I introduced the main concepts of this study, the motive behind it, and clarified the problem statement from which the research questions flow, I will explain the structure of the following chapters and how this leads to answers on the research questions. In chapter 2 I explain the main theoretical concepts (wellbeing and social networks) by reviewing relevant literature. This helps to draw a theoretical framework which on the one hand helps to carry out this study and on the other hand shows the main gaps in the literature. This subsequently tells us how this study contributes to the literature on wellbeing and social networks. After discussing the theoretical framework, chapter 3 draws the methodological framework of this study. In this chapter I explain the setting in which the study took place and how I selected the research population. Additionally, I clarify how I gathered and analyzed the data and will mention what limitations and ethical issues are part of this study. The first three (*theoretical*) chapters together should clarify what has been studied, why, how and within what framework the research took place.

Moreover, the next four (*empirical*) chapters (chapters 4-7) present the data that I gathered in Galway City, Ireland. Each chapter represents a main topic discussed during the interviews as can be seen in Annex C. Chapter 4 gives an impression on the effect of the economic crisis on the wellbeing of elderly. This introduces us to what issues elderly meet in light of the crisis which better helps to understand how they perceive their wellbeing. In addition, chapter 5 presents what elderly do in terms of activities and how these activities can foster social interaction and hence the exchange of different types of support. Subsequently, chapter 6 forms an essential chapter for it focusses on the subjective wellbeing of elderly in Galway and on what is valuable to these actors. This will show us how, in multiple perspectives, social aspects play a role in subjective wellbeing of elderly. Hence, this chapter forms the central argument for why we have to consider social networks which I do in chapter 7. In this chapter I discuss the social networks of the respondents and the vital role of social relationships in terms of support which is needed to maintain wellbeing.

Finally, chapter 8 brings together the main findings and gives answer to the research questions. Additionally, I discuss the findings in light of the theoretical framework and thereby bring forward the contribution of this study to the body of literature. To conclude I mention a number of recommendations for further research.

Chapter 2: Theoretical Framework

2.1 Introduction

If we are to study how social networks of elderly influence how they define and maintain their wellbeing it is matter to discuss what we understand by 'social networks' and by 'wellbeing'. We also need to know what other researchers concluded on the relationship between social networks and wellbeing and how this is useful for this specific study. In this chapter I link the literature to the case of elderly and mention on the one hand how this study is based on former theoretical findings and on the other how this study contributes to the literature. As mentioned before I use an actor-oriented approach to study the concepts of wellbeing and social networks in order to take account of 'the subjective', and thereby also 'the relational' dimension of wellbeing. As well, for both concepts (wellbeing and social networks) I shortly refer to the way these concepts have been measured and how I approach these concepts in the methodological sense. I start this chapter by explaining the main concept: wellbeing. I then argue that it is vital to study the social dimension of wellbeing and that this has been underexposed in many studies. I conclude with a summary which serves to understand the theoretical focus of this study.

2.2 Approaches to Wellbeing

The topic of wellbeing has been widely discussed since our wellbeing matters a great deal to us and we wonder how we could improve wellbeing. Within these debates on wellbeing, notions of wellbeing shifted from negative to positive understandings and from rather objective to subjective approaches (Cough & McGregor, 2007; Diener, 1984). Hence, many studies focused on wellbeing, what wellbeing means and how it should be measured (see for example: Cough & McGregor, 2007; Deneulin & McGregor, 2010; Diener, 1984; Diener, Suh, Lucas & Smith, 1999). However, many studies focus on wellbeing in general, yet fewer studies focused on, for example, the differences between old and young people in terms of what they value and define to be a good life. This study specifically focuses on the perspectives of older people thereby making the assumption that older people have a specific idea about what is valuable and what it means to live well. At the same time however I want to stress the fact that we should not treat older people as a homogeneous group but instead acknowledge their different characteristics and perceptions.

Furthermore, wellbeing is a *dynamic* concept because what people value or define to be a good life is likely to change over time (Cough & McGregor, 2007). It is also a *subjective* concept because every actor will have a different understanding from what is valuable. Because of this subjective character, wellbeing is also a *relational* concept: it is through social comparison and through the influence of others on our perceptions that we can define our state of being (Kahn & Juster, 2002). Hence, it is impossible to define what wellbeing exactly *is*. The most we can do is define what it means to you or me. Similarly, Chambers (1997) argues that wellbeing is open to the full range of human experiences and that it has many elements. This makes that each actor could define his or her own understanding of wellbeing. Nevertheless we need a certain degree of understanding the main

concepts of wellbeing in order to be able to study how elderly people perceive and maintain their own wellbeing. The following section therefore gives an overview of the different approaches by which wellbeing has been studied. I discuss hedonic versus eudaimonic understandings of what constitutes a 'good life' after which I discuss more in detail the differences between objective and subjective understandings of wellbeing. As well, I connect wellbeing to the well-known Capability Approach (CA) of Sen (1980) and explain the relevance of CA to this study. I furthermore identify its major flaw (ignorance of the social domain) which leads us to understand why it is essential to study the social dimension of wellbeing. To conclude this section I argue that we can approach wellbeing by studying three dimensions which, in addition, all three connect to the influence of social relationships.

2.2.1 Hedonic versus Eudaimonic Approaches to Wellbeing

The way wellbeing is conceptualized depends on what is considered to be 'the good life' or 'a good society' and thus defining wellbeing is a highly subjective and personal matter. For example: I may define 'a good life' as a life in which I gather as much knowledge and skills as possible, while my neighbor might define it as a life in which one consciously enjoys his health and family life. Subsequently, how a good life is defined also determines how policies and social services for elderly are designed. It is therefore of major importance to understand what is thought about the definition of a 'good life' from the viewpoint of elderly.

From history, two main perspectives on wellbeing can be identified: the hedonic approach on the one hand and the eudaimonic approach on the other. Shortly, the hedonic approach reflects the idea that wellbeing is defined by happiness, whereas the eudaimonic approach regards wellbeing in terms of the actualization of human potential. Wellbeing in the latter sense is all about fulfilling one's true nature (Ryan & Deci, 2001). Thus, my definition of a good life could be seen as an example of the eudaimonic approach to wellbeing, while my neighbor's definition would better fit a hedonic approach. In this section both approaches will be discussed more into detail.

Firstly, the hedonic approach to wellbeing defines 'a good life' in terms of happiness, pleasure attainment and pain avoidance (Fischer, 2012; Ryan & Deci, 2001). The focus of this approach is on experiences of pleasant feelings for which one has to find a balance between positive and negative emotions, also referred to as positive and negative affect (Lent, 2004). Ryan and Deci (2001) stress that researchers who adhere to the hedonic approach of wellbeing do not particularly focus on the physical happiness and pleasure. Instead they rather focus on the preferences of the mind and body (the subjective happiness) which can be derived from goals or valued outcomes (Ryan & Deci, 2001). For example: these researchers would rather focus on the pleasures of social interaction or religious experiences than on the pleasure of going on holiday or enjoying a well-prepared meal. However, as one might notice the line between the hedonic and eudaimonic approach has become thin at this point because happiness as well can be derived from achieving a higher goal.

In accordance to the hedonic approach, wellbeing can be measured by the three components of: life satisfaction, the presence of positive affect (emotions), and the absence of negative affect. A critique on the hedonic approach is that its focus on pleasure versus pain reduces the concept of wellbeing to the need of maximizing human happiness (Lent, 2004; Ryan & Deci, 2001). Therefore,

this approach is regarded to be an instrumentalist approach to wellbeing in which actors are seen as consciously, calculating and rational persons. Hence, the underlying assumption to this is that human beings are rational actors. I however argue that the concept of wellbeing has not so much to do with the ratio but more with feelings, emotions and states of the mind.

Secondly, the eudaimonic perspective on wellbeing, inspired by Aristotle, is concerned with: meaning, self-realization, the actualization of human potential, and fulfilling and realizing one's true nature (one's daimon). According to this approach wellbeing can be measured by the degree to which a person is fully functioning. Consequently, its focus is more on what a person does and thinks, rather than on how he or she feels. Hence, this view on wellbeing is seen as a broader approach to wellbeing than the hedonic approach because it takes account of more than personal happiness. Instead, followers of this approach focus on experiences and mechanisms such as personal goals and values through which people create meaning and seek purpose in life. While with the hedonic approach wellbeing is seen as the goal, within the eudaimonic approach wellbeing is rather a process in which one works towards fulfilling his true nature (Lent, 2004; Ryan & Deci, 2001).

As one might understand, it is important to realize what the criteria are that elderly use to define a good life. Only after understanding the root of their ideas about life in itself, it is possible to understand their perception on wellbeing. Hence, different approaches and viewpoints on a good life result in different ways and constructs to measure wellbeing. Furthermore, as will also be noted in the following section on objective versus subjective wellbeing, what defines 'happiness' is highly subjective. A Western conception of happiness often relates to an utilitarian understanding, which is highly different from, for example, a Buddhist conception of happiness (Deneulin & McGregor, 2010). This shows how important it is to take account of what people define to be a good life, no matter the hedonic or eudaimonic nature of such a definition. These two approaches merely give us an understanding of the different ways that people have defined wellbeing throughout history.

2.2.2 Objective and Subjective Approaches

Throughout history, wellbeing has dominantly been conceptualized in a rather economic sense which emphasized the material resources or assets that actors have and can use. Wellbeing could be measured for example by income (economic capital) or by the number of friends that people have (social capital). Accordingly, it is assumed that wellbeing can be measured by the five types of assets that origin from a livelihoods approach: human, natural, financial, social and physical capital (Cough & McGregor, 2007; Ellis, 2000). This approach to wellbeing concerns assets and needs but takes no notion of emotions, feelings and perceptions. Therefore, this way of defining wellbeing is referred to as *objective wellbeing*. In addition, the livelihoods approach perceives the actor in terms of vulnerability and how different livelihoods can help actors to cope with shocks or risks (Ellis, 2000). I however argue on the one hand that it is essential to take account of actors' emotions, feelings and perceptions. On the other hand I argue that we should not regard elderly as vulnerable but instead as capable and active actors that have influence and agency in regards to their own lives and wellbeing.

As Diener (1984) already presented, demographic and other external factors (such as the five types of capital) do not necessarily correlate with feelings of happiness or satisfaction about one's life

status. People with high pensions are for example not necessarily better off in terms of happiness. Following from such findings and reasoning, the scope of literature on wellbeing shifted from livelihood approaches towards studies on psychological causes of happiness (Diener, 1984). This shift in the wellbeing discourse resulted in a nowadays broader conception of wellbeing in which the subjective wellbeing of people is taken account of. Since the way people perceive their wellbeing is intricately entwined with ideas, beliefs, perceptions, morale, and feelings about what happiness and a good life should be, a purely objective notion of wellbeing is limited and therefore useless *in itself* (Cough & McGregor, 2007; Litwin & Shiovitz-Ezra, 2011). Whereas researchers studying objective wellbeing are mainly interested in income, nutrition, and life expectancy, the study of subjective wellbeing is focused on perceptions, feelings and experiences of actors. This shift in approach to wellbeing led to studies that used concepts such as ‘quality of life’, ‘life satisfaction’ and ‘the economics of happiness’ (White, 2010) in order to understand how actors evaluate their own lives.

Nevertheless, in the end neither an exclusively objective nor subjective approach in itself can be sufficient in understanding the wellbeing of people. First of all, in practice the differences between these two notions will prove to be less clear than in theory. What can be regarded a sufficient degree of resources in terms of objective wellbeing is in the end determined by the emotional state or attitude of actors. For example: if elderly feel depressed it will be likely that they will experience low levels of wellbeing, no matter their income, the size of the social network or their health status. This shows that while there is a likely relationship between objective and subjective wellbeing, this relationship should never be treated as a golden rule. Henceforth, as several researchers argued, we should take into account both objective as subjective notions if we want to get a better understanding of wellbeing. Cough & McGregor (2007) summarized this as:

“Wellbeing is a combination of: (1) what a person has, (2) what the person can do with what he has, and (3) how the person thinks about what he has and can do with it” (Cough & McGregor, 2007: 317).

We can now conclude that people may have different approaches to define wellbeing and that the notion of wellbeing both has an objective as well as a subjective dimension. To study the wellbeing of elderly I aim to understand their notions and understandings of wellbeing and therefore focus on their subjective wellbeing. I however take account of objective wellbeing as well, mainly as a way to describe differences between elderly actors. In addition to these different ways by which we can perceive and define wellbeing, I now look at Sen’s (1980) capability approach which brings forward key concepts that relate to wellbeing. According to Clark (2005) it is essential to look at this more direct approach to wellbeing which focuses on human functionings and the capability to achieve these functionings. It is the capability approach that provides us with tools to understand the concept of wellbeing and how the objective (in terms of capital) relates to the subjective (in terms of what we value).

2.2.3 The Capability Approach, Livelihoods and Wellbeing

In many studies, wellbeing is strongly related to the well-known capability approach (CA) of Sen (1980). Therefore, in this section I discuss the relationship between wellbeing on the one hand, and

the concepts of the capability approach on the other. I also explain the relationship between wellbeing and livelihoods, a concept that does not origin from CA, but which is of relevance to understand the full picture. Figure 2.1 gives a schematic overview of the relationships between these key concepts and how they finally relate to wellbeing. In short, wellbeing is the overarching end which is supported by capabilities and livelihoods. The term 'livelihood' refers to adequate stocks and flows of commodities (for example food and money) to meet basic needs and to support wellbeing (Chambers, 1997). For example, in general older people need sufficient income, health care, and family visits in order to obtain a livelihood which is supportive to their wellbeing. In addition, the CA argues that the actor's wellbeing should be regarded in the space of capabilities. I will explain this according to three central concepts: (1) functionings, (2) capabilities and (3) freedom/agency.

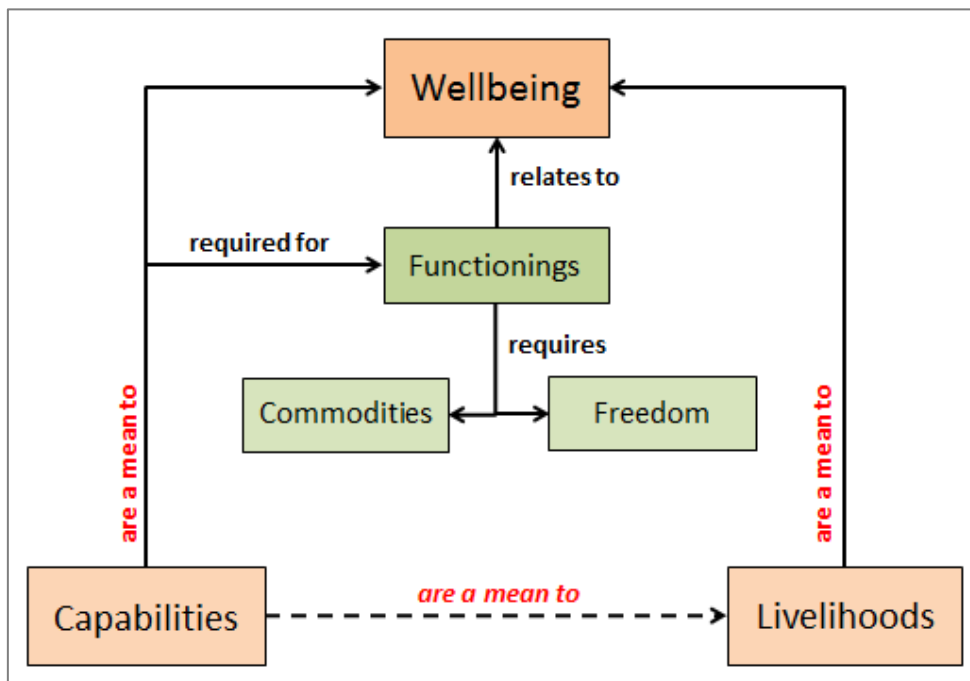


Figure 2.1: Relationships between Wellbeing and Key Concepts of the Capability Approach

Functionings are the achievements of an actor both in terms of what he manages *to do* as well as what he manages *to be*. A functioning can be achieved by the use of commodities which is a broad term that refers to all sorts of capital (social, economic, human, etcetera). Thus, a functioning is:

"The use a person makes of the commodities at his or her command" (Clark, 2005: 4)

Examples of functionings of elderly could be: being socially-integrated, be safe, and have a healthy body and mind. Commodities that help to achieve these functionings could be: friends, a security system and healthy food (Deneulin & McGregor, 2010). Additionally, capabilities are the means to livelihood and wellbeing. Capabilities refer to the capability of an actor to achieve a functioning (doing or being). The enlargement of capabilities leads to higher levels of wellbeing and higher quality livelihoods (Chambers, 1997; Clark, 2005). For example: an older actor may have many friends (commodities), but may not be able (capabilities) to achieve a state of social-integration (functioning), which is likely to affect his wellbeing. Subsequently, Deneulin & McGregor (2010) also refer to capabilities as the freedom to do or become something. In other words: the actor needs to

have a certain degree of freedom to be healthy or to be safe. Naturally this leads to the discussion of agency, which according to Sen is defined by the ability to pursue a valued goal. The different concepts of capabilities, freedom and agency are overlapping and may cause some confusion. To clarify the differences, Cough & McGregor (2007) explain that some aspects of freedom are related to capabilities (the opportunities that people face), while other aspects relate to agency (the processes that they command).

To recap, the capability approach, wellbeing and livelihoods are strongly connected to each other. *Freedom* is needed to use one's *capability* to achieve a *functioning*. Achieving a functioning leads to a certain state of *wellbeing*. *Commodities* help to achieve a functioning (or a certain level of wellbeing). The stocks and flows of commodities refer to a specific *livelihood* that can be beneficial or detrimental to an actor's wellbeing for which the actor at well needs to have capability. For this study it then becomes relevant to understand what older people manage to be or do, what commodities they need for this, if they are able (have the freedom/agency) to do so, and what this implicates for their wellbeing. Subsequently we could identify if there is a malfunctioning in reaching a desired state of wellbeing due to freedom issues, due to the availability of commodities, or due to the ability to use these commodities to achieve a functioning. Lastly it should be noted that agency or freedom can function as a mean to achieve a functioning, or could be a functioning in itself. In other words: freedom/agency can have intrinsic value (Cough & McGregor, 2007).

However, the capability approach has received many points of critique from several researchers. One major critical point should be noted here, because it is vital to the scope and argumentation of this study. While the CA takes account of human freedom, Sen mentions no link whatsoever to the social, and therefore political nature of freedom or wellbeing. In the words of Deneulin & McGregor (2007): the capability approach conceives human freedom in an individualistic light. What an actor desires to be or do (what is valuable) cannot be considered while ignoring the fact that what is perceived valuable is unavoidably socially-constructed. What an actor values is highly dependent on what is collectively understood to be valuable and what groups of people agree upon in order to live well together. According to Deneulin & McGregor (2010) it is not so much our *wellbeing* that matters, but our *living well together*. It is through the interactions with others that we define our frames of meanings and subsequently our functionings. As well, the freedom that is needed to achieve a functioning is negotiated on in the social domain through social positions and mechanisms of power. Sen does not discuss uneven accounts of power and how this influences capabilities, functionings and ultimately: wellbeing. The CA rather focuses on objective notions of wellbeing (such as health and education), while ignoring how wellbeing is defined through subjective evaluations. This stresses even more the fact that we should take account of what actors themselves think and find valuable (Deneulin & McGregor, 2010). Henceforward, in the following section I explain more into detail why it is essential to take account for the social dimension of wellbeing.

2.2.4 Three Dimensions of Wellbeing

I argued before that if we want to have a proper understanding of wellbeing both the objective as well as the subjective definition of wellbeing should be considered. I want to acknowledge that what

defines wellbeing is different for each individual and thus I use a strongly actor-oriented approach to understand wellbeing. In addition to this it is essential and useful to consider the three dimensions of wellbeing as used by both Cough & McGregor (2007) and White (2010): (1) the material, (2) the relational, and (3) the subjective dimension. The material dimension covers what people (do not) have and relates to the aspects (capital, commodities or assets) that an objective understanding of wellbeing is concerned with. The relational dimension refers to what people do (or cannot do) with what they have. Hence this is what Sen denotes as capabilities but also relates to freedom or agency which is necessary to be capable of doing something. It furthermore refers to attitudes of life, access to commodities and personal relationships. Lastly, the subjective dimension of wellbeing is concerned with what people think or feel. As I explained in section 2.2.1 the subjective dimension covers on the one hand the personal evaluation and perception on the state of being, and on the other hand explains how (socially-constructed) values and ideologies influence such perceptions (Cough & McGregor, 2007; White, 2010). In addition, for all three dimensions we can identify how they relate to social relationships. In short: social relationships can provide commodities (the material), can give us access to these commodities and skills to use these commodities to reach functionings (the relational), and lastly they influence our perceptions and emotional states (the subjective). Again this shows why wellbeing should be regarded as a relational and dynamic concept; it is a concept that is continually reproduced by the different contexts of our everyday and constantly influenced by our social relationships.

Although the different approaches to wellbeing, the CA in specific, give us tools to understand the wellbeing of elderly, we cannot properly understand wellbeing if we ignore the social aspects of wellbeing. This is true first of all because the struggle to live well takes place in the inter-subjective space of relationships. This means that *living well* in essence rather refers to *living well together* (Deneulin & McGregor, 2010). An individual is 'no island' but is rather continually influenced by others in both the objective as well as subjective sense. Even the most isolated elderly will, to a certain degree, interact with others and thereby develop a certain understanding of what is valuable. Consequently the definition of living well is socially constructed: in the interaction with each other, actors define what is valuable and worth living for. Together we decide what is acceptable and what is not, what is of value and what is invaluable. Others influence how we think about ourselves and about others which pleads us to develop an understanding of wellbeing which takes account for the influence of social relationships.

2.3 Social Networks and Wellbeing

A second major theme within this study is the social network. As I already explained, social relationships have impact on the way we perceive our own lives. It is within the social domain that people exchange ideas and perceptions and form their own opinions. People often compare their own situations with people from the same age and social group and through this they develop their understanding of wellbeing. Older people specifically compare their life to people of the same age, rather than comparing their wellbeing to their own lives when they were younger (Kahn & Juster, 2002). Moreover, through the interaction with others, people also develop necessary social skills such

as learning to collaborate and to share (Ueno, 2005). Hence, not only do relationships with others define the way we look at our own wellbeing (subjective), they can also have a direct or indirect effect on our (objective) wellbeing. Friends of family can for example give social support that helps to maintain wellbeing. Because of the strong relational and social context of wellbeing it is important to study the relationships and thus the social networks of older people. In section 2.3.1 I define social networks after which in the following sections the function of social networks (2.3.2) and the way social networks are measured (2.3.3) will be presented.

2.3.1 A Definition of Social Networks

First of all, social networks should not be confused by the notion of 'group'. While a social network can exist out of one group, it is more likely that an actor's network contains several groups (Plickert, Côté & Wellman, 2007). For example: older people may have social contacts from church, from the bridge club and from the pub. At least three groups are already identified within such a social network. Nevertheless, what then *is* a social network? According to Litwin (2001), social networks are:

"The collection of interpersonal ties that people (...) maintain in varying contexts" (Litwin, 2001: 516).

If one wants to study an actor's social network, it is first of all necessary to look at the characteristics of all the relationships (ties) between the actor in question (the ego) and the other network members (the alters). As well, social networks can differ in size and composition and hence in a number of studies social networks have been categorized by a number of network types (see section 2.3.3). Moreover, social networks can be functional by providing network capital. Specifically for people in older age, social networks are essential for they may depend more on others in terms of the provision of network capital in order to maintain their wellbeing. Examples of such network capital are: the provision of control, trust, a sense of belonging companionship, and material and social support (Cornwell, Laumann & Schumm, 2008; Hale, Hannum & Espelage, 2005; Koku & Wellman, 2004). Drawing on this, I study how different alters can be functional to the ego by providing different types of network capital. The following section provides a more in-depth overview regarding the function of social networks and the relationship between social networks and wellbeing. Nonetheless it appears that what defines a social network depends on a number of factors. Characteristics of the ego and alter, the type of network and the function of the network (or rather the function of alters) may differ for each and every network.

2.3.2 The Function of Social Networks

Social networks can help people when they need support from others. Friends, family and neighbors can provide such support in numerous ways. Yet each alter forms a unique tie to the ego and thus different alters are likely to give different types of support. Nevertheless these relationships, or alters, function as suppliers of network capital:

"Social capital that is embedded in interpersonal relations that can provide custom-tailored helpful resources that are flexible, efficient and effective." (Plickert et al., 2007: 406).

Social capital is a widely-used term in the social sciences and, as we can see by the definition of Plickert et al (2007), strongly relates to network capital. In order to avoid confusion I want to refer to the distinction of two forms of social capital as explained by Wellman, Haase, Witte & Hampton (2001: 437). According to these researchers network capital is a form of social capital. In their definition, network capital is related to relationships with different alters that significantly provide support, such as companionship, emotional support, goods, services, information and a sense of belonging. The other form of social capital, referred to as participatory capital, rather refers to the actor's involvement in politics and (voluntary) organizations which creates opportunities for bonding and the creation of joint accomplishments (Wellman et al., 2001; Wellman & Frank, 2001). In other words: network capital is social capital derived from relationships, whereas participatory capital is social capital derived from social participation.

As I already shortly pointed out, network capital can for example be tangible or material support. This type of capital refers to the ways others can help an actor in material ways, for example by loaning money or giving a ride. It is assumed that material support can lead to better physical health. Other types of network capital are social support, information and a sense of belonging. Social support is a rather general term that is often divided into different categories, such as: emotional support and instrumental (tangible) support. However, in this study I use the term social support to refer to all help that is given and received within the social network that is not necessarily instrumental or material (such as money and health care) and thus it refers more to emotional support. Information is another essential type of network capital. Information can help an actor in all sorts of ways, such as through informing people about social activities or about subsidies that they can receive. Lastly, a sense of belonging refers to feeling connected to others, feeling loved and needed. Especially for a large proportion of elderly who feel lonely or left behind, this type of network capital is essential to their wellbeing. These four types of network capital are essential resources since they help people to maintain their wellbeing. Hence, understanding the type of social networks of elderly and how social networks foster the exchange of network capital might help to understand how elderly perceive and maintain wellbeing (Cornwell et al., 2008; Hale et al., 2005; Koku & Wellman, 2004; Wellman & Frank, 2013).

Moreover, the provision of network capital is dependent on the type of network, the social characteristics of network members, and the characteristics of each alter and its ties. Specific social characteristics of network members can be important in order for a member to receive or give support. Females for example are more likely than males to receive support. Subsequently, older people are more likely than younger people, but less likely than children, to receive support (Wellman & Frank, 2001). In addition, several researchers (for example: Cough & McGregor, 2007; Hardill & Baines, 2009; Ingersoll-Dayton et al., 2001; Pillai, 2013; White, 2010) stress the importance of 'relatedness' in studying wellbeing. Especially in terms of objective wellbeing social networks may function as coping resources: they provide network capital. Ageing is often associated with a lack of social support and with social isolation. Sociological approaches explain this by pointing towards the breakdown of the extended family and to a change in the social position that older people take in society (for example Durkheim's organic and mechanic solidarity). Furthermore, social bonds weaken and people are less

secure about the function of their social networks. This might be enforced by the current economic crisis as I explained in section 1.1. With these societal changes, the status of older people declines and the social roles they used to fulfill have changed which causes people in older age to slip more easily into situations of social isolation (Cornwell et al., 2008).

As I explain in section 2.3.3, there are differences in the composition of networks. Network members that are most likely to give support consist out of family, friends and neighbors. In addition, it is assumed that friendship and neighbor ties are often less densely knit compared to family ties. It is thus more likely to receive support from a family member than from a friend. Friendships are based on voluntary choices to get together and look after each other which demands for an active attitude between people. Family ties on the other hand are naturally formed and are therefore less based on an active choice to reciprocate support (Plickert et al., 2007). This shows that personal characteristics as well as network-specific characteristics can stimulate or restrain the provision of social support. I now go more into detail on how social networks can and have been measured and how differences between networks can be defined.

2.3.3 Differences in Social Networks

In order to understand how social networks relate to how elderly perceive and maintain wellbeing it helps to understand how we can compare social networks with each other. Hence a network consists out of several elements, and can be categorized accordingly. Subsequently, studies on social networks used different ways to measure a social network. These different studies together (see for example: Cornwell et al., 2008; Litwin & Landau, 2000; and Wellman & Frank, 2001) show that there are four main elements for examining social networks: (1) network size, (2) network composition or heterogeneity, (3) tie strength or density, and (4) contact frequency. Hence I use these four measures to define differences between elderly's networks. In order to do so I first shortly summarize the way these four measures have been used and what their assumed relationship is to wellbeing.

Network size and density are the most frequently used measures of social networks. Network size is a measure of the number of alters (directly connected ties) in the ego's network (Cornwell et al., 2008; Ueno, 2005). Large network sizes are assumed to correlate with better mental health. This is because people with larger networks are more likely to receive network capital as the proportion of network members that will be supportive is higher compared to a small sized networks. As well, people with relatively large networks often have more diverse networks which also increases the chance that an alter will provide social support. At the same time however, it could also be true that people with small networks maintain higher quality relationships which makes them more likely to receive support and to experience a sense of belonging. According to Plickert et al (2007) different studies come to different conclusions considering the relationship between network size and the degree of support exchange (Cornwell et al., 2008; Litwin & Shiovitz-Ezra, 2011; Ueno, 2005). In addition, how network size is specifically defined may depend on the nature of the study. In this study I focus on direct family members (spouse and children), neighbors and friends. Later on I also discuss the subjective nature of network size and its methodological difficulty.

Secondly, network composition is a measure of the differences and similarities between network members (Ueno, 2005). Litwin & Landau (2000) measured network composition by taking note of the percentage of the network that was made up for by a number of categories. They categorized alters according to the following groups: a spouse, adult children, other relatives, friends and others. Subsequently, the characteristics of each alter can be defined by, for example: gender, age, type of relationship, and type of communication. Plickert et al (2007) found that similar characteristics between network members can nurture support exchange. People who share many similarities are assumed to have strong relationships because they are better in sharing their experiences, they develop an empathetic understanding, and the chance on mutual support (or reciprocity) is higher.

While network size does not necessarily tell us anything about the quality or benefit of relationships, density does. This measure takes account for the extensiveness of relationships among alters in the same network and it is found that dense relationships are positively correlated with wellbeing. Or in other words: the stronger the ties between alters, the higher the likelihood of an alter to provide support. Moreover, a dense network is associated with access to information and support which can be beneficial to wellbeing. Generally density is measured as the ratio between the number of ties divided by the number of all possible ties, without considering the so called ego (Cornwell et al., 2008; Ueno, 2005; Wellman & Frank, 2001).

The last commonly used measure of social networks is rather straightforward. Contact frequency can be measured by how many times a week, month or year the alters and ego see or speak to each other. It is assumed that the combination of having a large network and meeting frequently is positive for an actor's wellbeing (Cornwell et al., 2008). Nevertheless, it should be noted that these four network elements simply help us to compare social networks. Findings on their relationship to wellbeing are mainly illustrative here since, unlike the studies I refer to, I do not regard 'wellbeing' as a fixed and measurable concept. I also argue that network measures such as network size have an underlying subjective component that pleads for an actor-oriented approach on network measures.

Networks can differ from each other in several ways as becomes clear from the different characteristics by which a network can be defined. Hence, different network types have been developed by researchers in order to specify what kind of network could be identified. Different network types have been found to correlate with wellbeing of older people and the degree of social support they receive. A number of network typologies have been proposed. Examples are: (1) the family-dependent network (small, reliant of family members); (2) the locally integrated network (large, relationships with family, neighbors and friends); (3) the local self-contained network (small, neighbor-based); (4) the wider-community-focused network (large, friendship-centered); and (5) the private-restricted network (absence of local kin, minimal ties with neighbors) (Litwin, 2001). These network types can help to understand the different types and compositions of relationships that elderly have and the likelihood that the exchange of network capital takes place.

2.4 Summary and Theoretical Focus

This chapter provided a useful theoretical framework in order to study the concepts of wellbeing and social networks of elderly. I discussed the findings of different studies and explained the

relationship between wellbeing and social networks. Because of its relational and subjective nature it is important to study the wellbeing of elderly in light of social relationships. In this final section I aim to summarize the findings of the literature study. Second of all, I want to clarify how wellbeing and social networks are studied within this study and what aspects of these concepts are of our specific interest.

Firstly, I argued that if we want to consider the meaning of wellbeing it is important to realize the different approaches by which wellbeing can and has been studied. This means that we for example should take account for the underlying notion of what defines a good life. This could be defined by a number of criteria or assets (objective wellbeing), but also by asking people themselves what they consider to be valuable (subjective wellbeing). Preferably, these two different notions of wellbeing should be studied at the same time. However, following the approach of White (2010) and Cough & McGregor (2007) a third dimension of wellbeing should be studied: the relational dimension. Hence these three dimensions correspond to the key concepts of Sen's Capability Approach (1980). In addition these three dimensions are useful in this study with an emphasis on how social relationships affect each dimension. In addition, the main focus of this study will be on the relational dimension (what elderly do or cannot do) and on the subjective dimension (what elderly think or feel). The relational domain I want to approach while keeping in mind Sen's concept of capabilities and agency. It is useful to see to what extent elderly are able to maintain their specific idea of wellbeing, what and who makes them capable or incapable of doing so and how the economic crisis affects this. The subjective dimension is vital for an actor-oriented study such as this one. In this respect I want to acknowledge the differences between elderly and what they value by asking themselves to describe their perspective of what it means to live well. I furthermore study to what extent these perspectives on wellbeing relate to their elderly's social interaction.

I focus on social networks because social relationships influence how actors think, speak and evaluate their wellbeing. Furthermore, actors develop a perspective of their own wellbeing through comparing this with the wellbeing of others. Social networks as well provide network capital that supports the actor in maintaining wellbeing. In this study I especially consider social support, material support, information, and a sense of belonging, which can all be provided by alters. I will study the relationships with friends, neighbors and family with an emphasis on friends and family and how they support the ego. Through this analysis I will show how different alters can provide different types of support which is vital to elderly's wellbeing. In addition, in order to study social networks I consider different network characteristics and how they relate to the kind and extent of network capital exchange.

In the next chapter I discuss the methods I used to gather the data for this study. It will be clarified how respondents have been approached and selected, how the interview guide was designed and what other methods have been used. Additionally, I present the way the data is analyzed and the limitations and ethical issues that we should consider.

Chapter 3: Methodology

In this chapter I explain first of all in what setting the study took place. In the introduction I already referred to the general setting and context of Ireland, the economic crisis and population ageing. However, in this chapter I illustrate more into detail the specific context of elderly in Galway City. Additionally I present what methods I used to study wellbeing and social networks and how I selected the respondents. As has become clear from the theoretical discussion, it is necessary to use an actor-oriented approach in order to get a proper understanding of older peoples' perception on wellbeing and the function of social interactions. While notions such as 'wellbeing' and 'friendship' are often top-down defined I chose to let respondents bring forward their own definitions and perspectives on these matters. This makes sense if we regard a notion such as wellbeing as socially constructed. It is exactly how people evaluate their own situation and how they, in the interaction with others, construct their frameworks that tells us something about how content an actor is with his or her life. It is not my definition or anyone else's that could properly define an actor's state of being. Additionally, by approaching these subjects from the actor's perspective it is likely to discover issues or matters that I as an outsider would not even have thought of. It is only the actor that can tell the researcher what he sees, experiences, likes and dislikes. Working with this actor-oriented approach strengthens the trustworthiness and validity of the data on which the conclusions are drawn. Moreover, since the elderly population should not be seen as a homogeneous population (Lally & Mortimer, 2008) it is most logical and fair to consider different opinions and perspectives of the actors. In this way we can draw a full picture of the different views that older people have on wellbeing and the relevance of the social network. Hence, I explain later on how the methods I used to gather data are suitable to understand the main issues from the actor's point of view. Furthermore in section 3.3 I give an explanation on how the data has been analyzed and how this supports the final conclusions. To conclude the chapter, I refer to limitations and ethical issues that I took account for and that we need to bear in mind when reading this thesis.

3.1 Setting and the Selection of Respondents

In this section I aim to clarify first of all the setting in which this study takes place. Through this, the context and frameworks of elderly in Galway in a time of economic crisis should become clear. Doing so helps us to understand the frameworks of elderly in Galway and the specific issues that elderly in Galway deal with in regards to their social lives and the economic crisis. The next section then clarifies the process by which the respondents have been chosen to participate in the interviews. In addition I present information on the differences and similarities between respondents in terms of socio-demographics. This is a start to the process of getting to know the respondents, their backgrounds and finally their understanding of wellbeing.

3.1.1 Setting – Elderly in Galway City, Ireland

This study focuses on those elderly (aged 65 and over) that are in good mental health and it is the aim to select a variety of respondents in terms of age, living conditions, and size and strength of the social network. Since elderly do not form a homogeneous group it would be ideal to select a highly heterogeneous research population. This provides a rich and wide-ranged set of data which is likely to show multiple perceptions, functionings, capabilities and livelihoods. Subsequently, this can give us a better understanding on how elderly define wellbeing and to what extent the social network plays a role in this.

A. Population Demographics

The Republic of Ireland is an island located in the north-west of Europe. Ireland is the western neighbor of Great Britain and the two countries are separated by the Irish Sea. Moreover, Ireland is a sovereign state and has a political system known as a constitutional republic. Currently, the president of Ireland is known to be Michael D. Higgins (“Ireland, general information”, 2013). Dublin City, together with Cork, Limerick and Galway City are the four main cities of the Republic of Ireland. Together they account for almost 35% of the total Irish population. This study will focus on elderly people in Galway City, which is the main city of County Galway, located on the western part of Ireland. In addition, Galway is an important Irish city in terms of tourism, education and economic activities (CSO, 2011).

In 2011, Ireland had a total population of four and a half million people of which 11.7% are aged 65 and over (see figure 3.1). Of this group, 45.4% are males and 54.6% are females. The life expectancy at birth of the Irish population was in 2011 set on 80.5 years compared to a life expectancy of 69.7 in 1960 (“Ireland – life expectancy at birth”, 2011). Furthermore, Galway City has a population of 250,653 people of which, according to the national numbers, approximately thirty thousand people are expected to be 65 and over (CSO, 2011). Of this population roughly 29% elderly people are widowed, 19% are single, and 52% people are married (2006). Approximately 23% of the elderly were estimated to live on their own (Lally & Mortimer, 2008).

Age group	No.	Percentage
0-14 years	979,590	21.3%
15-64 years	3,073,269	66.0%
65 and over	535,393	11.7%
Total population	4,588,252	100.0%

Figure 3.1 Irish Population per Age Group (Source: CSO, 2011)

The city of Galway contains 22 electoral divisions that are defined under three main regions: Centre, East and West Galway. Of these three regions, the divisions of Rockbarton (West Galway), Renmore (East Galway) and Lough Atalia (Galway Centre) hold the highest percentages of older people (Lally & Mortimer, 2008). In this study I only interviewed people from the divisions of Salthill, Knocknacarra, Newcastle, Mervue and Wellpark. Especially Salthill is considered to be a somewhat wealthier division of Galway, while Mervue and Wellpark are considered to have less wealthy

inhabitants. Because the area where respondents live likely tells us something about their socio-economic position, it is also likely that respondents in certain neighborhoods will have other issues and perceptions on what is valuable than people from others neighborhoods. Nevertheless each interview was unique and every respondent had a specific view on wellbeing, the economic crisis and the function of relationships. The fact that respondents live in a certain area might tell us something about their socio-economic position and thus their objective wellbeing, but is not necessarily related to their subjective wellbeing.

B. Social Services in Galway

Social services and social groups aimed to support the elderly of Galway City are many and offer different kinds of services, support and activities. Services and social groups for older people are first of all initiated by: churches, sport clubs, music groups, libraries, and social clubs. Secondly, there are also governmental services (such as information centers and community resource centers), voluntary-based services and commercial service providers such as home help services that support elderly. Subsequently, according to the report of Lally & Mortimer (2008) about 19 services in Galway City work specifically to support older people and at least 37 organizations provide services to the elderly as part of their overall service. Referrals to these organizations mainly come through professional health services, such as the Public Health Nurse Service or the Health Service Executive (HSE) (Lally & Mortimer, 2008). Additionally I found that many people get informed about social groups (such as the Active Retirement) mainly through word-of-mouth. Hence, neighbors and friends are important actors in this process. I highlight four organizations and service providers for elderly that play a meaningful role in this study.

Westside Age Inclusion was established in 2002 to deliver services to older people who live in the Westside area of Galway City. This organization aims to improve the quality of life and wellbeing of its client base by identifying and working directly with older people in their homes. Their aims are to link with agencies and work in partnership to improve the quality of life of older people in the community. One of their services is the laundry service which includes the collection, washing, drying, and delivery of laundry to the clients' home on a weekly basis. Another service, the care and repair service is offered to older people who are not physically able to carry out basic home maintenance. Moreover, a social club is established for older people at risk of isolation in the Westside area. The aim is to reduce isolation, increase social networks and develop links for older people with sustainable community resources. The social club runs once every two weeks on Wednesday. A group of around 15 older people come together to join a lunch and to play bingo. Lastly, *Westside Age Inclusion* also provides pendant alarms to people over 65 years. This scheme is funded by the department of social protection and only the monitoring fee is required yearly from the client ("*Westside Community*", 2013).

Cope Galway has provided support services in Galway since the 1970s. The organization provides three key supports to older people in Galway City. The Community Catering provides a six-day service in Galway City. For six euros people can receive a meal at home each day. Secondly, the Imperial Dining Club was formed in July 2006, and secured funding to facilitate a group of older people who previously met for daily lunch at COPE's own premises. They also use the opportunity to run errands, and often attend daily mass. Thirdly, Sonas Day Centre is a drop-in center for older people,

offering help to access services, activities to bring pleasure, comfort to ease anxieties, and security to give peace of mind. The center provides information, support, advocacy, and services such as groceries and prescription collection, laundry and meal deliveries. They also organize activities such as art, pottery, baking, cooking lessons, music, and education, such as: computer classes and horticulture (COPE Galway, 2013).

Croí na Gaillimhe Resource Centre provides an intergenerational place of welcome especially for disadvantaged groups, offering a range of holistic educational and social supports complementing current provision in Galway City. The key areas of work recognized as priorities for the Resource Centre are older people, disadvantaged youth and adults. They have social, educational and informational programs operating in the center for older people. The key aim is to reduce loneliness and isolation for older people and encourage more involvement in the community, self-reliance, social, educational, physical activity and fun (Society of St Vincent de Paul, 2013).

Active Retirement Ireland is a national network of approximately 500 local Active Retirement Associations with over 23,000 members. ARI believes that older people have the right to be full and participative members of our society. ARI combats ageism through the reality and everyday work of the self-organized local associations and the regional councils. ARI has a large voluntary base with local, regional and national voluntary committees. The purpose of Active Retirement Ireland is to enable retired people to enjoy a full and active life and to advocate for them. In Galway City there are about 15 groups that are part of ARI. Activities that they organize include: meetings, bowling and other sports, scrabble, lunches, Christmas dinners, short trips and holidays, lectures, and more. Each group consists of at least a chairman, a secretary and a treasurer. Group sizes differ between 10 and 60 members and each group is unique in composition and activities that are organized. Everyone who is 55 and over is welcome to join an Active Retirement group ("Life begins at 50", 2013).

These organizations (and others that I did not mention) together directly or indirectly provide the different types of network capital: social support, material support, information, and also a sense of belonging (Cornwell et al., 2008; Hale et al., 2005; Koku & Wellman, 2004; Wellman & Frank, 2013). For example, Westside Age Inclusion has a free laundry service (material support), COPE Galway provides information and advocacy (information), and all four organizations invest in social activities that foster the exchange of social support and create a sense of belonging. This illustrates the importance of social services because they can either give support directly or create social environments that foster social interaction. Especially when family ties weaken, due to for example migration, it is even more vital that the Irish government avoids the close-down of day centers and spare these organizations' budgets as much as possible.

Nevertheless, despite a long list of services and organizations aimed to support the elderly, people in older age do not always get the support that they need, or in the worst case: no support at all. According to the report of Lally & Mortimer this is partly so because:

"There are so many services available that older people clearly find it difficult to access the appropriate and relevant service provider, and are unable to seek anyone to access it for them or advocate on their behalf, as such an approach is very resource-intensive for organizations" (Lally & Mortimer, 2008: 69).

Moreover, according to their report older people in Galway suffer from loneliness, anxiety, depression, isolation, a lack of societal connections in the community, and abuse. These problems remain and are fostered by key gaps in services, a lack of day centers, a lack of information centers, a lack of sheltered housing, and the fact that it is ignored that different parts of Galway City present different needs for older people. Furthermore, many older people feel that society expects them to adjust to the current circumstances while at the same time they are not supported to make their own choices. Subsequently, elderly are often treated as a homogeneous group and service providers regularly ignore to look at individual needs and preferences (Lally & Mortimer, 2008).

3.1.2 Selection of Respondents

I conducted nineteen in-depth interviews and one focus group discussion with a total of twenty-six people aged 65 and over in the City of Galway, Ireland. Four of these interviews were partly repeated because of a lack of data in respect to the social network theme. Furthermore, in order to derive maximum variance in perspectives, backgrounds and experiences, respondents were approached through different trajectories. One respondent was contacted through my own personal network, while three other respondents were approached via an alter in my own network. The remaining fifteen respondents were selected by a snowball sampling technique with the particular help of three key informants. Subsequently, six women were involved in the focus group discussion of which one female who was also one of the nineteen respondents. The criteria on which respondents were selected were basically their age (aged 65 and over) and their residence (living in Galway City). Besides I preferred to interview older people in good mental condition and with different socio-demographic characteristics from former respondents.

Respondents of the interviews were aged between 68 and 90 (M: 76.9; sd: 6.8), of which ten women and nine men. Most respondents (42.1%) lived together and were either married or involved in a relationship. Henceforth I refer to this last category as “together”. Of the group living on their own, 36.8% was widowed and not in a relationship, 15.8% was single and one respondent was divorced (see figure 3.2). Lastly, the nineteen respondents live in different parts of Galway, but mainly in the electoral divisions of Salthill and Knocknacarra (for an overview, see appendix A).

After finishing all nineteen interviews, I concluded that in combination with the focus group discussion and the participant observations, the interviews provided sufficient information for drawing conclusions in regard to the research questions. However, as I mentioned before: four respondents were approached for a short second interview in order to gather more data on their social networks. Other respondents already provided sufficient information or were not approachable for a second interview.

Widowed	Married	Single	In a relationship	Divorced
Joyce (86)	Ruth (68)	Frank (75)	Nichola (68)	Therese (82)
Tara (89)	Daniel (70)	Emma (72)	Phil (71)	
Joe (86)	Owen (69)	Rose (78)		

Adam (82)	Darren (76)			
Sinead (70)	John (76)			
Marie (85)	Paul (73)			
Sue (90)				

Figure 3.2: Respondents' Age and Marital Status

3.2 Data Collection Methods

From the literature study I concluded that we can study wellbeing in three steps: (1) what a person has, (2) what they can do with what they have, and (3) how they think about what they have and can do (Cough & McGregor, 2007). In addition, for each step I argue that there is a social or relational component that we should take account of. I also emphasize that it is mainly the perspective of the actor that eventually defines what wellbeing is. Nevertheless, from a methodological point of view we should ask ourselves the following questions: How can we measure these steps and what are the best methods by which we can do this? Also, what are the best ways to identify differences in social networks that are meaningful to understand the function of social relationships for the perception on, and the maintaining of wellbeing?

Combining multiple methods for examining the same concepts can be useful to remove potential bias and to increase validity and confidence in the findings of this study. Triangulation aims to study a phenomenon in more than one way by using different methods and thereby the weakness of one method can be compensated by the counterbalancing strength of another method (Kopinak, 1999). For example: using only interviews provides access to what people say, but not to what they do. In that sense, participant observation is, next to interviews, a useful method to understand the context of the research population and to study what actors do. Hence, the two main data collection methods in this study are: qualitative (in-depth) interviews and participant observation. However, I also carried out a focus group discussion and newspaper articles have been useful as well in order to get an understanding of the impact and relevance of the economic crisis and what issues older people have to deal with. In addition, living amongst the actors also helped me to understand their daily issues and contexts. This combination of methods is suitable to reach depth and accuracy and it takes account for the context of the research population which is especially important in this study.

3.2.1 Qualitative Interviews

In-depth interviews are a useful method to study peoples' perceptions and opinions about their own wellbeing. Though this is time-costly, it is a useful method to come to a proper understanding of the lives and perspectives of older people because it enables the researcher to ask additional questions when needed. In addition, in-depth interviews are often unstructured and therefor give space for the discussion of side-themes that can reveal essential information (Patton, 2005).

Interviews lasted between 30 and 180 minutes and the majority of the interviews were conducted individually in the respondents' homes. Three interviews took place at a café, three other interviews took place at the flying club of Galway, and one interview was taken in the public library. Additionally,

one respondent preferred to have someone else present during the interview in order to explain things if necessary. Since it was difficult to understand this particular respondent it was helpful to me as well to have this other person present to clarify questions and answers. During the interviews I chose to write down only keywords in order to avoid too much distraction for myself as well as for the respondent. Immediately after the interviews I wrote down the full answers and observations based on the keywords. The interviews were conducted from the beginning of July 2013 until the end of September 2013.

Questions were posed according to a predetermined set of topics and questions. These sets of questions were developed based on insights gained from the literature review and on the experiences of the first few interviews. Following from this, the interviews covered: (1) social-demographics, (2) activities, (3) social networks, (4) wellbeing, and (5) the economic crisis (see appendix C). Within each interview at least all topics were discussed which formed a framework for additional questions related to the four main sets of questions. Additional questions were posed to unveil further details or to relate to the respondent's answer or opinion.

3.2.2 Participant Observations

Through observation we learn to understand what people do and how they interact, which allows for a rich description of the everyday life of the individual (Patton, 2005). Living in Galway allowed me to develop an understanding of the everyday context of (elderly) people in Galway. By reading newspapers, having conversations and through the simple experience of living in Galway I gathered rich data that plain interviews could not have provided. I also aimed to participate in volunteering work focused on elderly in Galway. By doing that, I expected to develop a close interaction with elderly which would be helpful in order to understand their way of perceiving the world. Unfortunately, it proved to be difficult to get a volunteer position. Instead, I participated in a few single activities organized (by and) for elderly.

Firstly, I visited a social club organized by Croí na Gaillimhe resource center. Six older ladies had come together at the center to play bingo and a ball game after having received a lunch. I watched the bingo and afterwards participated in the ball game. Secondly, I was invited by one of the respondents to join a boat cruise on the river Corrib which flows into Galway. This activity was organized by both the Active Retirement group of Knocknacarra and the group of Mervue. Around 40 older people participated in this social activity. I mainly observed but also engaged in conversation. Thirdly, I visited a coffee morning organized by Active Retirement Salthill where I was invited to by a respondent. Seven ladies came together in a hotel to share their stories and drink coffee. I sat amongst them, listened and engaged in their conversations. Fourthly, I was invited by the initiator of Westside Age Inclusion to join their social club on a Wednesday afternoon. I helped to serve lunch and cleaned up afterwards. I also helped to set up the bingo and to call the numbers. Thirteen people over 65 joined the social club that afternoon. Two weeks later I visited the social club again and offered my assistance. Lastly, I was invited to a meeting of Active Retirement Knocknacarra. Around 50 people came together for this meeting in which they firstly discussed upcoming activities and secondly discussed what the likely effects of the economic crisis would be on their daily lives. I mainly observed

the group but also participated in their discussions on the economic crisis. During these observation sessions I made notes which I amplified right after the activities.

Lastly, one respondent offered to invite her friends and neighbors for tea in order to have a joint conversation on the topics of this study. Consequently on one Monday afternoon six ladies came together (including the respondent), had tea and muffins, and talked about different topics for about two hours. I asked them questions about the function and importance of friends and family, about the economic crisis, about loneliness and about social activities. The information based on this focus group discussion is very rich and helpful for the analysis of the research topics.

3.2.3 Data Analysis

Based on the data from the interviews, the participant observations and the focus group discussion, I present in chapters 4-7 the analysis for each of the four interview topics: the economic crisis, activities, subjective wellbeing, and social networks. For each topic I address the issues that came up during the interviews and the activities that I attended. I present the type of quotes and short anecdotes that illustrate an interesting point or that simply explain what was said about a particular topic. Since all respondents were unique in their background and perspectives it is not possible to reflect everyone's opinions. Instead some parts of the analysis are based on the opinion of just one respondent. This is useful because even one remark or opinion can be a useful point of discussion and can be used as a starting point to discuss other issues or perspectives. It should be noted that the quotes displayed on the right side are not necessarily the only quote(s) on which the particular section is based, but instead highlight a particular point of view or interesting remark.

3.3 Limitations and Ethical Issues

A limitation to this study is first of all that even though I visited and interacted with respondents several times and in multiple contexts, it remains difficult to fully understand the actor's perspective. It is not only what people say, but also what they do *not* say, what they feel and what they do that provides information about their subjective wellbeing. It is a challenge to capture all this information and aspects of wellbeing. Moreover, recent events or the extent to which people feel comfortable to give an interview can influence their perception on wellbeing and consequently their answers (Pillai, 2013). A longitudinal study could be useful in order to cover for these issues (however to a certain extent). Nevertheless these issues do not alter the fact that this study give us certain insights and shows the importance of the social domain of wellbeing. At the same time it is essential to keep in mind that the answers of respondents would differ for each other interview.

Another limitation to this study is related to the characteristics of the research population in general. I experienced that it is difficult to properly interview elderly people due to a number of reasons. First of all, I found that many older people are eager to give an interview because they sometimes long for social interaction or like to be of help. Many elderly people appreciated to be visited and to be heard, which makes that they easily get off-topic and sometimes do not even realize they are being interviewed. Moreover, a number of respondents had a hard time concentrating on the

questions and easily drifted off to other topics. In general some older people found it hard to answer questions on for example the function of friendships which would sometimes make them avoid to give an answer to the actual question. Interviewing elderly was sometimes a real challenge!

In addition, for this study a number of ethical issues should be taken into consideration. (1) First of all, respondents may not have always been completely aware about the objectives of the study. Additionally, during a few activities that I visited, not all people might have been fully aware of a researcher observing them and taking notes. At the start of almost all activities (bingo afternoons, coffee morning, and meeting of the Active Retirement) people were informed about the presence of a researcher amongst them. However, at the boat trip organized by the Active Retirement I was not specifically introduced. Moreover, no respondent or actor was asked to sign an informed consent. The reason for this was the informal atmosphere that was desired in order to ask questions that could be experienced to be rather personal. The reason for this was that for the quality of the interviews it was found undesirable to fully reveal the purpose and main question of the research in order to avoid bias in the form of probing for certain answers. However, I do not use the names of respondents and I strongly believe that most information was not specifically sensitive, secretive or in any other way likely to be harmful information. (2) Secondly, it proved to be difficult at some times to make people feel free of pressure to participate in this study. Most respondents were approached for participating in this study through respondents that already participated in this study. In a few cases these former respondents could be seen as important and influential persons (within mostly Active Retirement groups). While being approached by such an 'important or influential' person, people might have felt the pressure to participate. (3) Third: one might consider how ethical it is to be on the one side the listening, kind and social person, while on the other hand having an interest in becoming friendly with the research population for the sake of the quality of the interviews. A certain level of trust was needed to encourage people to open up and speak their minds. It is fair to keep in mind the different interests that are at stake and the fact that a part of the elderly population is often in need for social contact and a listening ear. (4) Lastly, a study like this makes what is said and done in the private sphere, public through the final report. This should be considered carefully. Therefore in this report I chose not to use the actual names of respondents or to display where they exactly live. In order to get a proper understanding and knowledge of the different types of respondents and their networks, I use pseudonyms. Since this report is presented in a different country from where the data was gathered, it is not likely that the data can be tracked back to respondents.

In short: this chapter presented who was included in this study, how the data was gathered, how the data is analyzed, and lastly what limitations and ethical issues should and have been considered. Now that it is clear why this study is carried out, on what theoretical assumptions it is based, and how the data was collected, it is now time to present and analyze the results of this study.

Chapter 4: Analysis Part I – The Economic Crisis

The first part of the analysis of the data is focused on the economic crisis which forms the motive behind and context of this study. It is within this context of financial insecurities, governmental cuts and the close-down of social services that I asked respondents about their perspectives on wellbeing and the social network. Not only did the interviews reflect older peoples' concerns or opinions in regards to the economic crisis, conversations with other actors, observations and newspapers also contributed to the data on this topic. Furthermore, while the economic crisis functions as the current context of elderly in Galway, at the same time it also influences elderly's perceptions because it is already part of their everyday life. While this chapter illustrates the framework within which we should understand the topics that I discuss in the other three empirical chapters, it also relates directly to the subjective wellbeing of elderly. Henceforward, I discuss how elderly perceive the economic crisis and its possible effect on their everyday lives.

4.1 Elderly's Perception on the Economic Crisis

First of all it is noticeable that many respondents (and other people in Galway) were fast to compare the crisis in Galway City to other parts of Ireland, to Northern Ireland or to other countries such as the UK, Spain or Greece. These people were of the opinion that the economic crisis did not really hit the people of Galway and that they have not much to complain in this respect. Additionally, not only do respondents compare the situation of Galway to other geographical areas, they also compare it to past times. A number of respondents mentioned that people nowadays are spoiled and live extravagant lives while in the past they used to get around with far less money and possessions. An older lady I met on the street for example said:

"We used to economize, to think about every bit of money we would spend. Nowadays young people want to have everything and instead of saving their money they would rather borrow money" (July 12th, 2013).

It also seems that although respondents were specifically asked about the lives of *elderly people*, they might have referred to younger generations being spoiled and leading extravagant lives. Moreover, the fact that quite a number of people seem to be not particularly negative about the effect of the crisis in Galway might indicate a few things: Galway is better-off than other areas and countries in terms of the crisis, people in Galway are positively-minded, older people do not realize the possible effects of the crisis on their lives, or older people use a positive approach to cope with their worries in respect to the crisis. Probably all of these suggestions are true to a certain extent. However, from figure 4.1 we can see that according to three economic indicators, the Galway region is not necessarily better off than the regions of Cork,

Adam (82, widowed)

People in Ireland are well off, especially compared to other European countries. I actually think that people in Ireland live quit extravagant lives.

Ruth (68, married)

I feel that the recession in Galway is not too severe. There are two American companies that are not affected by the crisis and that provide work. Some sectors are however more difficult to find jobs, for example if you are a primary school teacher. My children were lucky to be graduated before the start of the recession.

Dublin or compared to state numbers (CSO, 2013). Also, while Galway may have two universities and international industry, this will not make a difference for governmental cuts. Each region, county and city in Ireland has to deal with budget cuts. Nevertheless, the fact that a large number of respondents live in the wealthier regions of Galway city might explain their confidence and optimism in terms of the financial state of Galway.

Economic Indicators	State	Galway City and County	Cork City and County	Dublin
Total Income per Person (Euro)	23,901	23,158	24,342	27,671
Index of Total Income per Person (State=100)	100.0	96.9	101.8	115.8
Disposable Income per Person (Euro)	19,318	19,069	19,759	21,515

Figure 4.1: Economic Indicators Comparing Galway Region to the State, Cork and Dublin Regions

4.2 Effects of the Economic Crisis on Elderly

Despite the fact that many respondents do not think the crisis particularly hit older people in Galway, some effects of the crisis (or fear of possible effects) have been mentioned. It was mentioned for example that the Active Retirement has a smaller budget for trips and holidays compared to before. Furthermore, others explained that with the rise of taxes they have relatively less income to spend which forces people to spend their money more consciously than before. What especially worries respondents is the fact that the height of pensions remained static while costs have risen, such as: fuel, travelling, electricity and health care costs. These challenges were amongst others discussed during a meeting of the Active Retirement group of Knocknacarra:

After the first half hour of the meeting, it is Frank's turn to give a talk. He wants to discuss the current developments in terms of government cuts and how this is going to affect their age group. Each table (group of 6-10 people) is instructed to think of a number of (possible) effects of the crisis on older people. Additionally, they have to write down who will be affected by these issues and what they think about this. Do they see any solutions, or ways to adapt to these changes? After fifteen minutes Frank comes forward and asks for each table a representative who will present the conclusions of their discussion. Issues that were raised were amongst others: the decline of household benefits, loss of television license, loss of free travel passes, the rise in water taxes, less purchasing power with the same pension, increase of security issues because of a reduction in the number of guards, and the individual contribution for medicine has gone up from 70 euro's to 140 euro's. Some people seem a little angry or frustrated by discussing these matters because it seems unfair to them that older people have to deal with these developments. Some people are more worried about what is to come (Active Retirement Knocknacarra; September 11th, 2013).

The issues that were raised in the meeting of the Active Retirement were also mentioned during some of the interviews. This shows that older people are worried about whether the government will cut their pensions and about the rise of several costs and taxes. Many older people are already on a

short budget when they have to get around from their state pensions or a widowers pension alone. Though it seems logical that everyone in society has to pay more for water, fuel and television, according to respondents these kinds of developments are harder to adapt to by older people than by younger people.

Therese (82, divorced): "Older people need more fuel to stay warm than younger people. Also, older people often need to use more water due to problems with incontinence. Since many older people feel lonely, having a television is essential in terms of their amusement. Unlike younger people, older people have less other means to entertain themselves and therefor it is nice to have a television."

Respondents are however not only worried about the effects of the economic crisis on their own lives. They are as well worried about their children and if they are able to get around with their incomes. A number of older people would give material support to their children. Younger people who lost their jobs now have to rely more on their parents in terms of financial help.

Furthermore, I found it remarkable that respondents referred to possible *positive* effects of the crisis. They argued that now that people are shorter on their budget they might learn to spend their money more consciously. In the past they were also used to save money and consider their expenditures carefully. Respondents found it furthermore positive that people nowadays are likely to use less water and electricity while many people are used to spill these resources. As was mentioned earlier, it was also said that many people became spoilt and live extravagant lives. The crisis might make people more aware of what they have and learn to appreciate this. This is interesting for it shows that negative effects on objective wellbeing can lead to positive effects on subjective wellbeing!

A last issue raised concerning the economic crisis, was the issue that a number of pubs have closed down due to the recession. Darren is one of the respondents who experienced this effect of the crisis:

Darren (76, married): "I am a musician and I used to play and travel for a long time with three other musicians. However, with the new rules on drinking and driving, less people go the pub and with the recession the business has gone down. People rather stay home to have a drink which is less costly than having a drink in the pub."

It is interesting to see how different respondents raise different issues when speaking about the economic crisis. It furthermore shows that whether an actor is single or not, has children or not, likes to drink in the pub or not, and has a positive mind or not, influences peoples' perspectives on the effects of the economic crisis for older people. In this sense how actors speak about the economic crisis might also relate to how people speak about their wellbeing. However, before discussing the

Joyce (86, widowed)

I think that it is mainly children that now depend more on their parents for money. Older people are not hit that hard; or at least I am not.

Sinead (70, widowed)

It (the crisis) makes people more conscious, for example about the use of water. They will use less and that is a good thing.

subjective wellbeing of elderly I first of all illustrate how and with who elderly spend their time which is also likely to influence their perception on wellbeing.

Chapter 5: Analysis Part II – The Activities of Elderly

One of the first topics that I addressed in the interviews are the activities that respondents engage in during an average week. It is important to first of all understand what actors *do* in order to get an overview of who they *know*. In this sense, the results that will be discussed in this chapter form a basis for the following chapters on subjective wellbeing and social networks. In regards to subjective wellbeing it helps to understand in what context social interaction takes place because peoples' opinions and perspectives are shaped through the interaction with other people (Cough & McGregor, 2007). Subsequently, some elderly might be more involved in social activities than others which gives us information about the degree of social interaction and the likelihood of network capital exchange. Moreover, in terms of network composition some respondents may interact mainly with family while others interact more with friends or neighbors. Hence, this as well can tell us something about the expected exchange of social support (Plickert et al., 2007; Ueno, 2005). Thus, what people do (where they are likely to meet others) gives information about their relationships and how their relationships with others may have an influence on their objective and subjective wellbeing. Additionally, the absence of (social) activities may likewise be an indicator of social interaction and the composition and size of an actor's social network.

Following upon the above, each respondent was asked about the weekly activities in which he or she, under normal circumstances, engages in. As a framework I pre-categorized these activities under the following types: household activities, sports, religion-based activities, family-related activities, social clubs, and a remaining category defined as 'other activities' which mainly covered hobbies. These categories cover for any activity in which social interaction is likely to take place. An overview (see appendix B) is given of the different categories of activities that each respondent mentioned to be involved in. The category of household activities was left out from appendix B because this type of activity has not been discussed to the degree and consistency that other activities were discussed. One of the reasons for this is that household activities are often not particularly 'social activities'. However, because some actors spend a lot of time on the household this category for example tells us something why social interaction would *not* take place.

5.1 Household Activities

Household activities cover all activities that have to do with: grocery shopping, cleaning, preparing food and everything else related to the maintenance of the house. Gardening was both mentioned to be a household activity as a hobby. However, in appendix B I placed gardening under the category 'other activities' because the majority of respondents referred to gardening as a hobby or activity they enjoy to do in their spare time. Mostly women indicated to spend time on household activities; either on their own or with the help of a cleaner or family member. Male respondents less specifically and less often mentioned to spend time on household activities (which does not indicate they do not engage in household activities). Some men however specifically mentioned to make breakfast, do the groceries, maintenance or to take care of the garden.

Phil (71, together): "I used to be a cook from profession and so everyone likes the food I make. During the week I take care of dinner for three days. My girlfriend takes care of three dinners and her daughter prepares us a meal in the weekend. My girlfriend and I also divide the time we have to spend on cleaning the house."

Of the married (or in his case in a relationship) respondents Phil clearly forms an exception. He likes to cook and does not mind to clean the house whereas for most couples it is the female that takes care of the household. It is however not particularly clear how much time the respondents spend on the household and in what way family, friends or neighbors help them with household activities. Only a few respondents indicated to receive help from family, for example to change a light bulb or to do groceries. While most respondents receive little help, some get regular help from mainly family. Especially those respondents that live close to their family, or *with* their family, are supported by them in terms of the household. An example of a respondent who receives a lot of support in the household is Therese:

Joyce (86, widowed)

If for example a light bulb has to be changed, my son comes over to help me.

Therese (82, divorced) is just a few weeks out of hospital where she had two major surgeries. Because of her paralyzed right hand she is unable to take of the household by herself. Everyday a younger friend comes to look after her and she makes her dinner. One time when I visit Therese her friend just made stew. Afterwards she cleans the kitchen and when she is about to go home she asks Therese for laundry which she washes at home and will return the next day. At other times her neighbors or acquaintances from church come over to Hoover or to bring a dinner or lunch.

Therese needs a lot of help in the household and is fortunate to have friends, neighbors and relatives that are able and willing to provide this kind of support. In other words while she lacks the capability to achieve a functioning (independence), her social network provides the necessary support by which she can maintain her wellbeing (Chambers, 1997; Clark, 2005; Deneulin & McGregor, 2010). Moreover, in Therese's case the household activities are also social activities where social interaction takes place. However, not all respondents are as privileged as Therese. Accordingly, a last example shows how household activities can also hinder social interaction:

Adam (82, widowed) has a large house and garden and spends the majority of his time on the household including the garden (for him not so much a hobby). He does this all by himself but occasionally a nephew comes over to cut the hedges. While his house looks clean and well-maintained he explained that he cannot deal with the household all by himself anymore. The house is too big and needs a lot of maintenance which he simply cannot do by himself alone. Hence, the time he spends on the household holds him back from engaging in other (more social) activities.

In terms of household-related services, especially the organizations of Westside Age Inclusion and COPE Galway offer a number of services. COPE Galway provides daily meals at home, whereas Westside Age Inclusion has a 'Care and Repair program' and a laundry service.

5.2 Sports Activities

Tara (89, widowed): "Every morning I get up early to do my exercises. I bend and stretch and even put my knees up to my head while lying on my back."

Like Tara, the majority of respondents are involved in sports activities. While in the case of Tara this can be a solitary activity it can also be an activity which fosters social interaction. Besides daily exercises, respondents also mentioned to be involved in: walking, swimming (either in sea or in the swimming pool), bowling, dancing, golf, and aqua aerobics. Most respondents are engaged in at least one of these sports. Noticeable is that respondents have different reasons for why they engage in sports. Tara for example is motivated to do exercises in order to make sure she will not have to depend on her family. Being healthy means to her that she can keep driving her car which allows her to avoid asking for the help of others. Therefore, in order to pass the medical test for driving, she also does exercises for her eyes every morning. However other respondents exercise to meet other people or to get their mind of their problems.

As mentioned before, sports activities can foster social interaction. Nichola initiates a weekly morning walk with a few friends that live in her neighborhood. She also does exercises every morning together with her partner. The other way round, social interactions can also be motivational to start exercising. For example, the Active Retirement groups organize a number of sports activities, such as: bowling, dancing, aqua aerobics and exercise classes. Consequently, since the Active Retirement groups organize sport activities, being a member of an Active Retirement group is likely to stimulate people to get involved in sports. Furthermore, the Active Retirement groups invite a different speaker on a topic for each Wednesday meeting. Some of these lectures are on health and exercising and through this older people are informed about the importance of exercise in regards to physical and mental health. In this way the Active Retirement can provide actors with network capital in the form of information (Cornwell et al., 2008). Likewise, during a meeting of Active Retirement Knocknacarra a moment was taken to do some exercises:

Frank (75, single)

I love to dance and if there is a tea dance organized I go there. I also like to walk and swim and occasionally I go to aqua aerobics.

Ruth (68, married)

If I was feeling down I would go to the golf court. Golf helps me to keep my mind of my sorrows.

"The chairman just ended his talk on the way they as a group should welcome new members. While I look around to observe how people respond to this call, suddenly something changes in the room. The chairman asks us all to stand up and to set our chairs aside. For a short moment I doubt whether I myself will participate in what is coming up, but then I realize this is what participant observation means. The chairman tells us to put one arm up in the air and to start swinging it around. After this we have to do the same with the other arm. Then we have to shake our legs after which we are told to sit down again. People laugh and exchange smiles with each other. In this short moment people are encouraged and reminded to occasionally take a moment to exercise their bodies. Right after this people sit down as if nothing happened (but clearly with happy expressions on their faces) and the meeting continues." (Active Retirement Knocknacarra; September 11th, 2013).

This observation shows how the Active Retirement, a social club, can encourage elderly to exercise by stressing the fun-side. Active Retirement is however not the only initiator of sports activities. The community center of Croí na Gaillimhe organizes tea dances which seems to be a popular activity amongst the elderly population. While sports can be seen as a type of social activity (in the case of Nichola) it is as well possible to be a solitary activity (in the case of Tara). Friends can function as a stimulant (social support) to start exercising such as in the case of Nichola. In addition, through the provision of information, as in the case of Active Retirement, elderly can also be encouraged to exercise. Sports activities can thus influence the objective, the subjective *and* the relational domain of wellbeing (Cough & McGregor, 2007; White, 2010). In the objective sense sports can lead to better health which is assumed to lead to higher levels of wellbeing. In the subjective sense sports can distract the mind from sorrows and in the relational sense it can foster social interaction and enable people to start exercising.

5.3 Religion-based Activities

This category of activities refers to all activities that are focused on those activities that have to do with religion or spirituality from any kind. In practice, this category captured whether or not people go to church and how frequent they go there. Three respondents indicated however to be more involved in religious activities than by going to mass alone.

Emma (72, single): "Once every month I have church duty. I have to go to a small town in the south of Ireland which is visited by pilgrims. There we provide food, drinks and information. It is a very special place to me and I like to do the work."

In the case of Emma being involved in religion-based activities not only leads to increased social interaction but also makes her do things she likes and probably gives her feelings of usefulness. It seems that this church duty is likely to enhance her wellbeing. Like Emma, Frank is also highly involved in religion-based activities outside of the occasional church-going:

Frank (75, single) lives together with three 'brothers' of his congregation. Between the four of them they cook, clean and take care of each other. When I visit him at his home, a few times one of his house mates walks into the room to ask something to Frank. Frank is the youngest of the four 'brothers' and is head of the house which means that he is responsible for household activities.

Both Emma and Frank have a social network which amongst others involves contacts from church. The church is thus a place where social interaction takes place, but for both Emma and Frank also a place where they have duties and responsibilities. For both of them these duties seem to be things they like to do and through which they are able to support other people. In return they are likely to experience a sense of belonging. However, while a majority of the elderly goes to church (which is probably a result from their catholic upbringing) not all people develop their networks within this domain. Also, only a small group of religious people specifically receive support through other religious people. Someone who does receive social support through her social contacts in church is Therese who, as I explained in the section on household activities, receives a high degree of social and material

support from church members. She is regularly visited by church members after she got out of the hospital. Noticeable is that a few younger people (in their twenties) visit her occasionally to help with household activities or for the sake of companionship. It is through the church that she interacts with people of different ages and kinds. While Plickert et al (2007) mention that alters with the same characteristics are most likely to give support, in her case the socio-demographics of alters do not seem to matter so much. However because the majority of church-members are often of older age and share a lot of similarities in background and perspectives with the older actor, it is likely that church-attendance increases social interaction and therefor the exchange of network capital. According to Plickert et al (2007) these similarities should lead to higher levels of wellbeing.

5.4 Family-related Activities

Family-related activities refer to all recurrent activities that are focused on meeting family members, such as: baby-sitting, weekly visits or annual holidays with family members. This category does not capture occasional family meetings such as weddings and funerals because these are in general rare activities. Instead I aimed to get an impression of the activities in which people are engaged under 'normal circumstances'.

Paul (73, married). How often do you interact with your children?

- *Daughter (39): see each other 3-5 times a week*
- *Daughter (38): see each other 1-3 times a week*
- *Son (36): see each other once a month*
- *Daughter (34): see each other once every 4 days*
- *Son (34): see each other once every 2 weeks*
- *Daughter (31): see each other 5-8 times a week (lives across the road)*

Paul is probably quite exceptional in terms of how much he interacts with his family. Likewise, he also indicates that family is really important to him and that he believes that family is always there for him. In the case of Paul, family is thus vital in terms of his wellbeing. However, it is likely that because the majority of his children live close to him and his wife, this is also the reason why he spends a lot of time with the family. Conversely some respondents have children (and grandchildren) living abroad. This means that they see their children only a few times a year and therefor interact and depend more on others. Like Paul, most respondents however have their children living relatively close-by. This does not necessarily indicate that they receive more support from family than others, but it at least makes their family able to do so. Or in other words: they have the 'commodities' at reach but not necessarily the freedom and capability to reach their functionings (Chambers, 1997; Clark, 2005; Deneulin & McGregor, 2010). In this respect I did not find that the respondents with children living abroad receive less support than others. However, compared to Phil, some respondents with children living far away do complain more about their children not being there. Likewise not all respondents have children because they either stayed single or never

Darren (76, married)

Every Sunday after church my son and his family visits me. I always look forward to their visits.

Ruth (68, married)

I always carry my phone with me in case the children give a call. We also Skype with each other and occasionally I look after my grandchildren.

had a desire to have children. While the focus in this study is mainly on the core family (spouse and children), in these cases I focused instead on the respondent's interaction with siblings. Also, cousins, nephews, nieces and siblings can be important relations and a number of respondents have regular contact with these relatives.

Furthermore, Paul did not specifically mention for what purposes he meets his family. Some other respondents did mention more specific reasons for why they meet family and what they do when they are together. Some respondents for example look after their grandchildren or take care of their (older) siblings. Other respondents are taken care of by family or interact for the simple reason of social contact. Additionally, two respondents go on an annual holiday with their daughters-in-law or with their brothers.

Lastly, a spouse is often crucial when one speaks about family-related activities. Paul for example mentioned that he discusses anything that bothers him with his wife. Another respondent mentioned that she likes to go out for a drink or a short holiday with her partner. Respondents that are widowed mentioned that they enjoyed going out with their spouses. However after their spouse passed away they had much less fun or motivation to get out and engage in activities. A spouse can thus be an important alter in terms of the number and kind of activities in which people are involved and is likely to give social (emotional) support.

Paul (73, married)

If anything bothered me I would discuss this with my wife.

5.5 Social Clubs

Sinead (70, widowed): "I especially like the outings and weekends organized by Active Retirement. [laughing]: My family sometimes even complains that I am never there."

Like Sinead, the majority of the respondents in this study joined an Active Retirement group. In this study they either went to the groups of Salthill, Knocknacarra or Mervue. Other respondents were member of the Galway flying club or were no member of any social club. Besides these social groups, amongst others Westside Age Inclusion and Croí na Gaillimhe Resource Centre organize a lunch and bingo respectively every two weeks and twice a week. A conversation with the organizer of activities for older people at Croí na Gaillimhe learned that people that attend their activities often have good relationships with the family. They however like to come to the social activities in order to speak to people of their own age about topics that they share to find interesting. Unfortunately, social clubs for elderly, especially in regards to the Active Retirement, often have a negative reputation. One respondent for example mentioned the following:

Ruth (68, married): "I know about the Active Retirement groups but I do not join them. Maybe by the time I am eighty or ninety I will be ready to sit in a chair knitting and chatting."

Likewise social clubs for elderly seems to be portrayed as clubs for lonely old people with a lack of social contacts. However, my impression instead is that the Active Retirement groups are rather lively and it is mostly active and social people that join these clubs. Nevertheless it remains

problematic that these social clubs have a rather negative reputation because it makes older people hesitant to admit they would like to join them. Especially older men have the impression that Active Retirement groups are mainly aimed at women. In general it makes sense that women are often more socially-oriented than men and also outlive a lot of men. This makes that the proportion of females at activities for elderly is often high. Additionally, men and women often differ in what

Frank (75, single)

Men like to do things, rather than being social for the sake of it – Active Retirement groups seem to focus most on socializing.

they prefer to do and the degree to which they like to share their feelings and thoughts. Many activities seem to be more aimed on women's preferences or at least a lot of men think that this is true. Men often hold back from joining clubs such as the Active Retirement because mainly women attend these clubs and because they think they need to talk to other people all the time. Nonetheless, the men that do join these clubs prove that for example the Active Retirement is not at all solely focused on women and that these social activities can be fun for men as well as women. While Croí na Gaillimhe and Westside age Inclusion mainly organize bingos (in general an activity that mostly women enjoy), Croí na Gaillimhe also organizes a men's club and a tea dance afternoon. Moreover, Active Retirement organizes bowling, lectures and trips which are in general activities that women as well as men enjoy.

5.6 Other Activities

The last category covers all remaining activities that were not already captured by any of the other categories. One should mainly think of hobbies, and activities or committees in which people are involved. Amongst the respondents of this study, remaining activities in which people are involved, were: participation in an intergenerational project of the National University of Ireland (NUI), reading, gardening (could be defined as an household activity), visiting friends, puzzling, drama, painting, music making, watching sports on television, flying, and visits to the pub (see appendix B for more). Amongst others, Croí na Gaillimhe, Active Retirement, public libraries, and community centers offer a range of courses on creative writing, arts, history, computer skills, and more. Some of these activities are offered for free while most activities cost a little money. For example, for a trip or holiday organized by Active Retirement members have to pay a little fee. Fortunately most activities are financially supported by governmental funds or other subsidies so that these activities are available to the large majority of elderly.

5.7 Conclusion

As has been shown in this chapter, respondents engage in a range of activities that I defined under a number of categories. Most respondents engage in a number of activities and each of these activities can foster social interaction to a different degree. Also, the different types of activities tell us something about the purpose for which actors interact and can help us to understand how actors can provide network capital. While the information displayed in this chapter may not be fully complete for each respondent, the information that we do have gives an impression on the activities in which elderly are likely to engage. Importantly, this information also provides us with knowledge on who respondents are likely to meet, where they meet them and for what purpose they meet. Additionally,

as a general portrayal respondents engage in almost all type of activities, however to a different extent and for different purposes. While social interaction is not the main goal or focus for every activity type, social interaction can take place within the context of each type of activity. In addition, the reason for why elderly engage in certain types of activities is likely to relate to what they value and define as wellbeing. For example, if an actor values health it is likely that he engages in sports. Furthermore, some activities such as sports and social clubs foster social interaction with mainly friends or peers, while others such as household activities and family-related activities foster social interaction with family. Following from this it is good to keep in mind why elderly engage in certain activities and how different activities form the context for engaging with certain type of alters. This also relates to actors perception on wellbeing which I discuss in the next chapter.

Chapter 6: Analysis Part III – Subjective Wellbeing

As I mentioned before, in this study the focus is on subjective wellbeing rather than on objective wellbeing. Hence I use an actor-oriented approach to define the concept of wellbeing in order to understand what elderly in Galway find valuable aspects of a good life. This means that, in this study, the operationalization of the concept of 'wellbeing' is determined by the view points, experiences and feelings of the actors. This is in line with my argument in chapter 2 that in order to study wellbeing we should first of all know what elderly understand to define such a life (Deneulin & McGregor, 2010). Subsequently, concerning the specific questions on wellbeing I focused on three points of discussion: (1) aspects of a 'good life', (2) factors that negatively influence or threaten this life, and (3) how elderly people cope with these challenges. Hence, in this chapter I give an overview of the respondents' answers and opinions concerning these three sub topics. We should keep in mind that the data as presented below and the conclusions that can be drawn from this are specific to the case of elderly in Galway.

6.1 How Elderly in Galway Define a Good Life

In this section I give an overview and analysis on how the respondents of this study defined what is a 'good life' to them. This is an essential element of the study because only after understanding the actors' perceptions and viewpoints we will be able to understand the function of social networks in regards to wellbeing. In other words: it hardly makes sense to speak about the relevance of social networks for wellbeing if we do not know what wellbeing means to elderly.

First of all a number of respondents found it difficult to define what they find valuable elements in terms of a good life. Another respondent mentioned that nothing really mattered anymore at an old age. However, all others did mention one or more aspects of wellbeing to them which resulted in a range of different answers and aspects of wellbeing. After examining the results I conclude that the aspects that were mentioned by the elderly can be categorized under three main themes: (1) Independence, (2) Attitude and (3) Social aspects. In the following sections I explain these three categories of wellbeing, why they are specific for elderly and how they relate to social relationships.

6.1.1 Independence and Wellbeing

Joyce (86, widowed): "Independence and friendship are, next to health, the most important things while being older."

For many respondents it is crucial to be independent from others, and mainly from family. However, while Joyce mentions independence to be important in itself, others did mention independence to be important in order to maintain good relationships (with mutual benefits) or in order to be more active which increases social interaction. For these people we should thus regard independence to be a capability rather than a functioning (Deneulin & McGregor, 2010). Furthermore, independence is a relative concept (from low to high degree) and the desired degree of independence might differ for each actor. Also, what defines independence differs for each actor and elderly will have

a specific perspective on what independence means. Furthermore, the current context of the economic crisis affects an actor's definition on what it means to be independent and what the desired degree of independence is. Henceforth I explain what independence means to elderly, how it relates to wellbeing and what threatens independence.

First of all, independence was mainly related to the three elements (or commodities) of (a) mobility, (b) health and (c) income. About mobility, Joyce mentions:

Joyce (86, widowed): "Being able to transport yourself is very important for your independence."

If an actor is able to get around, has mobility, it means that he depends less on the good will of others to provide (material) support. Many elderly are afraid to burden their family and therefore develop a strong desire to be independent. Thus, asking your family to pick you up or give you a ride means to elderly that they burden their family. I argue that the reason for why elderly try to avoid such situations has probably to do with social positions: a parent does not want to receive support from the child. Nonetheless, having and being able to drive a car increases an actor's independence and thereby improves wellbeing. During a conversation with an activity-coordinator of the Croí na Gaillimhe centre this was mentioned as well:

"According to the coordinator, transportation is a major issue to older people because it means they are dependent on others to get around. This is also an issue for people that attend the social club organized by Westside Age Inclusion. Most of their attendees depend on taxis or busses and it is only a few of them that arrange their own transportation." (Croí na Gaillimhe; July 24, 2013).

A lot of older people do lack a proper means of transportation. These elderly depend on public transport, taxis or the (material) support of other people. While elderly receive a free travel pass many of them do not make use of it. Furthermore, taxis are expensive for the majority of elderly and there are not always people willing or able to give a ride. Transportation issues make elderly more house bound and therefore both the community center Croí na Gaillimhe and the social club of Westside Age Inclusion organize a bus or taxi service that transport elderly to and from the social activities. As well, within the Active Retirement Groups people give each other a ride to the community centers, to church or to other venues. This shows that it is helpful to have relationships with family and or friends for they can be helpful in regard to transportation. While this means that an actor has to give up some of his independence, he will also gain independence by relying on others. Since the public transport system is poorly developed in Galway (and many other areas in Ireland) many elderly have to rely on others to get to the pub and home. These others might however not always be available or willing to help out. This can result in decreased social interaction which is illustrated by the following story:

Emma (72, single)

If you have your health and a car you should be doing well.

Marie (85, widowed)

A neighbor takes me to the Sunday lunches of Active Retirement and often one of the ladies there bring me back home.

Owen (69, married): *“The changed laws on drinking and driving (stricter than before) cause people to go to the pub less often. I used to go to the pub to drink and meet with other people twice a week, but now I stay home more often to have a drink. My friends from the pub stay at home more often as well, so it is much less fun to go there. The smoking ban in pubs as well restrains contact with pub friends. Since the transport system is so bad, we have no means to come to the pub anymore.”*

This example shows how failures in the transport system and a lack of mobility can restrain people from engaging in social activities. It also shows how the economic crisis has an effect on the wellbeing of people.

Secondly, health is also a vital element of independence. Health is a main issue for many older people and for some respondents it is the only determinant of a good life. While health can be a commodity that increases capabilities, it can also be a desired status and thus a functioning. Respondents mainly referred to the importance of physical health but some also referred to feelings of stress and depression which are examples of mental health. In terms of independence, a bad state of health can make people dependent on others or it can result in social isolation when people are not able to get out (thus health can be inherent to mobility). Several respondents argued that as long as you have a good physical condition you have nothing else to complain about. While Joyce refers to health as a functioning, health can also be a commodity that strengthens the capability to be independent. Tara (89, widowed) for example mentions that *“you need health enough to be independent”*. In a second conversation she also mentioned *“You are no good to your family if you are disabled or poor”*. Again this shows how important independence is in terms of keeping family relationships well. Noticeable, independence is mainly linked to family relationships and less to friendships. In section 7.2 I explain into detail what causes this difference between family and friends in terms of the exchange of network capital.

Thirdly, income is also a commodity that helps to achieve independence and thus influences wellbeing. Chambers (1997) found that for wellbeing income often has a low priority compared to health, family life and social values. While this might be true, the answers of respondents do tell us that income matters. Money might not have intrinsic value but at least is a commodity that supports other aspects such as mobility and health. Subsequently, to have wealth, or at least to have a sufficient income, was mentioned several times as an important element of a good life but is also often seen as a means to independence. For example, Tara (89, widowed) mentioned that you need to have *“wealth enough to be independent”*. Having money means that you do not have to ask others for financial help, that you can freely engage in (costly) activities and that, if necessary, you can pay for a taxi. Additionally, it was discussed by a number of respondents that losing a spouse often

Daniel (70, married)

Most important is having a sufficient income, being healthy and enjoying the company of friends and family.

Therese (82, divorced)

A bad health means that you cannot be independent.

Phil (71, together)

If you have legs, use them or lose them.

John (76, married)

A good life means that you are able to afford whatever you want to do, and still behave in a Christian way.

implies that people have to get around with half of their income while their costs remain static. Couples instead share fixed costs such as rent, taxes and car related costs. Several respondents, mainly females, did therefore worry about their financial situation. This shows how social relationships (here the spouse) can provide network capital (money) or commodities that enables an actor to achieve a functioning which positively affects wellbeing (Chambers, 1997; Clark, 2005). In regards to the effect of the loss of a spouse on the financial situation of an actor, the following was said during the meeting of Active Retirement Knocknacarra:

“Money is a big issue when the partner dies. While together one can share the rent, the car, taxes and so on. However, when a spouse dies one has to pay for the same things but with half of the income.” (Active Retirement Knocknacarra; September 11th, 2013).

Nevertheless, it must be noted again that a large proportion of the respondents live in the wealthier neighborhood of Salthill and are likely to experience less difficulties in terms of finances than other elderly in Galway might do.

To recap, independence is important for elderly people in order to live a good life. Independency enables them to maintain equal relationships with others and enables them to achieve certain functionings which improves wellbeing. Mobility, income and health are herein three elements that help to achieve independence. Thus, if an actor has good health, can financially support himself, and is able to get around, he does not have to depend on others. While I treated these three aspects of independence separately they are in fact interlinked. Health and money improve mobility, money can lead to better health, and through social interaction for which mobility is vital elderly gather information that can benefit their health. In other words: different elements can function as commodities as well as functionings. As I already shortly pointed out, independence can be regarded a functioning but it also refers to capability and freedom (Sen, 1980). We should thus be aware of how respondents refer to the function of independence in regards to wellbeing. In addition, independence increases the likelihood of social interaction and therefore prevents elderly from getting lonely, thus improving their wellbeing. To conclude, according to the women of the focus group discussion:

“When one loses his independence, chances are that you will have to go to a nursing home, which is one of the worst scenarios.” (Focus Group Discussion, August 19th, 2013).

Hence, in the section on coping strategies I will explain how elderly try to avoid such a state of independence.

6.1.2 Attitude and Wellbeing

Ruth (68, married): “A good life means that you are balanced and doing well on the levels of: empathy, physical health, mental health, spiritual, social, and attitude.”

This definition of a good life reflects amongst others the importance of attitudinal aspects, spirituality and states of the mind such as empathy and mental health. Likewise, some researchers (such as Diener, Oishi & Lucas, 2003; Emmons & Diener, 1985; Steel, Schmidt & Schultz, 2008)

found a strong relationship between personality and wellbeing. While the scope of this relationship is unclear, it is evident that personality and wellbeing are strongly related. Whereas personality (for example introvert or extravert) and attitude (for example positive or negative) are not the same, personality has an effect on attitude. For example, if I am an optimistic person it is likely that I will have a positive attitude towards life (and ageing) and will therefore have a more positive view on my wellbeing. Furthermore, if I am a perfectionist it is likely that I have a critical attitude and therefore will be less easily satisfied with my state of being. Since personality can be linked to attitude, this section might give some new insights in the relationship between personality and wellbeing.

The relevance of having a positive attitude was mentioned by at least six respondents, which shows its value to wellbeing. This furthermore confirms the importance of taking account for peoples' own perception on a good life (as stressed by Cough & McGregor, 2007) since wellbeing is amongst others determined by an actor's mood and attitude. This is also mentioned by Lent (2004) who refers to emotions and moods and how they affect the way people evaluate their wellbeing. While attitude and personality are crucial to the way people perceive wellbeing these relationships are not much studied yet in the field of sociology and anthropology. While health and income are for example important aspects of a good life, it is mainly the state of mind that matters how people evaluate their life eventually. This is illustrated by the following quote:

Joyce (86, widowed)

When one is healthy, and happy, and has just enough money to secure those two.

Sinead (70, widowed): "Although the body sometimes physically lacks, the mind can still be young and healthy."

Respondents mentioned the importance of being happy and positive and how this can help to shed another light on one's own life. According to the respondents, positive feelings are amongst others enhanced by joining activities and meeting other people. One of the ladies that joined the focus group discussion explained that her faith, her family and most of all having a positive mind helped her cope when her daughter passed away. Furthermore, during observations of the boat-trip (organized by Active Retirement Knocknacarra and Mervue), the social club (Westside Age Inclusion) and the coffee morning (organized by Active Retirement Salthill) it became clear as well that people seem to enjoy and cheer-up by taking part in these kinds of social activities. Especially during the boat trip people talked and laughed a lot. Most people looked happy and it seemed that this kind of activities stimulate a positive and optimistic attitude through the provision of social support and a sense of belonging (Deneulin & McGregor, 2010). Particularly during the coffee morning I noticed the happy and positive atmosphere that surrounds these social interactions.

Sinead (70, widowed)

It is also necessary to have a laugh. That is what we do at the Active Retirement. I often feel like I am 17 instead of 70!

"During the coffee morning with the eight Active Retirement Salthill ladies I notice that the ladies have a lot to laugh about. The atmosphere is friendly and positive while I expected older people to complain about their sorrows all the time. This does not seem to be true at all. At a certain moment I share with one of the ladies that I am about to visit Achill Island with my boyfriend and ask her whether she thinks

this is a worthwhile trip. She immediately calls out to one of the other ladies and pleads her to tell about her romantic adventure on the island. The ladies start to giggle and laugh and make jokes about romantic weekends. I laugh with them and enjoy a naturally funny moment together with eight ladies aged 80 and over” (Coffee morning Active Retirement Salthill; August 16th, 2013).

In a later observation (see page 56) at the social club of Westside Age Inclusion I as well illustrate the importance of social activities and social interactions for an actor's attitude. In addition to this, a good mental health has been mentioned as well to be important in order to live a good life. Hence, mental health is again clearly an example of capabilities but can as well be a functioning. While some people mainly expressed their fear on the degradation of their mental health, others actively stimulate their brain by making crosswords and memorizing poems:

Daniel (70 married): “Every year I try to do something new in order to stimulate my mind. Last year I started to play guitar and this year I try to memorize a new poem for every week. It makes my brain active.”

Additionally, Nichola (68, together) explains the link between social relationships and a good mental health. According to her it is the interaction with others and the involvement in social activities that stimulates the mind. In a later conversation with Nichola we also discuss that how old people are mainly depends on how old people feel. It is thus important that people realize that they can still be social and active even though they reached the age of retirement. This shows how objective and subjective wellbeing can be two totally different concepts. While an objective notion tells us that an actor is old and therefore likely to experience low levels of wellbeing, it is rather how the actor feels and evaluates his age and wellbeing that really reflects the state of wellbeing.

Consequently, feeling sorry for yourself, being bitter because of all the bad things that happened to you, feeling too proud to ask for help, or being too shy to ask for help are all related to an actor's personality or attitude. Some respondents even mentioned that personality is the one thing that makes you either positive or negative about life. Additionally, it was mentioned by several respondents and during the coffee morning that people are often too shy or too impressed by big groups of people to make the first step to join a social group. It can therefore help to have a friend that can introduce you; i.e. give social support. Furthermore, it seems that men are more constrained by personality issues than women. According to some respondents especially men are hesitant to ask for help because this would imply that they cannot take care of themselves. Pride and dignity are serious and probably underrated threats to actors' social lives and their wellbeing. Adam (82, widowed) is an example of someone who between the lines mentioned that he needed and longed

Nichola (68, together)

Amongst others it is important to keep your mind active. You can do this by making crosswords, by talking to people and be being involved in social activities.

Sue (90, widowed)

Many older people feel sorry for themselves and don't meet other people, also a lot of people are bitter about life.

Nichola (68, together)

Men are more bothered with feelings of pride and dignity than women – they would not admit to feel lonely.

for social contact, but is clearly restricted by his own feelings of pride.

Adam (82, widowed): "I do not want anyone to come to my house to say they can help me. I do not want other people telling me what I should or shouldn't do."

Despite these words he explained that if he did not have to spend so much time on his house and garden he would probably join an Active Retirement group. He also mentioned that he would like to have (female) companionship.

Lastly, spirituality is not so much an attitudinal aspect but nevertheless tells something about the things that influence the attitude, perception and worldview of actors. Two respondents, one male and one female, were respectively member of a congregation and a lay-member of the Dominican order. Both these respondents did not explicitly mention God or religion to be important in order to lead a good life. Instead they mentioned sharing and caring for others and having respect for other people as determinants of a good life. While such values are in accordance to Christian faith they illustrate how spirituality influences norms, values and perceptions. Noticeable is that

to the respondents that mentioned the religious aspect of a good life, this aspect is often seen as superior to other aspects of wellbeing. According to one female respondent: "After God, one needs (...)". She felt that it is only after knowing God that one needs to worry about other issues of life. Strikingly as well is that except for one respondent no one mentioned why it is important to be religious, to go to church or to know God. It seems common-sense to them why God is such an important aspect of their wellbeing. For the one respondent God is important because she believes that God can give her back her independence. It seems to be furthermore important for her to be member of a church since (amongst others) so many church members help her with cleaning, washing and cooking. The church is for her also a place where she can feel useful and needed. In that sense spirituality (or rather church-going) helps to develop social networks that can be useful in order to maintain wellbeing. Likewise, Sinead (70) mentioned the following:

Sinead (70, widowed): "One time I came out of church and heard one of the ladies I knew talking about Active Retirement. I then asked her what kind of things she was doing there and then she said she would take me with her next time she was to visit one of their activities."

Tara (89, widowed)

After God one needs:

- Health enough, for independence
- Wealth enough, for independence and a little bit for some foolishness
- Belonging, which can be given by family and friends
- Kindness: who gives kindness will receive kindness.

This illustrates how the church can function as a social network where people meet other people and through these interactions exchange information and learn about social groups such as the Active Retirement groups. Thus, not alone can spirituality or faith influence values and worldviews. Religious groups can also serve as a social network where people develop feelings of comfort, where they receive support and where they interact with others who can provide information that can enhance wellbeing. Again it becomes clear why we cannot ignore social relationships when studying wellbeing.

6.1.3 Social Aspects and Wellbeing

Frank (75, single): "A good life also means that you have willingness to share and care, to share your gifts and talents, and to be prepared to reach out to other people."

Social aspects were a third main category mentioned to be important in order to live a good life. Next to physical health, having relationships with friends and family were mentioned to be most essential to wellbeing. In section 7.2 I discuss more into detail why respondents find it important to have friends and family and what this means to them in regards to their wellbeing. Here I generally explain in what respect elderly regard social aspects to be part of their wellbeing.

The quote by Frank shows the importance of the social aspect of wellbeing whereby he stresses the way an actor can *give* away to others. Like a few other respondents he finds value in reaching out and by taking care of other people. Empathy, kindness, sharing, caring, reaching-out, and showing respect were terms that respondents mentioned in regards to this aspect of wellbeing. Accordingly, another respondent explained that when you give kindness to another, you will receive kindness. In that sense the reaching out to other people can be a reciprocal act in which people build up relationships that can be useful to themselves for the exchange of network capital. In addition, mutual support is specifically characteristic for friendships (Plickert et al., 2007).

Rose (78, single)

It is also important to have empathy and respect for others.

Phil (71, together)

Contentment is very important to a good life, that you are happy and have *good people* around you.

Some respondents proposed that elderly should be involved in a social activity, in an Active Retirement group or just get out for a walk or a drink if they want to meet other people. These respondents (males) furthermore argued that if one wants to meet other people, this should not be difficult because you could just walk into a pub and have a chat with someone. Likewise, having a drink now and then is valuable for some respondents in order to live a good life. However, due to the new rules and regulations on drinking and driving less people go to the pub and additional to this the recession caused many pubs to close down. Darren (76, married) for example goes less to the pub now that he cannot drink and drive anymore. During the interview he gives a short anecdote that explains why, amongst others, the pub and especially the friends from the pub are important to him:

Darren (76, married): "I remember that one time in the pub a friend noticed a brown spot behind my ear. He urged me to see a doctor to check on the spot. It turned out to be a melanoma; a serious form a cancer. The doctor told me that I was lucky to have such good friends at the pub."

Pubs are thus social meeting places where people develop social networks that can help to maintain wellbeing. For Joe as well (86, widowed) having a drink is important in order to maintain his wellbeing.

Joe (86, widowed): Joe lives together with his single son who takes care of him. They live in a small house which looks a bit poorly. I find it hard to understand Joe due to his thick Irish accent and his hoarse voice from drinking and smoking too much. I ask him what he finds important in his life. To my

surprise (I did not hear this before) he answers that he finds a drink very important. He explains that he likes to go to the booky's or to the pub to have a drink and meet other people. Later I hear that the booky's is a place where many older people regularly go to. Not to bet on races but to have drink and a chat. In addition Joe explains that he likes to go to the Active Retirement especially for the fact that he can enjoy a drink and chat with others.

A few respondents indicated more specifically the importance of interacting with people of different ages and backgrounds. The function of this was mentioned to be the development of an open mind and to create a sense of respect for others. Subsequently, two respondents were involved in an intergenerational project of the National University of Ireland Galway (NUIG) in which older people teach younger people about history in an interactive way. Both of them enjoyed to share their experiences and stories and to see how the younger people enjoy listening to them. Additionally, during another respondent mentioned that she would like to interact more with younger people because it is nice to hear different stories from the ones of the people of your own age.

While social aspects are of major importance to the wellbeing of elderly it is also an aspect easily affected or threatened by a range of factors. First of all, the loss of a spouse, the death of children or friends are a major threat to wellbeing (Pillai, 2013). Also, being single or divorced relates to the development of feelings of loneliness and diminishes feelings of belonging. Some respondents regarded their partners as their best friends and with their death they lose a crucial social contact. Bereavement is thus a catalyst to loneliness, to the loss of relationships, mental health issues and financial issues. One respondent for example mentioned that with the loss of her husband her social contact with other couples worsened. While she and her husband would occasionally meet with other couples, after his death these relationships and frequency of contact changed. However, at the same time it was helpful to her to be a member of the Active Retirement because people supported her and were able, through their own experiences of bereavement, to help her out. The Active Retirement is thus a social meeting place where people exchange information (experiences) but also social (emotional) support.

Another way that social aspects of wellbeing can be threatened is through a lack of information. Some respondents explained that many people do not know about services and social activities and therefor stay at home thinking that there is nothing to do or go to. Although there are many activities organized for older people, as long as this is not advertised well, people will not join them. If elderly were better informed about social services and activities this would enhance their wellbeing by enlarging their chances to meet other people and to receive the kind of social support they need. A conversation with a nurse illustrated as well that although she worked on a daily basis with elderly people she herself never heard about, for example, the Active Retirement or the social club of Westside Age Inclusion. Subsequently, most respondents that joined an Active

Paul (73, married)

It is important to integrate with people of different ages, socio-economic statuses and backgrounds.

Rose (78, single)

Older people often feel let down – they feel that their family forgets about them.

Retirement group explained that they were invited by either friends, neighbors or other contacts. Representatives of both the Active Retirement and Westside Age Inclusion as well confirmed that elderly get to know about social clubs and activities through word-of-mouth. Consequently, if people have a small social network it is likely that they will not be, or will be less informed about options to meet other people (Plickert et al., 2007). Additionally, during social activities elderly are informed on governmental cuts that might affect them, on health threats and on other upcoming activities or social services. The provision of these types of information can be useful in terms of enhancing and maintaining wellbeing. Information can be seen as a commodity or a means to enlarge agency which makes an actor capable of reaching a functioning.

Lastly, one respondent strongly proposed that a serious threat to older peoples' wellbeing and social life is that many people do not make a plan for when they will retire. This means that they often shift from a very active life, to a life with no necessary obligations and fixed activities. It is furthermore problematic that people do not prepare for retirement because many people regard their colleagues as their friends and therefor put less effort in making friends outside the work environment. As soon as people retire they often lose a large number of friends. An example of someone who experienced this is Ruth:

Ruth (68, married): "After I turned 65 and retired I decided to quit every activity I was involved in. I worked all my life so I felt I had the right to sit down and relax. Now I do not want to have any responsibilities anymore." "I have hardly any friends, I don't know why exactly. My neighbors are working all day so it is hard to interact with them."

While Ruth does not tell us that she lost friends after she retired it is indirectly clear that after retirement the degree of social interaction declined. In addition, the fact that her neighbors are at work and therefore do not interact with her also indicates that work is for most people the place where they develop social contacts. Similarly, many retired people do not want to be involved in activities or committees because they feel that they have been obliged to do such things all their lives already. For this reason many people resign from all their activities (such as committees and volunteer work) and duties and instead stay at home. These people in specific need to get out and should encourage themselves to meet other people. Even more, they need to do this before they reach the age of retirement.

From this section we learned that in general independence, a positive attitude and social aspects are valuable to elderly in Galway. These three themes are interlinked and should not be treated as separate categories. Also, each theme clearly links to a social dimension which confirms how important it is to study social networks. Sometimes an actor needs the help of an alter in order to be independent from others. For example: if your neighbor helps you with shopping, it means you do not depend on your family for this. Accordingly, several respondents especially avoid to burden relatives and rather rely on their acquaintances. In the next chapter on social networks I explain how this works and why elderly rather dependent on one type of alters over another for specific types of network

Sinead (70, widowed)

It is important to mix with people, to make sure you are not on your own.

support. Furthermore, attitude is influenced by others and personality strongly links to wellbeing. Social aspects directly refer to social interaction which is for elderly clearly vital to wellbeing. To conclude we could ask ourselves: why these three main categories? Each category shows what is specifically important for older people and reflects elderly's daily issues. Independence is for example an issue to older people, on the one hand because they want to be the caring parent, but also because especially elderly face the degradation of health and mobility. Young people will experience this far less because in general they have good health and are able physically able to do what they want. Issues with attitude seem not so much specific to elderly yet many elderly are afraid to be lonely and face depressions. Growing older also often implies that the mental health deteriorates, hence older people value good mental health. Social aspects are important to everyone but older people might depend more on support of their social contacts (mainly friends) than younger people. In other words: it is often when we do not take things for granted anymore, that we start to assign value to them.

6.2 Coping with Threats to Wellbeing

Frank (75, single): "Loneliness and fear are the main issues for older people I think. Older people might feel vulnerable. It could help to have friends or something like the Active Retirement as sources of social support."

Isolation, feelings of loneliness or feeling let down by others were mentioned to be a serious threat to wellbeing. Isolation is caused amongst others by mobility issues. Marie (85, widowed) for example does not drive a car. Alternatives are to get around by taxi, but unfortunately this is very expensive. This means that Marie stays more inside her house than she actually wishes. Also, health issues and fear for danger and crime can cause immobility and therefor isolation. Subsequently, feelings of loneliness or feeling let down by others are a result of isolation and of a lack of social contacts. In addition, a respondent explained that it is hard to detect who is lonely in your neighborhood because people know each other less well compared to the past. Also, more and more people drive a car and therefor one is less likely to meet others on the streets. Accordingly it was mentioned that elderly should make more use of their free travel passes because making use of the public transport system is more sociable than driving your own car. In the bus or train you will be more likely to interact with others.

Furthermore, in order to maintain physical health, a number of respondents consciously engage in exercise or sports and are considerate on their diets in order to stay healthy. Others memorize poems and make crosswords in order to maintain mental health. In short, many elderly people actively maintain their wellbeing. A number of respondents mentioned how they cope with issues such as depression, loneliness, health related issues and other threats to wellbeing. Coping strategies that have been mentioned are for example: play sports, make friends, get active and prepare for retirement (which relates to making friends).

I discuss coping by making friends and by becoming active here for these were the two main coping strategies that were mentioned by respondents. One should note that these two strategies are interlinked for involvement in an activity increases the likelihood for social interaction which might lead to making friends. At the same time, by making friends it will be more likely that people are encouraged by these friends to become active. Making friends can help people to stay out of loneliness and isolation and may reduce feelings of depression and fear. By making friends, people can share their issues and thereby put things in perspective or share ways to deal with issues. Friends were also mentioned to be an important source of social and material support in regards to transportation, house cleaning and though the provision of help after the death of a spouse. Especially mixing with people different to oneself in background and age was mentioned to be important in order to get distracted from one's own sorrows and to create an open view on issues. However, as was mentioned before: many people make friends with their colleagues at work. This makes sense until the point that people retire and see their colleagues (their friends) no more. It is thus matter that people learn to make friends outside the work environment and prepare on their lives as a retired person. Furthermore, friends are often the alters in an actor's social network that encourage the actor to take part in social activities. When people are shy, hesitant or feel too proud to engage in social activities, a friend can encourage them to make that first step. Consequently, in many ways making friends can help people cope with issues on several domains of life, one of which the social domain. In regards to making friends in Galway, the following was said during the focus group discussion:

Therese (81, divorced)

When one has full health, one should be involved in something, whatever that may be. Older people should be encouraged to get involved in anything.

Sue (90, widowed)

It is particularly important to have a different mixture of friends. You can meet people by getting involved in different activities.

"Galway is unique in the sense that the population is mixed: younger and older people, students, foreigners, (...). Irish people like to talk and are sociable. This makes the population of Galway open-minded. The type of people make it easy to make friends. The neighborhood of Salthill is even more unique as an area because it is a settled area: no rented houses. This means that people have lived in the same houses for a long time and everyone knows each other and each other's histories. While there was no day care for children in the past, the neighbors would take care of each other's children." (Focus Group Discussion, August 19th, 2013).

However, despite the accessible and friendly atmosphere of Galway, many older people still find it hard to make friends and meet other people. A number of respondents complained that it is especially hard to meet people in their own neighborhood. The reason for this is that many people live in a mixed-ages neighborhood with a large proportion of families. Those people are at work or busy with their own activities and respondents found it therefor hard to make contact with their neighbors. It is mainly through activities such as bowling, lectures organized by the library or tea dances that elderly interact with others. It is therefore important that people join these activities in order to stimulate social interaction. In order to make friends people should at least start to get out of their houses and engage

in an activity. Engaging in different activities was mentioned to be an important and effective way to make friends or at least to meet other people. People should furthermore be involved in an activity because it encourages them to get out of their houses and because it gives them a reason to get up. Emma (72, single) for example mentioned that one of the things she likes about the Active Retirement is that it makes her get out of the house at least four times a week. In addition, the anecdote below illustrates why it is so important that people get socially involved and what this can do for them in terms of wellbeing:

Stephen (81, widowed) is a hunchbacked, moody man. I meet him at the social club organized by Westside Age Inclusion where he joins the lunch and bingo afternoon every two weeks. While he does not look very friendly and rejects every gesture of help, he seems to enjoy himself very much during the afternoon. He sits next to Jane, a woman of his age and they laugh, joke and flirt the whole afternoon. The initiator of the social club tells me that she came to know Mo two years ago. Then he was even less friendly than he is now, but since he joined the social club he seems to grow happier every time she sees him. He is especially fond of Jane because she is a positive, humorous woman who does not make him feel needy or useless (Westside Age Inclusion; September 4th, 2013).

This anecdote illustrates how making friends through joining a social activity can enhance an actor's wellbeing. As may be noted, joining an activity and making friends are like the classical chicken and egg problem: If people do not make friends they will be less likely to join a social activity and the other way round. What is clear however is that "one needs at least one friend" for several reasons that will be further explained in the next chapter on social networks and social support.

Chapter 7: Analysis Part IV – Social Networks

As the chapter before concluded with coping strategies, it already becomes clear why the social relationships are of particular interest if we want to have a proper understanding of subjective notions of wellbeing of elderly in particular. However, not only do friends give support and encourage each other to engage in activities, they also function as a framework for social comparison (Kahn & Juster, 2002). In order for an actor to give an evaluation of his or her wellbeing, it is necessary to have a certain reference group. Most likely friends form this reference group for they share many similarities with the actor. Hence it is exactly through social relations that people develop a perception and opinion on their own wellbeing (Hardill & Baines, 2009; White, 2010). Here not only friends play a role, but each alter of an actor's network has influence on the ego's perception, opinion and evaluation of wellbeing. Each alter can however have a different influence on the ego's wellbeing in terms of perceptions but also in terms of providing network capital: social support, material support, information and a sense of belonging (Cornwell et al., 2008; Hale et al., 2005; Koku & Wellman, 2004; Wellman & Frank, 2013). Following upon this, in this chapter I compare and discuss the respondents' social networks and their relationship to social support and wellbeing. Firstly I discuss network characteristics and network types (7.1), and then I analyze what respondents mentioned to be the importance of having friends and family (7.2) specifically in regards to exchange of support. To conclude I present a short summary and conclusion of the findings of this chapter.

7.1 How Elderly's Social Networks Differ

In this section I highlight the social networks of two respondents and use this as a framework to analyze the networks of other respondents. I chose to study two different network types in order to show in what way networks can differ. This can help to understand how the social network can foster the exchange of network capital and influence the perception on and maintaining of wellbeing.

7.1.1 Two Case Studies

A. The Social Network of Emma

Emma is single and has no children. She does however have four brothers with whom she interacts with on a regular basis. She sees her brothers Tom and John, who live together in the countryside, every Sunday when she drives over to visit them. She also phones them once every while. Her brother Tony who lives in County Clare (south to County Galway), visits her if he happens to be in town. They would also see each other on weddings and funerals and besides they call each other every week. Her brother Joseph in Dublin is not physically well and cannot visit Emma anymore. Instead, Emma goes to Dublin City once every two months to visit him. As we can see, Emma has regular social interaction with her family and we could regard her social network amongst others as a family-oriented network despite the fact that she is not married and has no (grand) children. Although her brothers are really caring and helped her when she felt depressed for a long time, if Emma felt lonely she would rather call a friend than a relative. This is because she feels that it is easier to

confide in a friend than in family. She also feels that she should be the one to take care of her (older) brothers and not the other way round. Thus, although her family is able and willing to give her support she would rather take on the help of a friend because she feels this would be more appropriate.

In terms of the social interaction with neighbors, Emma explains that she has not much contact with her neighbors except for the exchange of greetings if they happen to meet each other. However, her neighbors did tell her that she can ask for help if she needs to. Furthermore, one neighbor (Sara) is not doing very well in terms of health and Emma visits her regularly to see if she needs any help. Except for her neighbor Pauleen, she would not consider her neighbors as her friends. Emma is not so much neighbor-oriented and does not have a particularly large network in terms of neighbors. She would however receive support from a number of neighbors and also supports a neighbor herself.

In addition, Emma has a number of good friends. As can be seen in figure 7.1 she identified at least four good friends: Pauleen, Joyce, Ann, and Bridie. Pauleen and Emma see each other once a week when they meet for tea or lunch. They have known each other for 20 years and live in the same neighborhood. Joyce also lives in the same neighborhood and they are distant relatives. They do not seem to be great friends but are socially related through family ties and through the area in which they live. Additionally, Ann and Emma have known each other since school age and see each other twice a week. They play bridge together and meet up to go to church together. Emma would call Ann if she wanted to talk to someone. Lastly, Bridie (also single) lives at the other side of town and they have known each other for over 20 years. The ladies see each other every four days and go to theatres, films and the Active Retirement together. Also, they go together on holidays.

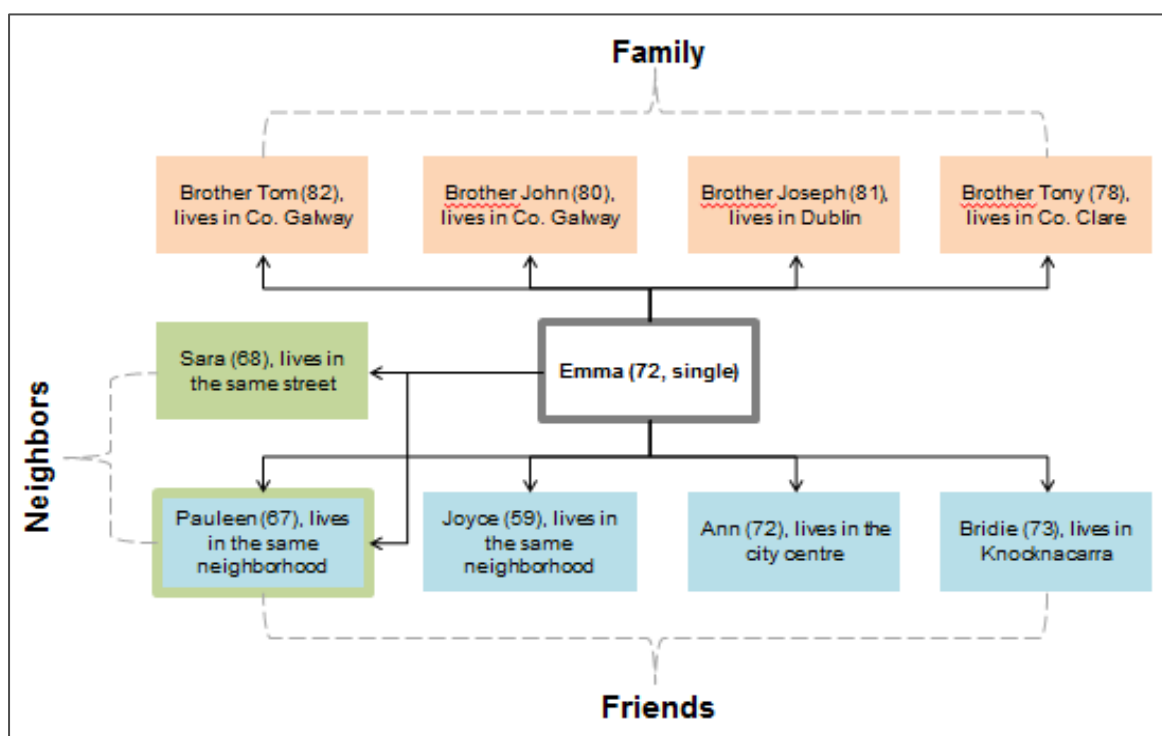


Figure 7.1: Social Network of Emma

Besides these three categories of alters, Emma also meets people at the Active Retirement and in church. She goes to the bowling activity two mornings and one or two bridge activities weekly. If there are exercise classes organized by Active Retirement she would also join them. What she likes about these things is that they encourage her to go out and to meet other people. She feels lonely and sad when she spends too much time at home. According to her:

"Friends are important as an outlet, to talk to them about things that bother you. At the same time you have a chance to help them out as well. Particularly for singles it is important to have friends. Friends are different from family because they are of the same age group and they have the same issues and same interests. With family you cannot always confide in each other, that is at least how I feel about my brothers, but at the same time they are really there for me."

Henceforward I first present Tara's social network after which I discuss both networks in terms of similarities, differences and their implications on wellbeing.

B. The Social Network of Tara

Tara has been widowed for over 30 years. She has three sons who are all married and live in Dublin. Her children come over to her house on a regular basis (once every (two) week(s)). Also, her grandchildren sometimes stay over or she visits her sister and niece in Cork City. Furthermore, each year her three daughters-in-law take her out on a small holiday abroad. Last year they went on holiday to Berlin. She calls her children and her sister regularly and is rather up-to-date with their whereabouts. With her upcoming 90th birthday her children organized a big party in Dublin. Tara has a large network size in terms of family and is very much focused on family relationships and matters. It also seems that they provide mutual support especially in terms of social support and a sense of belonging.

Noticeable, Tara makes no clear distinction between who are her friends and who are neighbors. The neighborhood where she lives, Salthill, is a neighborhood where most people have lived all their lives and so the interaction with neighbors is in general highly frequent and dense. Figure 7.2 only shows a selection of the friends/neighbors with whom she interacts. In fact Tara has a very large network of friends which makes it complicated to describe all the different relationships and subsequently their characteristics. However, of all the neighbors and friends it seems that Daphne, who lives next door, is Tara's closest friend. They go to nursing homes together to visit friends, they go out for shopping and they meet at the Active Retirement. Besides family and neighbors/friends, Tara also meets her cleaning lady once a week and her piano students on Wednesdays and Thursdays. As well, Tara goes to mass each Saturday and Sunday where she again meets her neighbors and friends. She visits the coffee mornings of the Active Retirement and likes to join their Sunday lunch activity.

Compared to Emma, Tara has a very large network where frequent (reciprocal) exchange of support takes place. While Emma seems mostly in need of receiving support (although she also gives support to her brothers and neighbor) Tara appears mostly a supplier than a receiver of support. She for example helped her niece when she was doing her exams by taking her into her house. Furthermore, she takes some of her neighbors out for shopping or mass because they cannot get out

of their house by themselves anymore. Tara also gives support to one of the other respondents by transporting her to and from the activities of the Active Retirement. Nevertheless, in the following section I go more into detail about the differences between networks and the frequency and degree of network capital exchange.

To conclude, both figures 7.1 and 7.2 show that the different types of alters (family, neighbors, friends) overlap. This tells us that it is important to take into account who respondents themselves define to be their neighbors or their friends. Again I want to argue the relevance of using an actor-oriented approach to define what is wellbeing or what defines a friend.

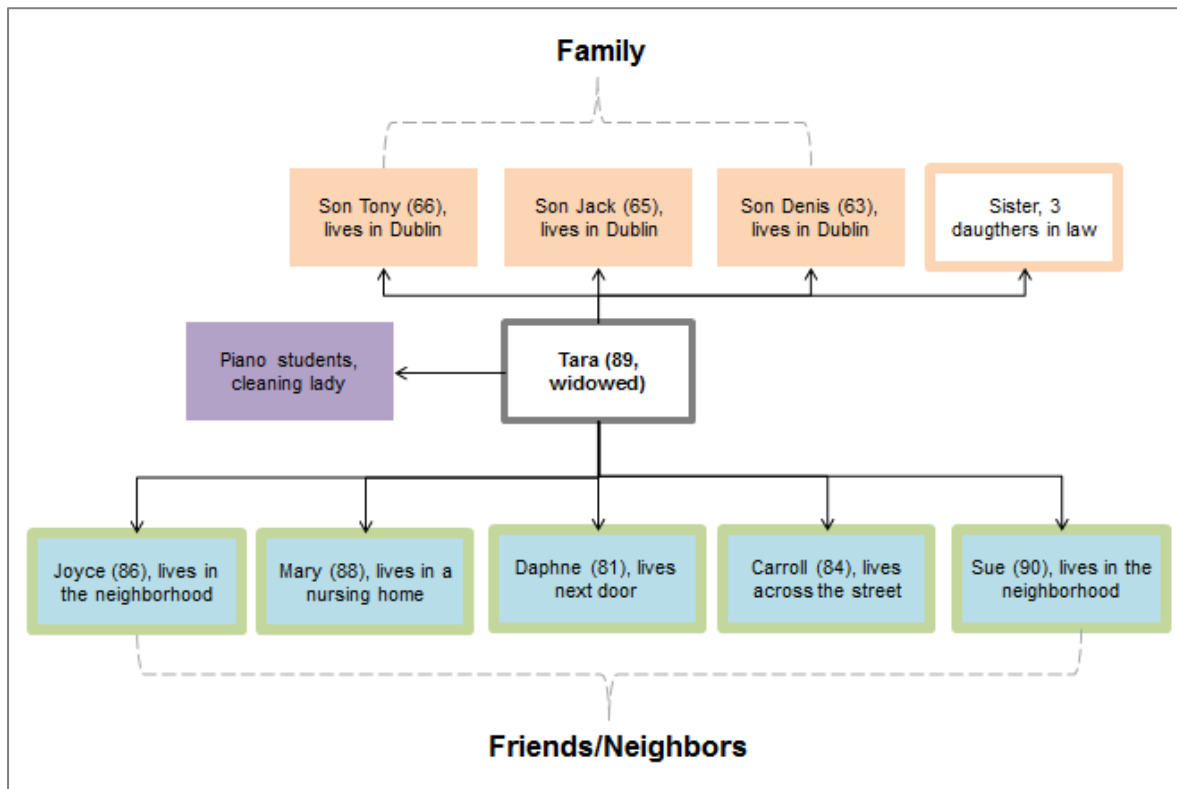


Figure 7.2: Social Network of Tara

7.1.2 Comparing Social Networks

Actors' social networks can differ from each other in a number of different ways (see section 2.3.3). I first want to shortly address the ways that social networks in this study differ in the objective notion and then go more into detail on the subjective notion of the social network. Subsequently in the next section (7.2) I sketch the relationship between elderly's social networks and wellbeing.

As might have been noticed in the former section, the two case studies illustrate how differences in (measurable) network characteristics (network size, composition, density and contact frequency) do not necessarily have to be in line with the perception of actors on their social network. For example: Tara has a much larger and heterogeneous network compared to Emma. However, from the several occasions that we met, I got the impression that Tara (far more than Emma) needs highly frequent social interactions for the sake of her wellbeing. The reason why she gives so much help to others could thus be a reflection of her own need for human contact. This shows that what is called a 'large network' is highly relative and subjective to an actor's functionings. Despite the smaller and more

homogeneous network of Emma which would imply a negative effect on wellbeing, she seems to be less needy for social contact. It is thus likely that she would refer to her social network as 'large', whereas Tara could refer to her social network as 'small'. It is therefore important to keep in mind that objective differences between networks might not correspond to subjective differences. Nevertheless I now present how social networks differed in terms of network characteristics because it helps us to understand how the social networks of elderly differ.

A. Network Size

First of all, network size is a term that describes the number of alters in a social network. It is assumed that people with large networks are more likely to receive support and therefore have higher levels of wellbeing. On the other hand it was also found that people with small networks often have higher quality relationships and are therefore more likely to receive social support (Cornwell et al., 2008; Litwin & Shiovitz-Ezra, 2011; Plickert et al., 2007; Ueno, 2005). From the two case studies we could conclude that the social network of Tara is larger than the network of Emma. More or less five other respondents have a network as large as Tara's, five respondents have a social network size according to Emma's, and the others are in between these two categories. Moreover, Tara has strong relationships with her neighbors and friends who give her information, social support and a sense of belonging. Also, Tara's family gives her social support, a sense of belonging and material support (for example the organization of her 90th birthday party). Emma on the other hand also receives social support and information from her friends, and social support and a sense of belonging from her brothers. Hence, there is no particular measurable difference between the quality of relationships of both cases and it is also not possible to tell whether the (objective) network size of both females have an effect on their wellbeing. It however seems true that respondents with larger networks, such as Therese, also have more diverse networks and are therefore more likely to receive support.

Marie (85, widowed, relatively small network)

I have wonderful neighbors who look after me. Three neighbors have a key and in an emergency they would be called by the alarm system. Especially my neighbor across the road helps me out by giving me a ride.

Therese (82, divorced): "Yesterday evening my neighbor dropped in to see how I was doing"; "My son will come-by tonight to see if I have enough groceries"; "Friends and people from church help me with cleaning the house and they often bring something for dinner."

At the same time it also seems that respondents with large networks, similar to Tara, do actively give support besides receiving this. Nichola is a clear example of this:

Nichola (68, together): "I always check if someone needs a ride to the Active Retirement meetings"; I visit my neighbor across the street since she is diagnosed with cancer"; My partner and I often visit our old neighbors to share dinner or a drink."

To conclude, elderly with large networks are indeed more likely to interact with (different) people, but do not necessarily receive more support. It does seem that people with large networks are more likely to give support, but as in the case of Emma there are always exceptions to the rule. An

explanation to this last conclusion could be that people with large networks are already more socially-oriented than people with small networks.

B. Network Composition

Between these network differences in terms of size, social networks also differ in composition. Network composition gives us information on the differences and similarities between network members. Characteristics of network members can be studied by looking at gender, age, type of relationship, and way of communicating (Litwin & Landau, 2000; Ueno, 2005). It was found by Plickert et al (2007) that similar characteristics between the network members foster the exchange of social support. Because these network members share many similarities it is more likely that they can share the same experiences and through this develop empathy for each other. This argument was amongst others used as well by the coordinator of elderly activities of Croí na Gaillimhe:

"It is very important for older people to meet others of the same age because they share the same stories and issues. Even though people have good relationships with their family it is necessary to interact with the same group of people because they can better understand each other." (Croí na Gaillimhe; July 24, 2013)

This is also supported by the fact that many respondents rather share their issues and sorrows with friends (same characteristics) than with family (different generation and viewpoints):

"Family is often from a different generation. They have their own lives and own family and are always busy. They wouldn't listen, while friends would. They often live at a distance while friends are near." (Focus Group Discussion; August 19th, 2013)

Moreover, Tara and Emma both have a quite heterogeneous network since they engage with family, friends and neighbors. In addition, most respondents mainly interact with only one or two of these groups of alters. An example of a respondent who only interacts with friends is Adam (82, widowed): identified more or less three friends which he would not even define as good friends. He has no contact with neighbors and basically sees his family only at occasions such as weddings and funerals. Most respondents however interact with at least two groups of alters of which friends are the most occurring group.

However, as I shortly mentioned before, the way these different alters are defined (friends, family, neighbors) differs for each actor and we should therefore be careful to draw conclusions (John for example referred to his sons as his friends). In specific it proved to be rather complicated to draw conclusions about the number of friends that people have. Most respondents indicated to have at least one good friend and a large number of friends/acquaintances who they see occasionally but do not share everything with. Respondents often referred to social contacts that they have known all their life as friends, even though they hardly see or speak to each other. In addition, respondents who were member of an Active Retirement group especially had difficulties in defining who their friends are since

John (76, married, relatively large network)

My sons are like my friends to me.

they know so many people through the Active Retirement. A few respondents had no friends at all (with whom they would discuss important matters), but had many good contacts. The interviews showed that the definition of 'a friend' depends on the actor and his or her expectations of a friendship.

Additionally, it is assumed that having a spouse gives an advantage in terms of the degree of (different types of) support over people without a spouse. This is because couples are likely to have larger and more diverse networks than people on their own (Plickert et al., 2007). Indeed it was mentioned that having no spouse is a disadvantage in terms of how many people one knows and in how many social activities one is involved. Some widowed respondents for example mentioned that they felt less eager to join activities after their spouse passed away. With the loss of a spouse people often lose a special friend and someone to encourage them to get involved in an activity. On the other hand I could see no clear difference between respondents on their own (single, divorced or widowed) and respondents that are married or have a partner in terms of the number of activities they join. Especially Active Retirement is a group attended by a large proportion of widows and widowers. Some respondents were rather encouraged to become active after their spouses passed away. How the loss of a spouse affects the social life of the actor is probably rather determined by coping strategies, personality and attitude.

Rose (78, single)

Especially single people have a hard time to lead a happy and active life.

C. Density

Thirdly, some networks are more dense than others. Density is a measure of the strength or quality of ties between alters of a network. In general it is assumed that in dense networks, the likelihood that support will be exchanged is higher than in less dense networks. Moreover, egos' with many strong ties between network members are likely to receive more information and other types of support which is assumed to lead to higher levels of wellbeing. In addition, older people are found to have strong and high-quality relationships because they tend to surround themselves with close contacts and aim to have meaningful friendships (Cornwell et al., 2008; Ueno, 2005; Wellman & Frank, 2001).

Therese (82, divorced)

My neighbors put some money together to buy me flowers. I really appreciated that.

Emma's network members are not so much linked to each other. Tara on the other hand has friends who know each other from the neighborhood, the church and/or the Active Retirement:

Tara (89, widowed): "I know Joyce from when she used to be a doctor. She also lives in the neighborhood and I meet her at the Active Retirement." "My neighbor and I visit a friend from the Active Retirement who is in a nursery home after she broke her pelvis." "I often offer a few older neighbors a ride to church since we go the same direction anyway."

Especially the respondents who join the Active Retirement or any other social group have in general dense networks. Dense networks might indeed foster the exchange of support as we can see in the example of Tara. Also, during the Active Retirement activities people for example exchange information about each other when one of the members is sick or just lost a relative. Also, groups of

people can point out to each other who is lonely, who needs a ride or who is sick. Especially during the focus group discussion I noticed how much the ladies know about each other and how this can positively affect the exchange of support:

Tara to Jane: "Did you know that Bridie just came home from the hospital? Maybe we could take turns in visiting her to make sure she is not on her own." (Focus Group Discussion; August 19th, 2013)

This shows how a dense network can foster support because the alters can inform each other on the kind and degree of support that an ego needs. While all the examples I used show strong ties between the same type of alter (here mainly neighbors), I have no example of strong ties between different types of alters. It would be interesting to study how dense networks in that sense can foster the exchange of network capital.

D. Contact Frequency

Lastly, contact frequency as well differs per social network. Some respondents see their children only twice a year (when they live abroad), while others see them more than twice a week. Also, some respondents referred to friends who they see once a year while they would also refer to friends who they see on an almost daily basis. For some respondents it matters that they have low frequency of contact with family (mostly children). It is therefore also likely that they do not receive support from these alters. However, friendships with low contact frequency can still be strong relationships and some respondents would even first call their friends who live abroad if they were bothered by something. It could be true that an ego expects and needs different degrees of contact frequency for each alter. It is furthermore likely that in order for elderly people to receive a certain type of network capital, a different degree of contact frequency is required than for another type of network capital. An example which illustrates this is the following:

Ruth (68, married)

My best friend lives in Australia. We hardly ever see each other but at least give each other a call twice a year.

Phil (71, together)

I hardly ever see my sons. They live in the UK but almost never come over to visit me.

"The coordinator of the social club tells me that the majority of the elderly that come for lunch and bingo have known each other for quite a while. They see each other once every two weeks and more or less know what goes on in each other's' lives. Most of them are really friendly towards each other and give help when needed." (Westside Age Inclusion; September 4th, 2013)

This example shows how frequent contact between elderly can foster feelings of belonging and the exchange of social support. Furthermore, as I illustrated on page 56, Stephen is one of these elderly and only after long-term and frequent contact he started to feel at ease and appeared to be friendlier than before. Frequent contact can thus be beneficial to elderly's wellbeing, but may depend on the ego's expectations and needs in regards to both different alters as well as different types of network capital.

E. Network Types

Now that I discussed differences in network characteristics and how they relate to the exchange of network capital I shortly discuss how these social networks relate to network types as mentioned in section 2.3.3. According to Litwin (2001) we can describe an actor's network type according to the following five categories: (1) the family-dependent network (small, reliant of family members), (2) the locally integrated network (large, relationships with family, neighbors and friends), (3) the local self-contained network (small, neighbor-based), (4) the wider-community-focused network (large, friendship-centered), and (5) the private-restricted network (absence of local kin, minimal ties with neighbors). These categories however do not completely cover the network types of the respondents of this study. This is because it is first of all difficult to tell with the data of this study whether an actor has a large or small network. As I mentioned before, network size is also a matter of the subjective experience and is highly relative to other actors' networks. Moreover, when should we regard an actor part of an ego's network? Is a neighbor or friend whom the ego sees once a year part of that ego's network or could we ignore him or her? Who should decide how to define a friend? These discussion points show how complicated it is to look at network size alone without taking account for tie strength and frequency of contact. Furthermore, where should we draw the line between having a large or small network and who decides the cut-off point between what is a small or large network? It could be argued that what is a small or large network depends on the perception of the actor. Likewise, the same arguments could be raised for other network characteristics. Nonetheless, how then can we compare social networks in this study while doing justice to actors' perceptions and feelings? Instead of labeling networks I discuss in section 7.2 what respondents mentioned to be the function of their social networks and how they value the degree and type of support they receive from alters of their network.

7.2 The Importance of Friends and Family

Cornwell et al (2008) and Ueno (2005) both argued that social networks can be functional in several ways through providing network capital. First of all, it was found that social integration leads to positive thoughts and a better mental health. When feeling part of a group, an actor is more likely to have a positive view on wellbeing because he feels loved and needed. Furthermore, in terms of network capital, alters can provide: social and material support, information, and a sense of belonging. Hence, these are sources that have an influence on both a subjective and an objective understanding of wellbeing (Cornwell et al., 2008; Hale et al., 2005; Koku & Wellman, 2004; Wellman & Frank, 2013). In this section I discuss what respondents mentioned to be the importance of having friends on the one hand and family on the other. Additionally I present and analyze what respondents mentioned to be the differences between relationships with friends and relationships with relatives. In order to understand the different functions of alters I use the four types of network capital. The results and analysis help to understand the function of the social network in regards to the distribution of network capital and how this influences wellbeing.

7.2.1 Social Support

"During the Focus Group Discussion I ask the ladies to explain why it is so important for them to have friends around and what they would do for each other. Tara, who is clearly the leader of the group, immediately starts to tell us an anecdote about how she helped Carroll (her neighbor) on one of her darkest days. A few years ago Carroll's son was killed in a plane crash. The guards (police) came up to Tara's house and told her the news. Then they asked Tara to go with them to tell the terrible news to Carroll. Tara came with them and after Carroll learned about the tragic accident, Tara stayed with her until the family of Carroll came over. Tara was also there for Carroll to give support in the time after the accident and after the funeral." (Focus Group Discussion; August 19th, 2013)

This is a (quite extreme) example of how friends can give social support to each other. Social support here mainly refers to, quite emotional support. Other examples of social support from the interviews are: the introduction to a social group, prevention from feeling miserable and every other form of emotional support. Having friends is thus, amongst others, important because a friend can encourage you to join a social activity or event. Many respondents for example joined the Active Retirement only after the invitation of an acquaintance. Therefore, friendships can be a source of encouragement and mental support to do things that are often out of one's comfort zone. Respondents mentioned that it is a lot easier to attend activities when they are accompanied by a friend. Especially the first time people attend a social activity it is helpful to have a friend's support. Likewise, during a meeting of the Active Retirement Knocknacarra the chairman discussed the following:

"When people come here the first time, in our meetings, we should make sure that someone talks to them. As you all know, the first time to attend a meeting like this can be frightening or overwhelming, so we should make sure to make people feel welcome and at ease. I would like three volunteers that will actively welcome and talk to new-comers."
(Active Retirement Knocknacarra; September 11th, 2013)

Emma (72, single)

Friends are important as an outlet, to talk to them about things that bother you.

Sinead (70, widowed)

Friends are important as well in terms of confidentiality; that you know that you can trust someone.

Joyce (86, widowed)

Having a friend makes it easier to attend activities, although I don't mind too much to go alone to these things.

Secondly, friendships are important in regards to social support in the sense of having a collocutor: someone to talk to. Respondents mentioned that having a friend means that 'you have someone to talk to', 'you have an outlet', 'you can get things off your chest', and that 'you can ask for advice'. Friends understand what you are going through because they often share similar experiences (Plickert et al., 2007). Many respondents also mentioned that you can confide in friends (more easily than in family) and that this makes that you can share your sorrows more easily. The example at the beginning of this section also illustrates the importance of having a collocutor. Tara supported Carroll by 'being there for her' which helped Carroll to share her thoughts and feelings and discuss all that bothered her. Because friends encourage actors to get out of their house and because they provide

social support by listening to them, they are able to prevent actors from falling into a state of social isolation and loneliness. Not only can friends encourage you to get out and become more active (the first point made), they can also encourage you to get out of a certain mental state (a state of depression or loneliness).

Conversely, Paul is one of the respondents who mostly receives social support through family ties rather than through friendship or neighbor ties:

Paul (73, married): "With family you have a strong bond that works as a two-way lane: you support each other. They are only a phone-call away."

Noticeable about Paul's quote is that he refers to the two-way lane of family ties. Not only is he supported by his family, he is also an actor that gives social support to his family. This is noticeable, because most other respondents mainly referred to the social support that they receive rather than give away. While friendships are based on mutual support and a voluntary choice to interact, family is naturally existent and therefore does not necessarily demand for such mutual support or reciprocity (Plickert et al., 2007). Similar to Paul other respondents as well explained that family is really important to them and that they are always there for them, 'no matter what'. Different (but also similar) from Paul this does reflect the natural relationship between family as opposed to the choice-based nature of friendships (Plickert et al., 2007). It is this natural relationship and exchange of social support that might as well explain why many respondents struggled to tell what the importance is of family.

Nevertheless, although for many respondents the family is hardly replaceable as a source of social support. Especially the female respondents do not share their sorrows with their children. They do instead discuss this with their partners (if they have one), but would never want to burden the other family members with their personal issues. As I proposed before this might have to do with the social role that elderly have within the family context. It is remarkable though that family is seen as essential in terms of social support but is often not called upon when the actor is worried or bothered by something. In the words of a female respondent: *"I have to be strong for my family"*. It is often the older person (mainly females) that gives social support to (younger) family members.

Thus, both friends and family can give social support to the older actor, but in different ways, in different forms and for different reasons. In case of family relationships elderly rather give social support than receiving it.

7.2.2 Material Support

Marie (85, widowed): "When I go to the lunch of Active Retirement on Sunday, or when I just have to get into town, I can call a friend who will take me there. Also, after my husband passed-away a lot of friends came to see me and brought me dinner"

Sue (90, widowed)

My family is really good to me and they help me out with many things.

Ruth (68, married)

I wouldn't want to burden my children with these things; not make them worry. If for example I would happen to have cancer, I would only tell them in a later stadium.

Material support is also referred to as instrumental or tangible support. One could think of: money, help within the household, transportation and help with health and personal hygiene (Hale et al., 2005). Therefore, in a way the term 'instrumental support' better suits this category, because it is not always literally material that is given.

None of the respondents explicitly referred to material support as the relevance of having friends. However, from the stories of the respondents' and the way they speak about their friends it is possible to identify how friends give and can give material support. Marie for example receives material support from friends in the form of transportation. Likewise, Therese (82, divorced) for example receives help from, amongst others, friends with cleaning the house, groceries, transportation and dressing. She has one particular friend who comes in everyday to do small things such as cleaning the kitchen, preparing a meal and doing the laundry. Yet however, as we will see later, material support is often mainly given by family members. In addition some respondents also give material support to their friends:

Nichola (68, together): "Every time I go to the meeting of Knocknacarra I check who needs a ride to the community resource center. I also bring people home when they have no means of transportation."

Especially transportation is a big issue to many older people. Having friends in that sense is a crucial source for material support as they are often more likely to be available and willing to give the actor a lift than for example family or neighbors. Nevertheless family can be vital as a source for material support, especially when this is financial support. Two respondents in particular were helped financially by their families. Therese could not afford to buy a chairlift so her family provided for it. Likewise, other respondents' incomes are not sufficient to cover for all expenses, so their family helps them out where needed. Family also helps elderly by taking care for the household and the maintenance of the house. For example, the nephew of one respondent occasionally comes over to cut the hedges. However, since most people live alone or alone with their partners, and because their children most likely do not live close-by, respondents rely rather on friends (and their partner) than on other relatives. In addition, only one respondent mentioned to give material support to her children by looking after her grandchildren a few days a week. A few other respondents do this as well but on a less regular basis. Yet, most respondents have grandchildren of an older age and do not need to take care of them anymore at this stage.

Sinead (70, widowed)

If I had any issues I would call a friend before family. I wouldn't want to make my family worry over me.

Darren (76, married)

Friends can give an insight in other people, which in turn gives you a more open view into life.

Therese (82, divorced)

My family helped me when I couldn't afford a chairlift.

7.2.3 Information

Having friends can also be useful in terms of exchanging information. According to a number of respondents friends are important because they can share thoughts with each other. This is not only an example of social support as mentioned before, but is also a way to share experiences and learn

about what other peoples' issues are and how they deal with that. This draws upon what other respondents referred to as: "friends can help to put things in perspective" (Note that this is a reference to how others can influence subjective wellbeing). By sharing information, thoughts, feelings, and experiences, people have a chance to get another perspective on their own wellbeing. Actors can also ask their friends for advice in regards to how they should deal with personal issues.

Emma (72, single)

With family you cannot always confide in each other, that's how I feel about my brothers, but at the same time they are really there for me.

On the one hand, it is comforting that friends often know about your everyday sorrows, that they know what is going on and that they know your history. Sinead (70, widowed) for example sees this as a crucial reason why it is important to have friends. Her friends would know if something was bothering her, while her family probably would not notice. On the other hand, Sue (90, widowed) mentioned that it is instead the lack of information that friends have about your family and daily issues that makes it important to have friendships. Because her friends do not know about her issues within the family she has reason to speak about other things than about family. However, the difference between these two female respondents might be explained by the fact that Sinead lives on her own and has only one daughter, while Sue lives with her daughter and granddaughter and has a relatively large family. Another difference probably lies in personality and preference: while Sinead likes to share her sorrows with friends, Sue rather keeps them to herself. Furthermore, friends are often the ones that introduce people to a social group. Friends thus have information about social activities or upcoming events and therefor they function as well as important sources of information. While it is clear that friends can be important alters in terms of the exchange of information it seems that family is less important in terms of information. I did not hear any particular example or did not see anything specific that denoted such exchange of network capital between older people and their families.

7.2.4 A Sense of Belonging

Therese (82, divorced): "With family there is certain closeness. It is a blessing to have family and to experience being close to each other."

This 'being close to each other' refers to what is called a sense of belonging which as well is a type of network capital that can be provided through social relations. During the focus group discussion it was literally mentioned that friends are important for a sense of belonging. This was also referred to as having companionship with others. Feelings of belonging oppress negative feelings of loneliness and isolation. Instead, this type of support makes people feel socially integrated and part of a group of people. Subsequently, through this type of support actors can feel useful and needed by others. Some respondents mentioned that they would call a friend if they felt lonely. In their case, a friend is important in order to realize that they are not alone and that someone cares about them. It is important for many respondents that they have at least someone to trust, or confide in. In regards to this, a number of respondents mentioned that they confide more in friends than in family. In addition the social club organized by Westside Age Inclusion is a strong example of how friendships foster a sense of belonging, or companionship. The coordinator of the social club explained that attendees of the club are extremely friendly and caring towards each other. For example: one woman always helps

another woman who is nearly blind with reading the bingo numbers. My observation as well is that the group of older people seems to know each other quite well, help each other with small things and seem to be at ease with each other. The example on page 56 about Stephen also shows that despite the fact that he is a moody man, people appreciate him and treat him as one of the group.

Family as well can provide a sense of belonging. A few respondents for example mentioned that they would first of all go to their family if they had worries or problems. Moreover, respondents mentioned that there is a special and strong bond with family members. Family will be ready to help each other and they also (like friends) provide companionship. Additionally, another respondent also referred to 'a certain closeness' that you have with your family. She really experienced this closeness with her children.

Lastly, two respondents never had children. They both mentioned to regret never to have had children. At this older age they miss such a relationship, especially after both their partners passed away. The absence of family can thus create 'a sense of no belonging'. In such a case it seems that not even friends can replace this absence. Hence, a sense of belonging between family members might be different from a sense of belonging between friends.

7.3 Conclusion

I discussed how the social network can provide different types of support and how this benefits to elderly's wellbeing. Moreover, I discussed the different functions that family and friends have in this respect. As well, several respondents were asked what the importance is of getting along with your neighbors, but this appeared to be a difficult question that most people could not give an answer to. In general most respondents take the fact that they have friends, families and other contacts for granted and hardly ever think about the use or meaning of having such contacts.

Furthermore, friendships are unique compared to other ties because they are often based on mutual support and exist on a voluntary basis (Plickert et al., 2007). Friendships are also unique compared to relationships with family or neighbors because friends are likely to be of the same age which means that they often share similar experiences and way of looking at present issues. Family as well forms a unique group of alters within the egocentric social network. Plickert et al (2007) argue that family ties are often more densely knit than friendship or neighbor ties. This makes it more likely that the ego will receive support from the family than from friends (or neighbors). At the same time, while friendships are based on a voluntary choice and are often two-way interactions (assumes reciprocity), family ties are naturally formed and may more easily take the form of a one-way interaction. This latter point means that it may be the case that the parent mainly supports the child, or vice versa. While both friends and family (as well as any other alter) can provide network capital, there are major differences between friends and family in regards to the exchange of support. Hence, some respondents seemed to be more positive about friendship ties (in regards to social support exchange), while other respondents stressed the importance of having a family. Nevertheless, most respondents instead recognize the importance of having both family and friends.

Now that all major themes within this study have been discussed we have all the information to answer the research questions. In chapter 8 I draw the conclusions for each research questions and will discuss them in light of the theoretical framework.

Chapter 8: Discussion

8.1 Introduction

This study was focused on wellbeing and social networks of elderly in Galway City, Ireland. I used an actor-oriented approach to understand what elderly themselves value and define as a good life. Thereby I mainly focused on subjective wellbeing as opposed to objective wellbeing. Moreover, I argued that social relationships are essential to objective as well as subjective wellbeing and that we can only understand how elderly perceive and maintain wellbeing through studying their social networks. In this final chapter I draw conclusions based on the data that I discussed in the four chapters of analysis. These conclusions aim to give an answer to both the main research question and the four sub questions. In section 8.2.1 I first of all discuss the conclusions on how elderly perceive their wellbeing and how this relates to social networks. Here I focus on what is valuable to elderly, what threatens these things and how they cope with this. I will pay specific attention to the effect of the economic crisis on elderly's wellbeing, in accordance to themselves that is. Then, in section 8.2.2 I give answer to the questions on the function of social networks in regards to how elderly maintain their wellbeing. I will make clear why it is essential to study social interactions and how they can influence wellbeing. Consequently I draw the final conclusions and give an answer to the main research question: *How do elderly use social networks to define and maintain their wellbeing in the context of the Irish economic crisis?* I conclude by presenting my recommendations for future studies in the field of wellbeing and social networks.

8.2 Conclusions

8.2.1 Social Networks and How Elderly Perceive Wellbeing

The first set of conclusions that I want to draw focuses on how elderly *perceive* (and define) wellbeing, how this relates to the current economic crisis, and why it is highly essential to consider all this in light of the inter-subjective space of relationships.

First of all, I used an actor-oriented approach to study how elderly define wellbeing. According to Deneulin & McGregor (2010) it is important to pay attention to what people themselves think and say about their state of wellbeing. In this way we avoid purely objective notions of wellbeing that do not necessarily reflect what people themselves regard to be aspects of a good life. Likewise, Chambers (1997) argues as well that: *"well-being is open to the whole range of human experience, social, psychological and spiritual as well as material. It has many elements. Each person can define it for herself or himself."* (Chambers, 1997:1748). Following these arguments and unlike many other studies on wellbeing (such as: Cough & McGregor, 2007; Deneulin & McGregor, 2010; Diener, 1984; Diener et al., 1999), I mainly focused on what elderly themselves find valuable, which is defined by Cough & McGregor (2007) as 'the subjective dimension'. In addition I did this with a specific focus on the relationships between elderly's perspective and their social network.

What elderly found to be aspects of wellbeing could be defined according to three categories: independence, attitude, and social aspects. These aspects are specific to the wellbeing of elderly and all are all three influenced by social interactions.

(1) Independence means to elderly that they can take care of themselves, entertain themselves and that they are no burden to other people, in particular to family. While I did not find any particular reason in the literature for this, I suggest that elderly prefer to rely on different alters for specific types of network capital. Whereas Plickert et al (2007) assume that actors are more likely to receive support from family than from friends due to the nature of the relationship, I argue that this fully depends on the type of network capital. For example, friends are much better informed on social activities for elderly than family and are therefore more likely to give information. Family on the other hand may, because of the naturally formed bond, more easily exchange a sense of belonging.

Health, income and mobility are the commodities that make elderly capable of reaching a state of independence. Hence we can regard independence to be a functioning as well as a type of freedom. Health is a major aspect of independence and wellbeing, and for many older people it is the only aspect of a good life. When elderly are in good health it means that they are able to get out of the house and that they have to depend less on the support and care of family or friends. Noticeable, elderly actively work on both their mental and their physical health. Some memorize poems, make crosswords and engage with other people in order to keep their mental state healthy. In order to keep the body healthy, older people exercise, play golf, swim and follow healthy diets. Social relationships, in specific friends, can be crucial to health of elderly for friends can exchange information and can encourage each other to be conscious on health. In addition, Active Retirement groups offer a range of opportunities to exercise together and provide information about diets and exercise. Thus, health is not only an asset to social relationships and wellbeing; it is also promoted and strengthened through social relationships. In light of Sen's capability approach I argue that all possible relationships between key concepts should be considered and that an asset such as health can be a functioning, a commodity, or a type of capability. This is similar to other concepts, such as independence.

In addition, income is also crucial to the degree of independence in regard to elderly. While elderly do not long for richness, they do need to have enough income in order to be independent from financial help of others. In regards to the economic crisis elderly worry about their relative income especially with the rise of water taxes, electricity taxes and the possible hold back on free transportation. Older people also worry about the financial situation of their children. Though Chambers (1997) points out that income has low priority compared to other aspects such as health and family life, it is important to regard income as a mean (or commodity) rather than a goal. Thus, while older people might not regard income in itself to be important to their wellbeing, money can be an asset that enables elderly to reach a functioning. Additionally, the social space is important here because elderly worry about their children or because, as in the case of Active Retirement, elderly can exchange information about likely effects of the economic crisis.

A third aspect of independence is mobility. It is a major issue for many older people that they can no longer drive a car, that the public transportation system of Ireland is not well-developed (worsened by the crisis), that taxis are regarded expensive, and that family or friends are not always around to

give help with transportation. Therefore, if one is able to get around by himself it means that he is independent from others. Additionally, health and sufficient income can be commodities that enable mobility. If one has enough money to spend and is in good physical health he will be likely to be more mobile. Or in the words of Cough & McGregor (2007): if an actor has *freedom* (a term that could substitute independence/mobility/income/health), he is more likely to achieve the things he values. I add to this that independence in this sense could be the goal itself (it has intrinsic value) as well as a mean to sustain feelings of dignity, a mean to help others, a mean to maintain equal relationships with others, a mean to...etcetera. While all three aspects of wellbeing I discussed above are thus a commodity that enables the capability of an actor, they are also a functioning that strengthen wellbeing. This is similar to independence.

(2) A positive attitude, optimism and religion are aspects of wellbeing. Elderly find it amongst others important to behave in a Christian way, to know God, to have respect and empathy for others and to stay positive and have a laugh. In addition, contentment, having a laugh and a positive attitude helps older people to maintain their wellbeing. The interaction with different people is particularly helpful in this respect because elderly compare their state of being with others' and thereby put their worries and issues into perspective. Also, social activities encourage feelings of happiness and belonging, foster social interaction and thereby affect attitude. The social domain has a clear effect on attitude for others can strengthen for example optimism or pessimism. As I explained this also relates to studies on personality and wellbeing (Diener, Oishi & Lucas, 2003 and Steel, Schmidt & Schultz, 2008). Elderly very much differed in attitude and personality. While some actively exercise their minds, bodies and engage in activities, others chose to stay at home trying to cope with the fact that they grow older. These differences could not be explained by gender, age, marital status, or type of social network. It is thus likely that personality plays a major role in how elderly perceive and maintain wellbeing. This shows again why we have to look further than forms of capital or objective notions to describe wellbeing alone. Instead, in line with Diener (1984), we have to consider attitudes, subjective notions and the actor's perception in order to understand wellbeing. In addition I argue that it would be interesting to let actors define their own personality and how, according to them, this relates to their state of being. Lastly, the economic crisis causes elderly to worry about their income, their children's income, and future cuts in budget. Hence, the economic crisis affects attitude which negatively relates to wellbeing.

(3) In terms of wellbeing elderly value what I defined as social aspects. Engaging with (a mix of) other people can help elderly to maintain wellbeing. In this respect it is important for especially male respondents to occasionally have a drink in the pub. An actor can engage with other people in the pub and can experience company and fellowship. Moreover, through the relationships with other people elderly can share their sorrows but also learn to put them into perspective. Likewise, other people can give elderly a new perspective and an open-mind, which can help to perceive their own life in a different light. This again shows how wellbeing is a socially constructed concept: through the interaction with other people we construct how we feel and think about our wellbeing and the wellbeing

of others (Deneulin & McGregor, 2010). Engaging with other people furthermore means that elderly can make themselves useful by reaching-out to others. While social interaction is of major importance to elderly it is also an aspect of wellbeing which is easily threatened. The close down of day-centers, a lack of mobility, health issues and the death of others all influence the social domain. Nevertheless it is important that elderly are encouraged to make friends and engage in (social) activities. While in the literature not much attention has been paid to friendships between elderly I argue that friendships are for several reasons crucial to elderly's wellbeing.

These three categories of wellbeing show why it is important to take account of the three dimensions of Cough & McGregor (2007): *"Wellbeing is a combination of: (1) what a person has, (2) what the person can do with what he has, and (3) how the person thinks about what he has and can do with it"* (Cough & McGregor, 2007: p.317). It may be clear that wellbeing is more than a combination of assets or capital. However, the three dimensions are not as clear defined according to the findings of this particular study. While the aspects of independence cover what a person has (health, income, and mobility) it also relates to what a person can do and how he thinks about what he can do with it. This is similar for attitudinal and social aspects. Yet however, what becomes clear is that all three categories (independence, attitude, social) clearly show a relational component. For example: older people value independency because they do not want to burden or develop one-way relationships with others. Also, other people influence an actor's attitude and perspective on wellbeing. Therefore, especially the second and third dimension of the definition of Cough and McGregor should be considered in the light of social networks because perspectives and meanings are socially constructed. The results of this study show that it is of vital essence to consider concepts such as wellbeing through the eyes of actors and through this rethink the findings from former studies. Furthermore it is hardly impossible to understand wellbeing without considering the influence of the social domain, not only in terms of social capital (objective wellbeing) and network capital, but also in terms of social comparison and the social construction of perceptions.

Noticeable is that what defines wellbeing to the elderly population is partly defined by their age and the issues that come with ageing. If I would have asked the same questions to people of a different age category, it would be likely that different aspects of wellbeing would have been mentioned. While we may assume that everyone desires to be independent and healthy, older people are more confronted with these issues and how this makes them (in their own words) 'a burden to others'. This underlines how 'the things that people find valuable in terms of wellbeing change over time' (Cough & McGregor, 2007). As was mentioned before, notions of wellbeing are not at all stable, constant or predictable. Therefore as well it is essential to put the actor central in studies like these.

8.2.2 Social Networks and How Elderly Maintain Wellbeing

As we can already conclude from section 8.2.1, social interaction can benefit the wellbeing of elderly in many ways. However, not only does the social network influence how elderly perceive wellbeing, it also influences wellbeing in the more objective sense, namely through the exchange of network capital.

Older people interact with others in different contexts. Since their wellbeing (living well) is influenced by others (living well together) it is important to study the social contexts in which older people live and think (Deneulin & McGregor, 2010; Hardill & Baines, 2009; White, 2010). Subsequently, the (social) activities and contexts of elderly can be categorized as: the household, sports, religion-based, social and other contexts. While most elderly live on their own or with their partner, some live with a relative who supports them with household activities. Organizations such as Westside Age Inclusion and COPE Galway as well offer elderly help with household matters. Furthermore, a majority of elderly are involved in sports (such as swimming, bowling and dancing), which is encouraged by the Active Retirement groups. For some elderly this is an example of a social activity while others exercise in solitude. In addition, friends can stimulate each other to start exercising. Furthermore, a majority of elderly in Galway attend church services. This is not specifically regarded a social activity but elderly do interact and exchange network capital with others during religious activities. For example: in church people receive information on activities for older people and they build up high quality relationships that foster the exchange of social support.

Moreover, many elderly regularly meet up with their family (children, grandchildren, siblings, cousins). Especially the partner is an important actor in the social network of an older person because people are most likely to confide in their spouse and to exchange social support with them. Hence, elderly with no children are more reliant on siblings, cousins, nephews and nieces. Additionally, social clubs such as the Galway flying club, the social club of Westside Age Inclusion, and Active Retirement groups are crucial contexts in terms of social relationships. These are the places where elderly people meet each other, where friendships develop, support is exchanged and where people experience a sense of belonging. Lastly, elderly often have hobbies, duties or committees in which they are involved. Some of these are not so much social activities (such as writing, gardening, painting), while others clearly are (such as dinner with friends, attending conferences and teaching piano).

I argue that the kind of activities in which elderly are involved relate to what they value in terms of wellbeing. For example, if health is valued then it is likely to elderly engage in sports activities. Furthermore, these different activities encourage different sorts and degrees of social interaction. It is important that elderly are encouraged to interact with others for the sake of maintaining wellbeing which can take place in any kind of activity. Nevertheless, social clubs in particular foster social interaction and can be helpful and accessible social arenas to elderly.

While other studies found that social networks are helpful in the sense that they foster the exchange of network capital it is however unclear from these studies how different alters are useful in terms of providing different types of network capital (Cornwell et al., 2008; Hale et al., 2005; Koku & Wellman, 2004). As well it is unclear how network analyses have been carried out and how concepts such as 'a large network size', 'friends', or 'wellbeing' have been defined. Based on this study I argue that each of these terms are subjective and relational and therefore complicated concepts. Elderly have a different understanding of a large network or of friendships compared between each other and compared to people from different ages (and possibly places and times). It is therefore as well that we should use an actor-oriented approach in order to fully understand the actor's state of being.

Nonetheless, some elderly have social networks that tend to be more friends-based while others are more family-based. We assume that both groups of actors can provide network capital, such as: social support, material support, information, and a sense of belonging (Wellman & Frank, 2001). I however argue in addition that different types of alters provide different kinds of support. This has to do with the type of relationship between alters and ego, but also with socio-demographics and the actor's expectations. While for example Plickert et al (2007) also focuses on relationships with neighbors, I found that only few respondents were able to describe such relationships or to indicate the function of these ties. Furthermore, it seemed that family and friends, more than neighbors, are crucial alters in terms of exchanging network capital. Similar to family ties, neighbor ties are also based on a natural basis. However, neighbors do not have a specific purpose or sense of obligation to develop a relationship with the actor (and vice versa). If neighbors do develop such a relationship they could simply be regarded as friends that live close-by. Thus, unlike other studies I think it is more essential to focus on family and friends than on neighbors.

In terms of social support, friends can introduce the ego to social groups, they can give advice, and can prevent the actor from feeling miserable. Friends can provide encouragement or mental support and function as collocutors. Family on the other hand can provide social support because they are 'always there, no matter what'. This underlies the natural basis on which family ties exist. This also explains why many elderly find it hard to tell why family is important, because most people take these relationships for granted. Whereas friends are important alters because the friendship tie is based on a voluntary choice, family ties are instead naturally formed and therefor assumed more likely to foster the exchange of social support (Plickert et al, 2007). Additionally, different from friendship ties the elderly person is mostly inclined to give social support to his family instead of receiving it. Many older people do not even desire to receive social support (or to share their sorrows) with their children because they feel that this is not part of their relationship or social role. In terms of social support we could thus conclude that friendship ties might be more equal and based on reciprocity, while family ties are less equal and often the younger family member receives more social support than the older member. This goes against the argument of Plickert et al. (2007) who argue that actors are most likely to receive support from the family because of the naturally-based relationship. This naturally-based relationship is in fact a relationship of independence and inequality (parent-child relationship) as opposed to equal and mutual relationships between friends. Therefore, I would like to argue that specifically for elderly people, friendship ties (as opposed to family ties) are more likely to foster the exchange of social support. The equality of the social positions/roles and the similarities in age and experiences between friends are fruitful bases for social support exchange.

Friends can also provide in material (or instrumental) support. Elderly receive material support from friends in terms of help with the household (cleaning, cooking) and transportation. Conversely, other elderly provide material support to both family (mainly financial) and friends (mainly transportation). Nevertheless, family is more likely than friends to provide material support to the older person. Family mainly provide for financial support and household/maintenance support. Vice versa, some elderly give material support to their family in terms of taking care of grandchildren.

Additionally, a third type of network capital is the exchange of information. It is mainly friends that give information to the older person often through sharing experiences that help actors to put their own issues into perspective or that help actors to cope with circumstances. Friends are in this sense vital alters because they often share the same experiences and issues and are therefore likely to provide useful information. Furthermore, because friends often have the same interests they are as well more likely to provide information in terms of social activities and events that are interesting to the older person. Family instead is of a different generation and has their own interest which makes them less likely to hold and provide essential information to the actor. Furthermore, a fourth type of network capital is referred to as 'a sense of belonging'. Friends provide companionship and they prevent older people from developing feelings of loneliness and uselessness. Subsequently, friends are peers and may provide a different sense of belonging than family. Family instead can be seen as a stable factor in older peoples' lives and provide a continuous and strong feeling of belonging. This is a result from the naturally based character of family ties. Although many older people cannot always confide in family (amongst others due to unequal positions or different social roles), they do feel that their family is always around and ready to help-out. In this sense, older people without children are likely to lack a unique sense of belonging that only exists within the nuclear family.

To conclude, both family and friends are important and unique in providing network capital. These differences are partly determined by the basis of the relationships, by socio-demographic differences, by experiences and by different social roles. While friendship ties could not substitute for family ties (and vice versa) some older people are more focused on friends than on family and are more likely to receive support from one or the other group of alters. Nevertheless it seems that, despite a less natural and strong relationship between friends, every older person needs to have at least one friend for the benefit of his wellbeing. Groups such as the Active Retirement and the social club of Westside Age Inclusion are essential arenas where older people can develop friendships in a relatively accessible and easy way.

To answer the main research question I conclude with four statements which are based on the conclusions I discussed above. The first statement is: many elderly define wellbeing in regards to social interactions. Each major aspect of wellbeing (independence, attitude, social aspects) relate to relationships between actors and between the subjective experience which is socially-constructed. Hence, elderly cope with issues by interacting with other people and by engaging in (social) activities.

Secondly, social networks are crucial for elderly in order to maintain wellbeing. In the objective sense networks foster the exchange of network capital which the actor needs to maintain wellbeing. In the subjective sense of wellbeing social networks, or rather social interaction, influence the way elderly perceive wellbeing and others help to keep a positive mind by sharing experiences or information. In addition, through the interaction with others elderly are able to put their issues into perspective.

Thirdly, friends are particularly vital to wellbeing for they provide different kinds of network capital as compared to family. Because friends share similar characteristics, share experiences and have the time and willingness to listen to each other it is in some cases easier to confide in friends than in family. Furthermore, friends are often informed about the things that matter to other friends, unlike

family. It is therefore important that elderly are encouraged to make friends, for in the end: everyone needs at least one friend.

Fourthly, social activities and social clubs for elderly are functional for they foster social interaction and thus wellbeing. Especially groups such as the Active Retirement are accessible and functional for elderly people to make friends. Joining a social activity has a lot of advantages in terms of elderly's wellbeing. Social activities positively influence attitude and foster social interaction and the exchange of network capital.

8.3 Recommendations for Future Research

To conclude I present five key recommendations for further study on the wellbeing of elderly people and the function of social networks. As with most research, but nevertheless still important, it would be recommended to carry out even more in-depth research. Due to time issues it was difficult to capture each subject within this study. It would therefore be particularly interesting to carry out repeated interviews. This would have two advantages: (1) the researcher and actor would develop a closer relationship with actors which fosters trust, understanding and increases the likelihood that the actor will speak freely; and (2) as I mentioned that notions of wellbeing are unstable and dynamic, a single interview is limited for it only reflects on the wellbeing of the actor right at that moment. Repeated interviews would be helpful in order to understand this dynamic character of subjective wellbeing. Shortly: future research should invest in relationships of trust with respondents and should ideally make use of repeated (longitudinal) interview methods to understand the nature of wellbeing.

Secondly I recommend that, as has already been studied by other researchers (such as Diener, Oishi & Lucas, 2003 and Steel, Schmidt & Schultz, 2008), future research on this topic will focus more on the relationship between personality and wellbeing. I found it remarkable that people with similar demographic variables and social networks show major differences in states of wellbeing (as defined by themselves of course). While external factors do not necessarily determine the state of wellbeing, attitude and personality seem to be of major importance. Yet however, personality as well has a strong relationship with the social domain. Therefore I recommend that personality should be studied while keeping in mind the influence of other people on personality.

The third recommendation relates to studies focused on social networks. While I focused in this study mainly on the function of the social network in respect to network capital it could be interesting to do a similar study while carrying out in-depth network analyses. This is however a challenge for it remains difficult for example to define who is a friend, who is a *good* friend and what kind of relationships people have with neighbors. One should also take account for the fact that even an understanding of 'a large network' may differ per person. If one desires to carry out a proper network analysis it would be helpful to let respondents themselves define such terms. Despite these challenges it would however be interesting to use social network analysis to explain differences in wellbeing.

Fourthly, from newspaper articles and conversations with other people I learned that the population of Ireland misses in the category of more or less 20-30 years of age. This is a likely effect of the economic crisis since most young people migrate in order to find jobs abroad. While I expected

the current population of elderly to be affected by migration of their own children it seems more likely that the next generation of elderly will experience issues related to this recent development. Studies should be carried out on the effect of this mass migration on the population in the age category of 50-70 years of age. (How) does this development affect their wellbeing, their social networks and the exchange of network capital? I am convinced that this mass migration of young people is likely to affect future generations of older people and that there is a need to study this.

In regards to policy recommendations this study showed the importance of social groups such as the Active Retirement in respect to wellbeing and relationships. These social clubs are functional to the wellbeing of older people in several ways. Through the Active Retirement groups elderly are informed on health issues, healthy diets, social activities, upcoming events, policy-related issues, and more. Active Retirement groups thus provide useful information but are also a place where people can meet others of the same age with the same issues and same interests. Elderly develop relationships within these groups and have a place where they can share their issues and worries. Moreover, people are encouraged to be active, to get involved in groups and committees and to join on trips. Group members give each other rides and give other types of help when needed. Also, people feel loved, useful and experience the so-called sense of belonging within these groups. Where family often has no time or understanding for the older actor, this is a place where people are understood and where people take time to listen to each other. Therefore it is highly recommended that these groups keep running and that older people are encouraged to join them. Additionally, for the Active Retirement Ireland itself I recommend that they reconsider their name or invest in proper advertisement on what they do and who can join them. Many older people have the idea that Active Retirement groups are dull, for really old people, and focused on women. A different name could be helpful to get rid of such a reputation and instead show the fun and importance of Active Retirement groups.

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Appendices

Appendix A: Characteristics of Respondents

#	Name	Gender	Age	Marital status	Active Retirement Member?
1	Ruth	F	68	Married	No
2	Joyce	F	86	Widowed	Salthill
3	Tara	F	89	Widowed	Salthill
4	Frank	M	75	Single	Knocknacarra
5	Nichola	F	68	Widowed/Together	Knocknacarra
6	Daniel	M	70	Married	No
7	Owen	M	69	Married	No
8	Darren	M	76	Married	No
9	Joe	M	86	Widowed	Knocknacarra
10	Adam	M	82	Widowed	No
11	Emma	F	72	Single	Knocknacarra
12	Marie	F	85	Widowed	Salthill
13	Therese	F	82	Divorced	No
14	Sinead	F	70	Widowed	Mervue
15	John	M	76	Married	No
16	Paul	M	73	Married	Knocknacarra
17	Rose	F	78	Single	Salthill
18	Phil	M	71	Widowed/Together	Knocknacarra
19	Sue	F	90	Widowed	Salthill

Appendix B: Elderly's Activities

Resp.	Sports	Religion-based	Family-related	Social club	Other activities/hobbies
Ruth	Walking, swimming, golf	Church each week	Look after grandchildren	-	-
Nichola	Aqua aerobics, bowling	Church occasionally	Visits family in UK, or have them visit, thrice a year	ARI	Crosswords, painting, sowing, likes to go out with her partner for a drink
Daniel	Walking	-	Visits his son weekly	Flight club	Crosswords, plays guitar, gardening, memorize poems, flying, help out at the pharmacy, dinner with good friends.
Owen	-	Church occasionally	-	Flight club	Biking, flying, works in steel fabrication (not retired), pub
Darren	-	Church each week	Weekly visit of son and his family	Flight club	Gardening, biking, scrabble, flying, occasionally works in a company with lorries, pub every Sunday
John	-	-	-	-	Fishing, reading, writing, history
Paul	Exercises, swimming	Church each week	Visits family weekly	ARI	Watch national sports, gardening, attend conferences
Phil	Walking	-	-	ARI	Cooking, reading, fishing, watch soccer, pub
Joyce	-	Church each week	-	ARI	Intergenerational project NUI, group for retired doctors and nurses
Tara	Morning exercises, walking	Church twice a week	Annual holiday with daughters-in-law	ARI	Reading, gardening, sowing, visit friends in nursing homes, teaches piano
Marie	-	-	-	ARI & Union of Australian people	-
Sinead	-	Church each week	-	ARI	Gardening
Sue	Walking	Church occasionally	-	ARI	Reading
Emma	Bowling , exercise classes	Church each day, monthly duty	Visits two brothers weekly	ARI	Bridge, theatre, movies, concerts, holiday each year

Rose	Walking, swimming	Church each day, member of Dominican order	Visits brother every month	ARI	Writing, reading, meet friends, travelling
Therese	-	Church each week	-	-	Volunteer work, home help projects
Adam	Walking	Church each week	-	-	Gardening, watch Irish sports
Joe	Bowling, dancing	Church occasionally	-	ARI	Singing, pub, booky's
Frank	Walking, swimming, aqua aerobics, dance	Church each day, congregation	Annual holiday with his brothers	ARI	Daily puzzling, drama group, gardening, poetry, Intergenerational project NUI

Appendix C: Basic Interview Format

Socio-demographics

- Age
- Marital status
- Family composition
- Household composition
- Location in Galway
- Member of Active Retirement

Activities

- What activities do you engage in in an average week?
- (Think of outdoors, indoors, sports, family, religion, household, social, hobbies)

Wellbeing

- What aspects of life do you regard valuable?
- What defines a good life?
- Do you have this life, why not?
- What can help you to achieve what you perceive to be a good life?
- What threatens elderly to live well?
- Who would you go to if you wanted to discuss a particular issue?

Social Network

- Do you have children?
 - How many?
 - How old are they?
 - Where do they live?
 - How often do you interact?
- Who would you define as your friends?
 - How old are they,
 - Where do they live
 - How often do you interact
 - What do you do together?
- Do you interact much with your neighbors?
 - Who are they?
 - What are the reasons for which you interact?

Economic Crisis

- Are you affected by the crisis? In what sense?
- Do you think elderly experience the effects of the crisis?