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Social Bonds in Old Age

The Experiences of Dutch Elderly Participating in Associational Life

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Abstract

With the Dutch population growing older, loneliness and social isolation could emerge as a pressing public-health concern. Advancing age is frequently accompanied by heightened risks of loneliness and social isolation, each of which undermines older adults' mental, physical, and overall health.

This study explores the experiences of Dutch retirees regarding associational life. Associational life in this research entails sport clubs, hobby groups, and volunteering. Drawing on the framework of Meaningful Interaction, this research examines how individual, transitory, and societal factors shape the experiences of Dutch elderly in associational life and have effect on feelings of loneliness and social isolation.

Semi-structured interviews with 22 Dutch retirees were conducted, prefacing each conversation with a brief Timeline Drawing exercise to stimulate recall and set the agenda. Interviews were recorded, transcribed, and analysed through thematic analysis. Findings show that higher education and earlier social capital accumulation support ongoing participation, while caregiving and aging present both motivators and barriers. Positive social attitudes within associations encourage engagement, while negative experiences often lead to withdrawal or disinterest.

This study contributes to the understanding of the connection between aging and social engagement in the Netherlands by emphasizing the importance of participating in inclusive, accessible, and supportive spaces for to combat loneliness and social isolation.

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Introduction

In the Netherlands, there is a saying regarding the elderly and retirees, that translates to 'sitting behind the geraniums'. It refers to elderly people sitting behind their flowers, looking outside, doing nothing and enjoying the final stage of their life. In a study done among older European adults, it was observed that retirement often leads to a decrease in social networks and interactions(Börsch-Supan & Schuth, 2014; Kauppi et al., 2021; Vozikaki et al., 2018). This leads to a feeling of social isolation as retirees miss frequent day to day contact with co-workers (Vozikaki et al., 2018). The decrease in a retirees social network accompanied with a decrease in social engagement, frequency of social contact and participation in social activities, can lead up to increased feelings of loneliness (Vozikaki et al., 2018). Considering the Dutch society is aging, it is relevant to research how Dutch elderly people experience dealing with social isolation and loneliness after retirement.

Social Isolation & Loneliness

Even though 'sitting behind the geraniums' might be a common perception of retirement/elderly life, research in the Netherlands shows the diversity of experiences individuals have in retirement (Szinovacz & Davey, 2004). A research done in the Netherlands on the mental health and loneliness beyond the age of 50 claims that mental health improves and peaks at around the age of 75 for males and 78 for females (van Ours, 2021). The factors leading to this peak in mental health are diverse. Financial stability, good physical health, achieving personal and professional milestones, strong social networks providing emotional support and a sense of belonging and good cognitive functioning are factors that lead up to this peak (van Ours, 2021). One can see how these factors contribute to good mental health as these factors can provide confidence, satisfaction and can give you peace of mind. The decline, after the peak, is partially caused by worsening physical health and cognitive functioning, retirement and a decreasing social network (van Ours, 2021).

Elderly Dutch people experience increased feelings of loneliness, partly because they participate less frequently in social gatherings and have fewer close contacts than the adult population in general (Toepoel, 2013). Another study confirms that ageing is paired with decreasing social networks and consequently increases the proportion of older Dutch people experiencing feelings of loneliness and social isolation (Kemperman et al., 2019).

Social isolation and loneliness are similar, but they are still different concepts. Social isolation refers to the lack of social contacts or interactions and loneliness concerns the feeling of being alone or lacking social contacts and interactions, while this may not be the case (Taylor, 2020). Taylor's research (2020) states that both concepts have impact on a person's well-being. As one becomes older social isolation and loneliness often result from changes in social network ties, marital status, loss of loved ones, or reduced mobility. This leads to a quantitative and qualitative deficiency in their social relationships(Nieboer et al., 2020). Being lonely and feeling lonely can have negative effects on older adults, affecting their physical and mental health and overall well-being (Börsch-Supan & Schuth, 2014; Nieboer et al., 2020; Pai & Vella, 2022).

The Role of Social Networks

Dutch elderly people can mitigate feelings of social isolation or loneliness and prevent all the consequences of them by staying socially active. Engaging in activities like spending time with friends/family, eating/drinking rituals, reading, and gardening can help mitigate feelings of loneliness

among the elderly (Pettigrew & Roberts, 2008).Participating in social, leisure, recreational and cultural activities mitigate feelings of loneliness amongst older adults (Nakajima et al., 2024; Smale et al., 2022). This is especially the case when elderly people are not socially isolated (Nakajima et al., 2024). In the case of the Netherlands it is important to explore, which spaces are accessible for elderly people, to participate in these type of activities.

The Dutch have a rich culture when it concerns social clubs like sport clubs or clubs for leisure activities. In a research from van der Meer et al. (2009) it is referred to as associational life. Associational life in the Netherlands involves participation in various types of voluntary associations, which can be categorized into leisure organizations, interest organizations, and activist organizations (van der Meer et al., 2009). The social network's role for a retiree can promote mental well-being as social networks help with connecting individuals to resources that contribute to their mental health, well-being and creating a sense of belonging somewhere (Kawachi & Berkman, 2001).

Unexplored Perspectives

There is little qualitative research in the Netherlands about associational life influencing feelings of social isolation and loneliness for elderly people. There is some mention of it, for example that older people are more likely to engage in volunteering activities and this makes them a significant demographic within voluntary associations (Bekkers et al., 2008). Yet, within the same research there is no mention on the participation of elderly or retirees in, what they call, expressive associations and the potential positive outcomes they may have. Expressive associations are organized groups like neighbourhood associations, caring groups, musical groups, and hobby clubs (Bekkers et al., 2008). A study in the Netherlands has also shown that between 1975 and 2005, individuals of 65 years and older have maintained significant involvement in informal group activities, especially higher educated individuals show more involvement in informal and associational activities (van Ingen & Dekker, 2011). This was shown even though, as people become older, they have less leisure activities they can participate in (van Ingen & Dekker, 2011).

In old age, the process of making and losing personal relationships goes on, leading to changes in the size, composition and functioning of the network(van Tilburg & van Groenou, 2002). Older adults, particularly those younger than 75, stay deeply engaged in community life through participation in political parties, volunteer organisations, and a wide range of hobby groups (Van Groenou & Van Tilburg, 1996). Van Groenou and van Tilburg (1996) state that the personal networks of Dutch older adults provide them with social contact and instrumental support. These studies show that Dutch elderly are involved in associational life but it does not discuss the effect it has on how they experience feelings of social isolation or loneliness decreasing.

Focus & Scope

With the infrastructure in the Netherlands for associational life, it is important to investigate how Dutch elderly people experience associational life. For this research associational life will entail volunteering work, social-, hobby- and sport clubs, as these associations relate to the concept of expressive associations. Considering the experiences of people can be very diverse, a broad research question is necessary that allows different perspective from people engaging in

associational life and people that do not. The following research question will provide answers that give a complete overview concerning this topic.

Research Question:

What are the experiences of Dutch elderly people regarding associational life?

Theories

This research will be analysed through the theoretical framework of Meaningful Interaction by Wigfield, et al.(2022). The framework of meaningful interaction claims that the ability of individuals to engage in meaningful interaction influences feelings of loneliness and social isolation. This is influenced by a range of individual, societal, and transitory factors. These interactions are critical in mitigating social isolation and loneliness and promoting positive health and well-being outcomes (Wigfield et al., 2022). Having these meaningful interactions leads to, in this case, elderly people gaining social networks. Firstly social capital will be explained and that bonding social capital is the most relevant for this research. Considering social networks is an important part of bonding social capital, theory on the social networks role will be discussed. Lastly, the framework of meaningful interaction will be introduced and it will explain how meaningful interaction is the key to enhance elderly people's social networks and build more bonding social capital.

Social capital

Social capital theory can be used through different lenses dependent on the context. The two main theorists on the topic are Bourdieu and Putnam. Bourdieu's concept of social capital offers a critical perspective on the role of social networks and relationships within society (Siisiäinen, 2003). He is more sceptic about positive views on social capital as he thinks it is more about reinforcing social inequalities and power dynamics rather than promoting equality and solidarity (Siisiäinen, 2003). On the other hand, Putnam views social capital as a valuable resource that enhances social cohesion, trust, and collective action within communities and he uses this theory to examine how trust and voluntary associations contribute to social integration (Siisiäinen, 2003). Considering the topic of this thesis, Putnam's theory will be used to analyse this topic as Bourdieu's theory puts more emphasis on power dynamics and social inequalities and Putnam's theory is more suitable to be used analysing the role of social networks concerning mental health.

> *"..."social capital" refers to features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit."*
>
> - (Putnam, 1995, p. 2)

Putnam describes social capital as the way individuals exchange information and build trust through both informal networks (like friendships and neighbourhood associations) and formal networks (like civic organizations and clubs) (Putnam, 1995). In this research the focus will lay more with formal networks as leisure associations and voluntary activities are well organized clubs or groups in the Netherlands. Even though these types of associations and activities are forms of formal networks, they form possibilities for informal networks as clubs can belong to a neighbourhood and friendships can be formed within them. In his article, Putnam explains how building social capital promotes collaboration and support within societies through trust (Putnam, 1995). Putnam relates social capital to social cohesion and social networks. His theory emphasizes the importance of social networks as it is a part of social capital. Relating Putnam's (1995) theory to this research, the importance of having spaces where people can meet, interact and build trust is essential in combatting social isolation and loneliness.

Aging is accompanied with an increasing need for social emotional resources, building social capital might be very important for a positive aging process (Simons et al., 2020). For Simmons et al. (2020)

social capital also concerns close and intimate relationships in a smaller social circle that functions as a social and emotional resource. This perspective on social capital is based on the concept of bonding social capital from Putnam (Simons et al., 2020). Through this lens, the importance of social networks is emphasized for the individual in question.

Social Network's Role

Social networks is a apart of bonding social capital. It regards the social contacts and connections the elderly have. Kawachi & Berkman (2001) explain how a person's social network can have a positive influence on health outcomes. They explain that social connections have different layers or levels and state the following about that:

> *"These layers extend from the most intimate relations (e.g., marital ties), outward to social networks (e.g., connections to close relatives and friends), and to "weak" ties consisting of involvement in community, voluntary, and religious organizations. Participation in the last set of ties does not necessarily impose intense person-to-person interactions. Nonetheless, it provides a sense of belongingness and general social identity, which sociological theorists have argued as being relevant for the promotion of psychological well-being."*
>
> - (Kawachi & Berkman, 2001).

These 'weaker' social ties are important as well as they can promote your psychological well-being. It seems like belonging in a group and working towards a common goal can give you this sense of belongingness and social identity. This argues for the mental health benefits that a person can have by being a part of a leisure or voluntary association. Being a part of football club that represents your village or city can give you social identity or doing voluntary work can give you a sense of purpose, but also being a part of a group connects you with people and creates a social network. According to Kawachi & Berkman (2001), social networks play a vital role in providing support, fostering a sense of belonging, influencing behaviour, and connecting individuals to resources that contribute to their mental health and well-being (Kawachi & Berkman, 2001). Social networks might also cause some stress when weaker ties become stronger and pressure is added on by these connections (Kawachi & Berkman, 2001). A lack of social network also impacts mental health by causing depressive symptoms, anxiety, limited coping capabilities and an overall reduction in mental well-being (Kawachi & Berkman, 2001).

Theoretical framework: Meaningful Interaction

To enhance social networks and thereby build bonding social capital, meaningful interactions are needed. The theoretical framework of meaningful interaction focuses on the factors that influence a person feeling socially isolated or lonely. Social isolation can occur voluntary or involuntary, it regards the actual count of social interactions and contacts (Wigfield et al., 2022). Loneliness is more emotional as it is about subjective feelings, it is always involuntary, it regards the quality of relationship and has negative feelings attached to it (Wigfield et al., 2022). Wigfield, et al. (2022) explain how we tend to feel lonely when we lack 'meaningful interactions' (Phillips et al., 2022). These interactions include contact with other individuals, participation in groups and organisations, and engagement with communities and places.

"It is important to explore how opportunities for meaningful interaction can be facilitated. Through the creation of appropriate societal conditions, individuals are less likely to be socially isolated, more likely to experience meaningful interaction, and less likely to feel lonely."

- (Wigfield et al., 2022).

The framework consists of individual and transitory factors. The individual factors are explained in figure 1 as individual markers. It regards personal characteristics, personal circumstances (access to resources or forms of capital), health conditions and the geographical factors (infrastructure and distance). The transitory factors concern in this case the life changing event: retirement. The societal factors are split into four domains that are portrayed in figure 1 as: Interaction, participation, Personal Security & Attitudes.

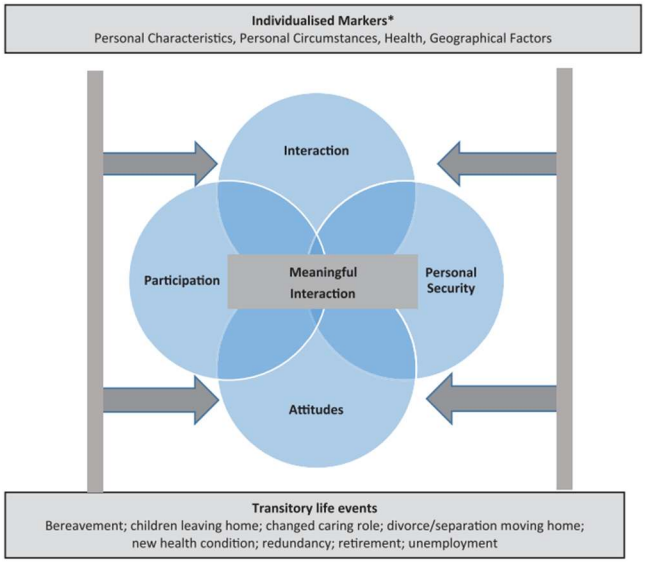

Figure 1: Theoretical Framework of Meaningful interaction reprinted from Wigfield et al. (2022)

The individual and transitory factors concern a person's characteristics, place of living, health or current phase in life and how that impacts meaningful interaction, while the societal factors are influences from other people. Interaction concerns opportunities for people to connect with others and build social networks on an informal and unorganized manner (Wigfield et al., 2022). For this to happen some sense of personal security is necessary. Personal security is about trust as it concerns how safe and secure they feel during interactions and this influences their willingness to participate in social activities (Wigfield et al., 2022). These conditions have influence on participation as personal security allows more interaction and more interaction increases levels of participation. Participation is about to what extent people are involved in social activities and groups. So, in this case, the involvement of Dutch elderly people in associational life. Higher participation correlates with more social support and less loneliness (Wigfield et al., 2022). Attitudes regards social attitudes towards social engagement, aging and community involvement. Positive attitudes can lead to more social interaction while negative attitudes can cause stigmatization or social withdrawal (Wigfield et al., 2022). This condition influences interactions as it regards how people perceive other people and how they are perceived. Positive attitudes can help you feel secure while negative

attitudes can discourage you to interact with others and participate within a leisure association or voluntary activity in this case.

These societal factors contribute to meaningful interaction as they shape the opportunities and potential to create a stable and meaningful relation with people or groups. Having good circumstances and opportunities for meaningful interaction is important as it mitigates loneliness and social isolation by focussing on the quality of social relationships, addressing both individual and societal factors and providing support during life transitions (Wigfield et al., 2022). By focusing on the quality of social relationships, retirees can enhance their social networks and gain social capital. Therefore, retirees can experience a stronger sense of belonging and reduced feelings of loneliness or social isolation.

The framework of meaningful interaction takes into account the diversity of factors that affect a retirees feelings, as it regards their individual factors but also transitory factors. The personal factors weigh in as well as life changing occurrences like retirement, losing loved ones, etc.. This is important for this research as it is established that retirement has a different impact on people as a large variety of circumstances have influence (Picchio & Ours, 2020). The societal factors are also taken into account with the different dimensions; interaction, personal security, attitudes and participation. These relate to the quality of interactions within associational life. Associational life provides a space where Dutch elderly people can have meaningful interactions. These interactions can lead to the forming of connections or friendships, which relates to enhancement of bonding social capital (Simons et al., 2020). Participating in meaningful group activities can provide a sense of safety, enabling individuals to explore potential friendships whilst gaining a sense of belonging to the group (Wigfield et al., 2022). Therefore, associational life can be a space where these meaningful group activities can happen. The elderly can gain more bonding social capital as they can form meaningful relationships with others.

Methods

Considering this research focusses on how retirees experience their interactions in associational life, it was necessary to extract data from participants about their feelings, emotions and opinions regarding their interactions and participation in these associations. Therefore, qualitative research was needed as it provides a method to gather more deep and personal data. Qualitative research has been important as it gives insight into the lived-experience of the participants (Gewurtz et al., 2016). Using personal lived-experiences provide a more detailed insights into the feelings, emotions and opinions of an individual. This information could not be retrieved through questionnaire or other quantitative methods.

Qualitative Research

Through semi-structured interviews, data was gathered in a way that is flexible and allows the interviewees to steer the conversation in the direction they might think to be more important. Open-ended questions enabled interviewees to express their thoughts and emotions through stories, as detailed as they want (Akgun-Citak et al., 2020).

A Timeline Drawing Method was used to provide visual representations related to the individual experiences. that helps the participant to focus on key elements and reflect on their experiences (Marshall, 2019). This method functioned mostly as way to ease the participants into the interview and themes that were going to be discussed. This method worked effectively as a way to open up participants' interpretations of questions while staying open for new interpretations and meanings from the participants (Bagnoli, 2009).

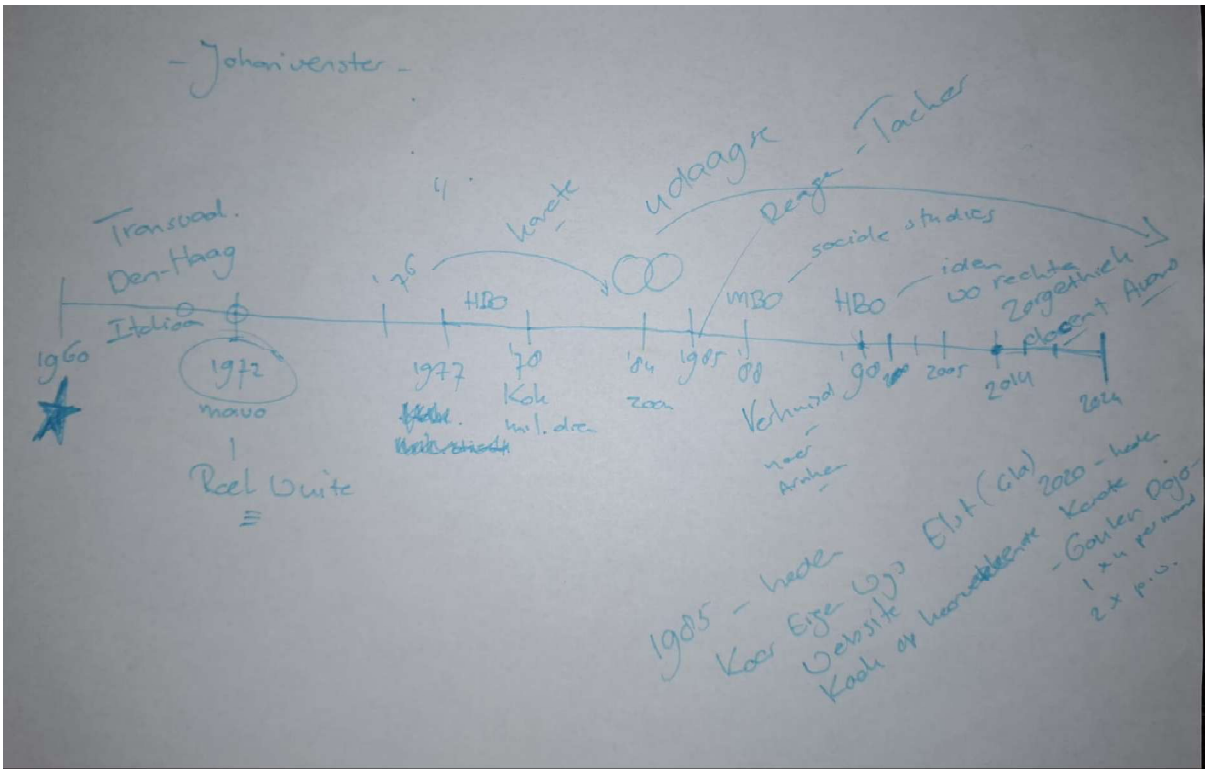

Figure 2: Example of Timeline Drawing

Sample

The sample for this research consists of 12 Dutch elderly people that participate in associational life and 10 who do not (N=22). The sample size for this study is justified based on qualitative research principles emphasizing depth over quantity (Mason, 2010). Mason (2010) argues that qualitative studies should focus on the depth of understanding rather than the number of participants, as the goal is to uncover meaningful patterns rather than statistical representation. In this study, additional interviews would likely yield redundant insights rather than new themes. Additionally, the diversity of the sample ensures that a broad range of experiences is represented. The semi-structured interview format further enhances the depth of data, making a larger sample unnecessary.

Further requirements for this sample were that they are retired. Being retired is a requirement, as it is a big reason for losing social networks and social capital (Freedman & Nicolle, 2020). Age will not be a restriction as long as participants can provide a coherent story. Older participants have more experiences to share as they have lived longer during retirement. Furthermore, associational life is defined in this research as participation in hobby- and sport associations and volunteering jobs.

The semi-structured interviews with this sample, have provided this research with many insights regarding the research questions. The descriptive data for this sample shows us a diverse group of participants, ranging from 67 to 88 years old. Most participants have participated in associational life somewhere in their life, but in this research sample, 12 participants are currently engaged in associational life and 10 are not. A notable pattern in this data, is that the participants who are not engaged in associational life are older on average. Also, men willing to participate in this research, engage relatively more in associational life than the women. A last observation is that people that followed higher education (HBO, WO or higher) are represented more within the people that participate in associational life than in the other group.

Participant	Sex	Age	Associataional life	Education level HBO,WO or higher
Participant 1	Woman	74	Yes	No
Participant 2	Man	74	No	No
Participant 3	Woman	74	No	No
Participant 4	Man	80	No	Yes
Participant 5	Woman	83	No	Yes
Participant 6	Man	86	No	No
Participant 7	Man	76	Yes	No
Participant 8	Woman	74	Yes	No
Participant 9	Man	85	Yes	No
Participant 10	Woman	85	No	No
Participant 11	Man	84	Yes	No
Participant 12	Woman	80	No	No
Participant 13	Man	68	Yes	Yes
Participant 14	Man	67	Yes	Yes
Participant 15	Woman	80	No	Yes
Participant 16	Woman	68	Yes	No
Participant 17	Woman	88	No	No
Participant 18	Man	68	Yes	Yes
Participant 19	Woman	72	Yes	Yes
Participant 20	Woman	69	No	Yes
Participant 21	Man	75	Yes	Yes
Participant 22	Woman	68	Yes	Yes

Table 1: Descriptive Data

Analysis

To answer the research question, the experiences of Dutch elderly people participating in associational life will be analysed according to the principles of thematic analysis. Thematic Analysis (TA) is used to explore the experiences of Dutch elderly participating in associational life,

guided by the theoretical framework of meaningful interaction, which consists of individual, transitory, and societal factors. TA offers a flexible and systematic approach to identifying and analysing patterns of meaning in qualitative data (Clarke & Braun, 2017). Through coding and theme development, insights will be generated into how these three levels shape the participants' experiences.

The theoretical framework of meaningful interaction was used during the familiarization with the data. The themes that submerged from this phase can all be categorized under the factors responsible for meaningful interaction. The themes are: Education Shapes Long-term Social Capital (indiviudal & transitory factors), Caregiving Responsibilities Influencing Participation (indiviudal & transitory factors), The Role of Social Perceptions and Support (indiviudal & transitory factors) & The Impact of Aging on Participation (societal factors). Consequently codes were generated, that were reviewed and edited into the following codes and descriptions:

Theme	Code	Description
Education Shapes Long-Term Social Capital	Education Level	Higher education linked to greater participation and social capital.
Education Shapes Long-Term Social Capital	History in Associational Life	Previous involvement strengthens future participation.
Education Shapes Long-Term Social Capital	Social Networks Over Time	Networks built and maintained over the years contribute to participation.
Caregiving Responsibilities Influencing Participation	Time Constraints	Caregiving duties reduce availability for participation.
Caregiving Responsibilities Influencing Participation	Motivation Affected by Responsibilities	Individuals may prioritize caregiving over participation.
Caregiving Responsibilities Influencing Participation	Altruism as Motivation to Participate	Helping people by providing care as motivation to participate in associational life.
The Impact of Aging on Participation	Physical Decline	Reduced mobility and physical health make participation harder.
The Impact of Aging on Participation	Cognitive Decline	Mental health challenges limit learning new skills and adapting to change.
The Impact of Aging on Participation	Accessibility Barriers	Difficulties related to transportation and location impact engagement.
The Impact of Aging on Participation	Family and Other Loved Ones	Enogh social capital built through family and friends impacts need to participate.
The Role of Social Perceptions and Support	Social Perceptions During Interactions	How individuals perceive others and how they are perceived.
The Role of Social Perceptions and Support	Experiences of Inclusion or Exclusion	Feelings of belonging or marginalization in associations.
The Role of Social Perceptions and Support	Trust and Security	Confidence in social settings affects engagement.
The Role of Social Perceptions and Support	Emotional Support	Displays of emotional support influence perceptions.

Table 2: Codebook

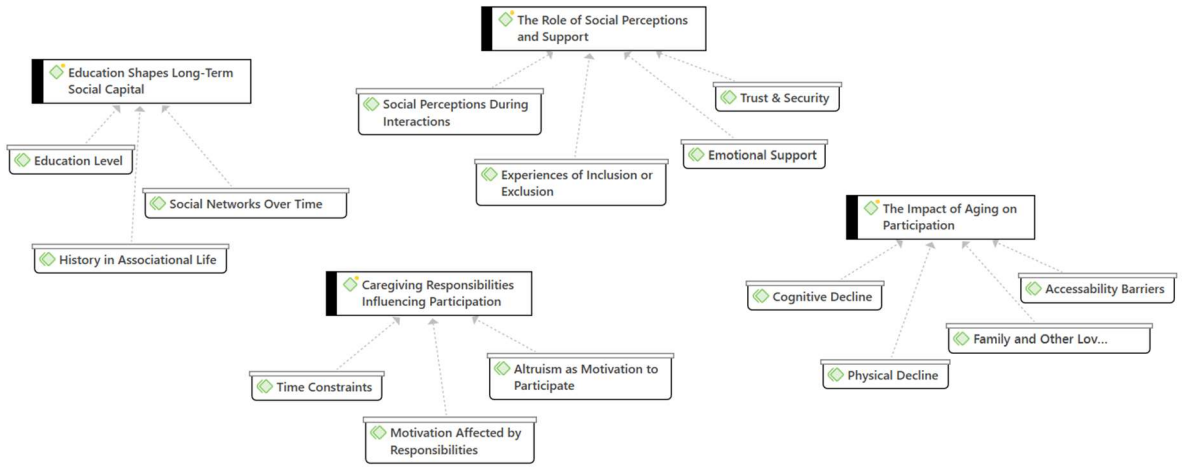

Figure 3: Coding Tree

These themes and subthemes were considered as the most relevant aspects shaping the experiences of Dutch retirees regarding associational life. The findings from the 22 semi-structured interviews revealed a range of experiences and factors influencing the participation of Dutch elderly in associational life. The findings illustrate the relation between individual, transitory, and societal factors in shaping the experiences of Dutch elderly in associational life and highlight the nuanced reasons why some refrain from participation.

Ethics

Ethical approval for this study was obtained from the WUR Research Ethics Committee for non-medical research. The research protocol was reviewed and deemed to comply with the Netherlands Code of Conduct for Research Integrity. All participants were informed about the purpose of the study, their rights, and data confidentiality prior to the interviews. Written informed consent was obtained from each participant, including permission to record the interviews. A copy of the ethical approval form is included in the appendix. The COREQ (Consolidated Criteria for Reporting Qualitative Research) was used to improve the transparency, rigor, and comprehensiveness of reporting in qualitative research (Tong et al., 2007). By following the COREQ guidelines, the semi-structured interviews have provided a comprehensive and transparent report, enhancing the credibility and usability of the research findings (Tong et al., 2007).

Results

This chapter addresses the central research question, '*What are the experiences of Dutch elderly people regarding associational life?'*, by presenting four inter-related themes that emerged from the interviews: Education Shapes Long-term Social Capital, Caregiving Responsibilities Influencing Participation, The Impact of Aging on Participation and The Role of Social Perceptions and Support. These four themes form the experiences Dutch retirees have in regard to associational life. These themes can be categorized under the three factors that form meaningful interaction; individual, transitory, and societal factors (Wigfield et al., 2022).

The findings viewed through these themes, show the motivations, barriers, and broader contextual influences shaping the experiences of older adults in associational life. Well-educated participants, participate more often and tend to accumulate more social capital over time; caregiving duties can both motivate participation and restrict it; aging causes a decline in mental– and physical capabilities, which negatively affects participation; and social attitudes influence participation dependent on positive or negative attitudes.

Education Shapes Long-Term Social Capital

Participants with higher education levels were more frequently engaged in associational life throughout their life-course. Five participants indicated that social contacts from their student years remained relevant in their social networks. Several mentioned former student associations as a continued source of social interaction. Participant 18 stated: *"Sure, the nice thing about it is, you see someone and you know exactly what that person is like. You hear two sentences and... that's him. It's fascinating to experience."*. The same participant further noted that reconnecting with former student association members was easy despite the time apart, saying: *"Yes, exactly, that whole time apart is undone."*. Participant 22 described the strong social bonds formed during student life, stating: *"That is a very special time in your life, when you have to become independent, when you have a lot of things coming your way... You know those kinds of things that you all experience together... Yes, I just notice that we as a year club have a very close bond, because we have experienced all that together."*.

Education does not only influence your possibilities to build social capital dependent on the level but also on the type of study or trade you are learning. Participant 11 started a military career through his education that was based on more practical professions rather than an a studies in the academic world. Through his military education he has been involved in military social clubs and belongs to a association for retired Airforce soldiers. So it is not only the level of education in some cases, but also the careers your education prepares you for.

Nevertheless, in this research, participants who studied for more practical professions had encountered less opportunities to enhance their social networks like the participants who followed academic education. Also in their pasts, participants who followed higher education had been more engaged in associational life than the participants who followed lower levels of education. Participants who followed lower levels of education expressed that they experienced barriers like time constraints, financial constraints and caregiving responsibilities.

Caregiving Responsibilities Influencing Participation

Caregiving responsibilities were reported as a factor influencing participation in associational life. Five participants have expressed how caregiving responsibilities impacted their time which led to them not participating in associational life. Some participants stated that their time was dedicated to caring for family members, which limited their ability to engage in social activities. Participant 3 responded to a question about volunteering by stating: *"Yeah, volunteering…. I think I've done that enough,",* referring to the time spent caring for parents and in-laws. Similarly, Participants 2 and 6 reported that caregiving responsibilities had prevented them from engaging in associational life. After the passing of their loved ones, none of them chose to participate, because of different personal reasons. These experiences highlight caregiving as a factor that shaped whether and when individuals engaged in associational life.

On the other hands, caregiving responsibilities have also been a motivator for participants to engage in associational life. Several participants reported that helping others was a key motivation for engaging in associational life. Six participants stated that they were involved in volunteering, ranging from community centre activities to charity work. Participants 7 and 8, for example, managed a community centre in Arnhem-Zuid, providing a space for social activities and interaction. Participant 7 described the impact of their work, stating: *"What we have brought here, a lot of fun. Joy. It gives you the strength just to keep going."*. In their case, caregiving is 'part of the job', but the positive feedback from doing so motivates them to keep doing this volunteering job.

In other cases caregiving has been a motivator in a different way. Some participants have provided care for people close to them and this has inspired them to do volunteering work related to that. For example, participant 13 has been doing volunteering work for a organization related to haemophilia, because his son suffers from this disease. In conclusion, caregiving is a motivator as some have altruistic motives, but also because of a person's relation with certain causes based on their past experiences.

The Impact of Aging on Participation

Health status was identified as a factor influencing engagement in associational life. Participants with good health reported the ability to participate actively, while those with health concerns cited limitations to engagement. Four participants mentioned poor health as a reason for reduced participation or non-participation. Participant 9 stated that heart problems affected his ability to remain active, explaining that when their condition worsened, they needed to rest. Among participants over 80, physical health limitations were more commonly mentioned as a barrier to participation. Two participants mentioned mental health struggles but also stated that family and their hobbies provided support and comfort during these periods.

As you are aging, the role of your social network changes. Therefore, having a strong social network while you are aging can provide comfort or emotional support, for example. Something that was expressed by many non-participants was that they have enough social contact/support from their friends and family. Two participants also explained that they experience social interactions though the participation of their husbands in associational life. So, having your current social capital from your own networks can lead to more social capital trickling down through networks of friends and family, in their case.

Another subtheme that came up regarding aging was the mental ability/motivation to try new things, change patterns. While some participants liked not having a standard routine, many participants had their standard rituals and routines during their life. Some participants experienced barriers to participate in associational life, that could be helped by a change in routine or habits. Some participants also were reluctant to try other forms of associational life because they thought of themselves as to old or they just did not have the interest to try and learn something new. These findings all went a bit under the radar until participant 20 said: *"As you get older, you become less flexible in picking things up or figuring out how to do them, or you become more uncertain about whether things will go well."*. Participant 20 made clear that aging can result in experiencing mental barriers to participate in associational life.

The Role of Social Perceptions & Support

Social attitudes, including perceptions of others, inclusion, trust, and appreciation within associations, influenced participants' engagement in associational life. Positive social interactions encouraged participation, while negative experiences led some individuals to disengage. Most participants actively involved in associational life reported experiencing positive social attitudes from others during their activities. They also expressed positive feelings toward their associations, stating that they felt welcomed and valued.

However, some participants encountered negative social experiences that impacted their willingness to participate. Participant 16 described frustration with interactions in their tennis club, stating: *"Only sometimes you notice that you are being thwarted by the board… then I think, you just have to get sponsors, and when they start whining like that, it makes me completely sick… Because of that I don't feel like doing something like that anymore, you know what I mean?"*. This experience illustrates how perceived lack of trust or appreciation within a group influenced engagement.

Another example are participants 11 and 12. The senior citizens' association they are a part, multiple members have expressed negative opinions on their current board. Participants 11 and 12 share to certain extents these concerns regarding the current board. These perceptions reenforce negative attitudes towards how the participants want to participate or contribute in the activities from their association. In the case of participant 11, he was reluctant to step back in to the board to help them out. It was to much of a mess, among other reasons.

Social attitudes shaped both participation and disengagement, with positive environments leading to more involvement and negative experiences contributing to participants refraining from associational life. Even though this is observed in many cases, some participants indicated that they simply did not place much importance on joining formal associations because they were already deeply engaged in other meaningful activities. These individuals did not feel a strong need for additional social connections through structured clubs or organizations, as their time was already filled with personal passions, hobbies, or informal social interactions. Participants have mentioned things like close relationships with family, gardening, painting, poetry and watching TV as activities or factors that made them refrain from associational life. In some of these activities, participants experience positive attitude towards what they are doing and feelings of trust and security, like you could experience in associational life. These perspectives suggest that for some, associational life is

simply not a priority, not because of exclusion or barriers, but because their personal interests already provide them with a sense of fulfilment.

Discussion

The purpose of this research is to better understand how Dutch elderly people experience participation in associational life and what factors influence their levels of participation. The rationale behind this research lies in the concerns about social isolation and loneliness among older adults in the Netherlands. As Dutch society ages, it becomes increasingly important to explore how elderly individuals maintain or lose social connections after retirement. This thesis provides qualitative data showing how associational life shapes social networks from Dutch elderly people and revealing factors overlooked by prior survey-based studies.

While the Netherlands has a strong tradition of associational life, little is known about how this plays a role in the life of elderly people. The framework of Meaningful Interaction suggests that under the right circumstances meaningful interaction occurs, which combats feelings of social isolation and loneliness by forming higher quality relationships (Wigfield et al., 2022). This study explores if elderly people can have meaningful interaction in associational life by understanding their experiences. Through meaningful interaction, the Dutch elderly can enhance their social networks (Wigfield et al., 2022). By enhancing their social networks, they can accumulate bonding social capital (Simons et al., 2020). Gaining social capital and enhancing social networks are ways to mitigate feelings of social isolation and loneliness (Burke et al., 2010).

This chapter discusses the findings in relation to existing literature and the theoretical framework of meaningful interaction. The results show the connections between individual, transitory, and societal factors influencing participation in associational life among Dutch retirees. The discussion is structured around the four central themes. First, the findings concerning the themes will be discussed and later on they will be related to the theoretical framework of meaningful interaction.

Education Shapes Long-Term Social Capital

A study on participation on associational life in the Netherlands, states that participation has almost no effect on increasing social capital (Van Ingen & Kalmijn, 2010). Van Ingen & Kalmijn (2010) observed that joining a club rarely boosts practical support, because the people you meet typically remain casual acquaintances you only see at club activities. That contradicts the possibility of education influencing social capital accumulation through increased participation in associational life. They do express that vulnerable groups, like elderly people, might benefit more from participation (Van Ingen & Kalmijn, 2010).

The findings from the interviews suggest that higher education does play a role in shaping long-term social capital. Participants with higher education levels were more likely to keep social networks from earlier in life, often through student associations. This aligns with a study claiming that education enhances participation in society and civic engagement, which leads to social capital accumulation (Amini et al., 2015). The higher educated participants were often more involved in associational life throughout their life-course than lower educated participants. Another study on this topic has shown that early-life involvement in extracurricular activities is associated with higher levels of voluntary association participation in later life (Greenfield & Moorman, 2018).

Some participants with more practical education faced greater barriers to engagement, such as financial constraints and caregiving responsibilities. Their timelines and stories also implicated less opportunities to build social network than higher educated participants. This suggests that social

capital built earlier in life can extend into later life, reinforcing participation patterns. However, it also highlights inequalities in accessibility to networks and social capital.

In the case of the participants for this study, education level and socio-economic status might have a connection. In the interviews there was not a focus on the socio-economical background of participants while growing up, but derived from the stories there could be a connection there. People from higher socio-economic backgrounds tend to achieve higher education levels, which helps them access better opportunities and reinforces social inequalities over time (Caro et al., 2009). It has also been claimed that socio-economic status influences participation in voluntary organizations, which in turn affects access to social capital (Dederichs, 2024).

Caregiving Responsibilities Influencing Participation

Caregiving responsibilities emerged as both a barrier and a motivator for associational life. Some participants refrained from participating because of time constraints, while others engaged in volunteering and community work through caregiving activities.

Studies have shown that informal caregiving duties have a negative effect on caregiver's satisfaction with their leisure-time (Hajek & König, 2019). However, caregiving is also deeply linked to altruism, which can serve as a motivator for social participation. Some caregivers perceive their role as a meaningful way to contribute to their communities, extending their caregiving mindset into voluntary work or social organizations. In a study done on people volunteering as caregivers in palliative care, it was found that altruism and a sense of civic responsibility are key motivators (Claxton-Oldfield et al., 2004). Volunteering can provide caregivers with resources, socialization, and improved health, counteracting role conflict(Crittenden et al., 2022). Wanting to help others motivated, the participants in this research, to be a caregiver and this made them feel good and valued. All benefits that volunteering and caregiving provided counteracted role conflicts, which only further enhanced their willingness to participate. Therefore caregiving stimulated their participation in associational life.

The effects of caregiving are very complex at it has a wide variety of reasons. Whether it is a sense of obligation because of family ties or altruism, caregiving can be experienced as either a burden or a meaningful role.

The Impact of Aging on Participation

Physical and cognitive health were significant factors in associational life engagement. Participants expressed that good health enabled them to participate, while declining health posed barriers to engagement. Four participants cited poor health as a reason for non-participation, reinforcing research that identifies health as a primary determinant of social involvement in later life (Cornwell & Waite, 2009).

Additionally, many participants exhibited resistance to change, expressing difficulties in adapting to new routines or learning new activities. Aging was also linked to a reluctance to join new groups or try unfamiliar activities, with participants expressing a preference for familiar environments and established relationships. A study states that limited social participation in old age can result from diminished physical functionality, transportation issues, and a preference for maintaining existing social routines (Leung et al., 2021). This reduced social engagement can lead to various health problems, including cardiovascular risks, mental health issues, and cognitive disorders (Leung et al.,

2021). This shows how aging and social participation affect each other. Less engagement can lead to poorer health, and health issues can limit participation.

The Role of Social Perceptions and Support

Social attitudes played a pivotal role in both encouraging and discouraging participation. Many participants expressed positive social interactions that motivated them to stay engaged. However, negative experiences led others to refrain from participation. The importance of trust and appreciation within associations was vital. Participants who felt valued and included were more likely to continue participation, whereas those who experienced negative perceptions or attitudes withdrew. These findings align with the ideas of the theoretical framework of meaningful interaction (Wigfield et al., 2022).

The main issue with segment is the risk of social desirability bias. Social desirability bias may have influenced how participants described their participation in associational life, as people often present themselves in ways that align with social norms rather than their actual experiences (Bergen & Labonté, 2020). Similar to findings in qualitative research on health perceptions from Bergen & Labonté (2020), some participants may have overstated their level of participation or downplayed barriers such as health issues or lack of interest to conform to expectations of active aging.

Recognizing this bias is important for interpreting self-reported participation levels and experiences. Considering the possibility of this bias can provide a more nuanced perspective while interpreting the data.

Framework of Meaningful Interaction

The findings of this study align closely onto the framework of meaningful interaction. At the individual level, education and caregiving responsibilities are decisive. Higher-educated participants tend to participate more often and preserve the long-term networks they built in clubs and associations, while caregiving can simultaneously encourage volunteering and restrict overall participation. At the transitory level, major life changes such as declining health or the loss of loved ones reshape engagement, because age-related physical and mental shifts alter what activities remain feasible. At the societal level, prevailing social attitudes and trust determine whether older adults feel welcomed or sidelined, with negative experiences mitigating participation and positive experiences reinforcing it.

To illustrate the way these factors can interplay with each other, participant 9 can be used as an example. Participant 9 has chronic heart diseases and is therefore being restricted in participating by his health condition, caused by aging. Even though this negatively impacts participation and therefore the chance to experience meaningful interaction, positive attitudes from other participants towards him motivate him to stay engaged. Due to his chronic heart disease, the participant is motivated to help out other patients like him. Wanting to provide care motivated him to volunteer for a foundation for heart-patients. This also makes him more likely to possibly experience meaningful interaction.

These findings fit in the theoretical framework and show the complex interplay between individual, transitory and societal factors. Participants can experience barriers on all three levels. This framework highlights on which levels, the chosen themes impact participants motivation and ability to participate in associational life.

Something that was not considered beforehand in this research is how having a passion or hobby applies to the theoretical framework. It is a part of the individual factors and it could be considered as a part of personal characteristics, but categorizing it that way does not cover the impact it can have. Studies claim that hobby engagement benefits for mental health (Wickham, 2023). This chimes with statements from several participants on how their hobbies and passions enhanced their life satisfaction and made them yearn less to participate or engage in possible meaningful interactions. They can feel satisfied and do not need meaningful interactions to combat feelings of social isolation and loneliness.

Strengths & Limitations

This study offers several strengths that contribute to the understanding of elderly participation in associational life and the broader debate on aging, social connectedness, and loneliness in the Netherlands. At the same time, it is important to acknowledge its limitations, which point to areas for future research.

One of the strengths of this study is its theoretical grounding in the framework of Meaningful Interaction. By distinguishing between individual, transitory, and societal factors, the study provides a detailed lens through which to analyse the experiences of elderly people and their diverse motivations and barriers related to associational life.

Secondly, the study draws on in-depth qualitative data, with 22 semi-structured interviews that offer detailed, personal narratives from both participants and non-participants in associational life. This allowed for a deeper exploration of subjective meanings, emotional experiences, and life course factors that quantitative studies may overlook.

The sample was also divers. The inclusion of individuals from different educational backgrounds, marital statuses, and levels of engagement with associational life enabled comparisons across groups. This variety highlighted important patterns, such as the role of education in building social capital.

This also study has some limitations. First, its sample size and qualitative design limit the generalizability of the findings. The results cannot be extrapolated to all Dutch elderly populations, particularly those from more diverse ethnic backgrounds.

Second, alongside a possible social desirability bias, there may be self-selection bias. Those willing to speak about their social lives may already be more social people. A participant expressed how personal characteristics influence the willingness to participate in the interviews, in the following manner, "*One of the most important things, I think, is to approach people positively, but make sure you stay in touch with the world, because the world doesn't come to you. You have to step into that world. You can make that world as big as you want, but make a little room for yourself. That gives you pleasure in life and that's why I'm here now, because otherwise you wouldn't have been welcome.*".

Third, the study was cross-sectional in nature. It captures experiences and perceptions at a single point in time, instead of tracking changes in participation or social needs over time, like in a longitudinal study. This limits insights into how life transitions may affect participation.

Lastly, the study did not consider the digital dimension of social interaction. With increasing digitalization, other spaces are formed like social media where people could possibly experience meaningful interaction.

Recommendations

Acknowledging these strengths and limitations provides transparency and helps with exploring opportunities to build further on this topic with future research. While the findings offer meaningful insights into elderly social participation, further would be valuable in deepening our understanding of how associational life affects well-being in later life.

The first recommendation would be to explore how social inequalities might be embedded in associational life participation. How education and possibly the socio-economic status of participants influence their level of participation is an important theme to explore. This way measures can be taken to make associational life more inclusive and accessible for people with lower education and/or from lower socio-economic status.

A second recommendation would be to research how mental barriers increase with aging. This can provide more insight to how cognitive capabilities is influenced by aging and how it influences participation. It can possibly explain why being accustomed to engage in associational life has benefits later in life when mental barriers can be created starting new activities.

The last recommendation would be to further research this topic in a longitudinal study with an even more divers group. This would help the generalizability of the results for the Dutch elderly population, as well as providing more insights on how experiences, feelings and emotions develop over time. Transitory factors from the theoretical framework could also be more highlighted.

Conclusion

This study set out to explore how Dutch elderly people experience participation in associational life, as well as what influences their decision to participate or refrain from participating. Drawing on the framework of Meaningful Interaction, the study showed how individual, transitory, and societal factors interplay to shape the ways elderly people form or maintain social bonds. Through 22 semi-structured interviews and thematic analysis, it became clear that experiences vary based on education level, caregiving responsibilities, the natural ageing process, and the social perceptions and support they experience during interactions.

Two main lessons stand out. First, higher educated participants had more experience in associational life and were currently more active in it as well, in comparison with lower educated participants. Therefore they have more opportunities to experience meaningful interactions and accumulate social capital. Second, what really matters is the climate inside the club. A friendly, open board and members can draw in even those with health limits or time constraints, while cliques or negative leaders drive people away.

These findings extend the Framework of Meaningful Interaction by making the connection to social capital accumulation through meaningful interactions. Also, it extends the framework by showing how hobbies and passions should be given a more prominent role inside the framework's "individual" dimension. Using timeline drawings alongside interviews turned out to be a stronger way to catch these mechanisms than earlier survey work.

This study contributes to a understanding of aging and social engagement by highlighting the value of inclusive and flexible associational environments. As Dutch society continues to age, it becomes increasingly important to recognize how diverse personal histories and societal conditions affect the opportunity to experience meaningful interaction. Supporting associational life as a tool to combat loneliness and social isolation requires ongoing attention to accessibility, trust, and the everyday experiences and circumstances of older adults.

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Appendix

Appendix I. Interview Guide

RQ: What are the experiences of Dutch elderly people regarding associational life?

Timeline Drawing

The participants will draw a timeline describing their past jobs, participation in associational life or other activities and transitory life events. Through this timeline they will introduce themselves.

Topics list

- How does the participants social network look like.
- Role of family in participants life.
- Routines throughout life.
- How much the participant finds social interactions important.
- Reason why they participated in certain activities.
- Experiences gained from participating in certain activities.
- What are limitations for participants to engage (more) in certain activities.
- Societal Factors
    - How comfortable they are/were during certain activities. (personal security)
    - Their levels of participation in activities. (participation)
    - Description of interactions they had. (interaction)
    - How they think they are perceived by others during interactions and how they perceive the other. (attitudes)

Appendix II. Consent form

Consent form for participation in interview

Study background
The interviews tied to this consent form are part of a student research project investigating the experience of Dutch elderly on participating in associational life. The goal is to provide deeper insight into the behaviors and challenges faced by Dutch elderly in participating in associational life. You have been asked to participate in this study because you have taken or currently are taking part in the intervention. The study has been approved by the WUR-Research Ethics Committee for non-medical research as meeting the Netherlands Code of Conduct for Research.

What is asked of you as a participant?
We ask you to participate in an interview, because we would highly appreciate your input on your experiences participating in associational life. The interview will take between 30 and 45 minutes. Participation is voluntary. You are free to stop participating at any given time and/or to have your data removed, without having to provide a reason why.

How is your data stored, secured, and used?
Data is stored in accordance with the general guidelines of Wageningen University & Research Information security - WUR. The data resulting from the interview will be kept confidential and cannot be traced back to you if you wish. The voice recordings will be saved in a password-protected map that only the main researcher will have access to. Data will be kept for 10 years at the end of this study, according to the legal retention period.

If you have any questions regarding the processing of your data, please contact the Data Protection Officer of Wageningen University at functionarisgegevensbescherming@wur.nl. Or you can consult the Nederlandse Autoriteit Persoonsgegevens: www.autoriteitpersoonsgegevens.nl.

Are there any benefits for participating?
Your participation will help us to gain insight on the importance of associational life for elderly people.

Contact details
Mateo Holtus (mateo.holtus@wur.nl)

Any ethical concerns about the study may also be directed to Jacoline van der Zijden (rec@wur.nl) or Professor Moore, Chair of the WUR Research Ethics Committee, at rec@wur.nl.

Name of participant:
_____

- I have read the invitation, and I could ask questions. My questions have been adequately answered and I am sufficiently informed about this interview.
- I know that the data will be processed confidentially.
- I know that the researchers involved in this project can access my data.
- I give permission to record the interview.
- I know that the data provided will be used for the purpose as stated in the invitation.
- I know that the filled in data will not be shared with third parties.
- I consent to the confidential data being kept for 10 years after the end of this study, according to the legal retention period.
- I am aware that participation in this study is voluntary and that I can always quit the study, I do not have to give a reason for this.
- I hereby confirm my permission to participate in this interview and consent to the collection and use of my personal data as described above.

Date: ____ **Signature:** _____