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Intergenerational relations and subjective well-being among older adults in protected housing

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Abstract

Social contact is important for subjective well-being at older ages. Later in life, support and social interaction becomes more focused on family members because of reduced social networks at these ages. However, whether and how intergenerational contact contributes to subjective well-being remains a point of discussion. In this study we focus on the importance of children for older adult's well-being by examining experiences and perceptions of the older adults regarding the mutual relationship with their children. Moreover, we will see whether the availability of social contacts and care in the context of protected housing plays a role in the importance of intergenerational relations. Sixteen in-depth interviews were conducted and analysed in order to answer these questions. Although social interaction with neighbours is important for the participants, results from the interviews reveal that especially the relationship with children is deep and intense. Therewith, children are the main contributors to SWB through offering emotional support and affection to older adults in protected housing. The context of living in protected housing where care and assistance is available when needed seems positive for the parent-child relationship. Arguably, contact with children provides emotional support because older adults in protected housing have practical support available that fits to their needs.

Introduction

As individuals age, social networks tend to become smaller and more focused on family members (Bengtson, 2001). Several quantitative studies have examined the impact of intergenerational relations on subjective well-being. Some studies have found that adult children are important to SWB of older parents (Margolis & Myrskylä, 2011; Hansen & Slagsvold, 2012), while others did not find a significant impact of having children on SWB (e.g. McLanahan & Adams, 1987; Kohler et al., 2005). In order to understand the relations between social contact and SWB, it is important to go beyond measuring the quantity of social interactions and look at the quality of social interactions as well (Pinquart & Sörensen, 2000). By focusing on the experiences and perceptions older adults have regarding the relationship with their children, we aim to contribute to a better understanding of the role of intergenerational relations in SWB among older adults.

Moreover, aging in place, which is the ability of an individual to remain living independently during the ageing process, is often a desire of older adults (Fausset et al, 2011; Oswald et al., 2000), as well as an important policy goal (NCSL, 2006). A growing number of older people who age in place entails a decrease in institutionalization, which involves a cost-reduction for governments, and could enhance the need for intergenerational care (Hellström & Hallberg, 2001), which could become a large burden for children. However, it is unclear how the role of adult children might differ between those two settings. In this study we choose to focus on older adults living in protected housing. In protected housing, which is very specific for the Dutch context, older adults are not completely dependent on daily care, but live in, or attached to a care facility. While nursing homes offer full service and care to the residents, protected housing offers support that the older adults need while they live independently (Abbot, Fisk & Forward, 2000). Older adults in protected housing are free to choose the amount of care and assistance they want and need and whether they want to receive care at all. Furthermore, in protected housing older adults can take advantage from social contacts around them as they live close to others and have access to many activities.

The role adult children play might become different knowing that older adults: (1) have access to many social activities, and (2) have the availability of

care and household to the extent they need it. The availability of care and assistance could be beneficial for the parent-child relationship. Gaugler and colleagues (2004) argue that placement in a nursing home might release family from technical care and enables them to focus on emotional aspects of the parent-child relationship, such as socializing. Because the role of intergenerational relations might be influenced by the availability of care and other social relationships, this study aims to gain more insight into the importance of adult children for subjective well-being of older adults living in protected housing.

Qualitative data, obtained through 16 in depth interviews among older people living in protected housing in Coevorden, the Netherlands, were used for this study. Subjective well-being was operationalized through Social Productions Functions Theory.

Theoretical Background

SWB and SPF theory

Subjective well-being (SWB), a cognitive and emotional evaluation of one's well-being (Diener et al., 1999), refers to an individual's assessment of his or her own life situation (Ormel et al., 1999). One framework for studying SWB is Social Productions Functions Theory (SPF-theory). Compared to other theories that examine SWB, SPF-theory considers trade-offs between satisfaction of different individual needs. In SPF-theory assumptions are formulated about how individuals produce well-being in the context of resources and constraints (Ormel et al., 1999). SPF-theory identifies two ultimate or universal goals: physical well-being and social well-being and five instrumental goals by which this ultimate goals are realized: stimulation, comfort, status, behavioural confirmation and affection. First, physical well-being is attained by the instrumental goals stimulation and comfort. Stimulations are the activities like physical effort, sports and methods that produce mental stimulation. Comfort is defined as the absence of, for example, hunger, thirst and pain. Second, social well-being is built from status, behavioural confirmation and affection. Status is the relative ranking to other people, behavioural confirmation is achieved by the feeling that one has 'done right' in the eyes of others, and affection consists of love, friendship and emotional support.

Whether or not these goals are realized, depends on resources and constraints of the individuals, Resources and constraints are respectively abilities and absence of abilities which help to develop well-being (Ormel et al., 1999; Ormel et al., 1997; Nieboer et al., 2005) through achieving the aforementioned instrumental goals.

Substitution is another core element of SPF-theory. When an instrumental goal cannot be produced because of a loss in resources or because of constraints, someone might increase the production of another instrumental goal. It is also important to note that many activities lead to achievement of several instrumental goals (Ormel et al., 1999). In this paper we will focus on engaging in social relations as activity. Engagement in social activities, or having contact with others might relate to all instrumental goals. Social contacts contribute to behavioural confirmation, for example when an individual is providing help to others, the other person may perceive that the individual is doing right. Status is realized through social contacts because people with a lot of social contacts possibly have more access to resources which lead to a higher status. Investment in social contacts could result in affection, contact with family or friends results in more friendship or more intensive emotional support. Stimulation might be produced through participation in social activities because people are mentally or physically active during these activities. Finally, comfort might be produced through social relations when people in ill health receive care from their caregivers or other members of the network.

Subjective well-being and social relations at older ages

Even though objective living conditions are generally more problematic at older ages, several studies have shown that SWB does not decrease with age (Diener & Suh, 1998; Blanchflower & Oswald, 2008; Lelhey, 2007; Hansen & Slagsvold, 2012). A well-known explanation for high SWB among older people is their ability to (1) adjust their needs to their abilities, and to (2) maximize positive emotional experience (Hansen & Slagsvold, 2012; Veenhoven, 2000). However, findings on old-age SWB are far from unambiguous. Well-being levels might be decreasing at advancing ages (after age 70) and the increase or stability in SWB over age is not equal for all SWB aspects (Hansen & Slagsvold 2012; Kunzmann et al., 2000).

One aspect of success in life is the development of meaningful relations with other persons (Pinquart & Sörensen, 2000). Having many social contacts is

related positively to well-being (Baldassare et al., 1984; Hilleras, Agüero-Torres & Winblad, 2001). In order to understand the relations between social contact and different measures of well-being, it is important to go beyond measuring the quantity of social interactions and look at the quality of social interactions as well (Pinquart & Sörensen, 2000). Social relations of older adults should be, according to Litwin (2010), seen within their own unique situation and in relation to perceptions and values that are important in different contexts. According to the socio-emotional selectivity theory (SEST) emotional regulation becomes more important as a goal of social interactions later in life (Carstensen, 1992; Carstensen et al., 1999; Mariske, Franks & Mast, 2001; Shaw et al., 2007). Arguably, at older ages people might care more about having meaningful social relationships which leads to greater investments in quality of close social relations (Carstensen et al., 2003). In this respect contact with adult children, especially high quality contact, has shown to be valuable at older ages (Pinquart & Sorensen, 2000; Antonucci et al., 2001; Katz, 2009). The latter is a clear example of substitution in SPF-theory; affection might become a more important instrumental goal than status or behaviour confirmation at older ages (Steverink, 1996) because social relations tend to be more focused on producing emotional closeness.

Despite the positive side of having social contact, different aspects of social interactions can come with negative consequences such as stress (Lachman; 2003), rejection and violation of privacy (Krause & Rook; 2003; Rook; 1984). Nevertheless, negative relationships may be fewer in later life because: contact frequency decreases (Lachman, 2003), the focus is more on emotional important ties (Carstensen, 1992), older adults are less likely to report negative aspects of social interactions (Mariske, Franks & Mast, 2001).

Intergenerational relations and subjective well-being

As individuals age, families become more often the main provider of support because social networks tend to become smaller and more focused on family members at older ages (Bengtson, 2001; van Tilburg, 1995). Contact with children turns out to be very important for older people, older adults who have a spouse or adult child available intend to have fewer emotional ties with other people (Erber, 2010; Morgan & Kunkel, 2011) and family tends to replace non-relatives as close

friends (Gray, 2008; Hilleras, Agüero-Torres & Winblad, 2001). Adult children might help to cope with the challenges older people face, for example to compensate for the loss of a partner or to provide support in poor health conditions. Although adult children might be important for SWB, too frequent contact might be negative for SWB (Silverstein et al., 1996) as people wish to preserve a sense of autonomy. Silverstein & Bengtson (1994) conclude that parents experience benefits from support when it is perceived as appropriate response to a given need.

Support provided by, and social interactions with adult children might be different for older adults ageing in place compared to older adults who receive any form of assistance. Older adults who 'age in place' do not have the availability of care and household assistance and may therefore depend on assistance of their children. In contrast, older adults in nursing homes are provided with practical care by staff while family members are more often engaged in psychological support and emotional assistance: the so-called dual-specialization model (Litwak, 1985). The latter situation might be positive for the role adult children play in their parent's well-being, as emotional close ties tend to become more important at older ages. However, in the specific setting of protected housing, older adults have easy access to many social activities and relations with other inhabitants while they are still able to live independently. Previous work showed that engagement in activities is important for successful ageing (Rowe & Kahn, 1997) and SWB in general (Diener, 1984). Also contact with friends and neighbours has been found to be positive for well-being (Lennartson, 1999; Helliwell & Putnam, 2004). It therefore remains interesting to find out how older adults perceive contact with their children while having access to many social relations and activities in the context of protected housing.

Engagement in social activities and SWB

Older adults who are physically active during the day tend to have higher well-being (Hilleras, Agüero-Torres & Winblad, 2001; Stawbridge et al., 1996). According to Ormel et al., (1999), physical well-being is attained by activities that stimulate mental and physical activity. Engaging in activities may therefore contribute to SWB through stimulation because people are mentally and physically active. It was found by Litwin and Shiovitz-Ezra (2006), that the social

relationships during the activities are very influential in establishing well-being among the older adults.

Context in protected housing

We should be aware that the group of older people included in this study is a selected one. Since they are all living in protected housing, we might assume that they do not need full-time nursing and care, otherwise it is likely they would have institutionalized. Moreover, older adults in sheltered housing are for some reason not living completely independently. They need some form of care or assistance, or want to have care or assistance close to them.

In the context of full institutionalization (nursing home), models of family care are based on dual-specialization. Staff provide personal, hands-on care while family members offer psychological support (Litwak, 1985; Gaugler et al., 2004). An advantage of the dual-specialization model is the ability of family members to offer extra help, for example in providing socio-emotional forms of help (Gaugler et al., 2004). However, because institutionalization often includes full care, it might be unclear what the role of family is in care-giving. The latter might cause new conflicts and challenges about duties of both groups (see Gaugler et al., 2004 for references).

With respect to ageing in place, being independent is often regarded as very important among older people (Silverstein & Bengston, 2001) and therefore a reason why ageing in place is related positively to SWB (Sixsmith & Sixsmith, 2008). However, a larger number of people living in their own home until older ages might imply increased care-giving demand for families (Hellström & Hallberg, 2008; Pavolini & Ranci, 2008).

In that sense, protected housing might be a situation in which older people take the benefits of institutionalization: (i) hands-on care for those activities they perceive as necessary to be fulfilled by institution, (ii) clear rules about the 'package' of care provided by the facility; and ageing in place: (i) being independent and responsible for the own home, (ii) in a familiar environment. The context of protected housing is therefore likely to relate to the contribution of social life to subjective well-being.

Methodology

Participants & Recruitment

Participants in the study were older adults living in protected housing within, or attached to a residential care facility in the municipality of Coevorden, province of Drenthe, the Netherlands. Participants were recruited through the care facility. The sampling was done by “opportunistic sampling”, which is characterized by approaching older adults in a direct way and conduct interviews with the people who would like to participate (Hjälmsjö, 2010). With help of staff of the facility a list of inhabitants was obtained. First, the research project was announced to all inhabitants and employees of residential facility through several information channels. In consultation with the unit manager of the protected housing, it was decided to exclude a couple of houses from participating in the research because of extreme health problems. In total 48 inhabitants of protected housing received an announcement letter in which the project was described and in which we announced a door-visit in order to recruit participants. As a third step all inhabitants of protected housing were visited by the author and were asked whether they received the project information and whether they were willing to participate in the study. During this visit appointments were made with those inhabitants willing to take an interview. Out of the 48 requests that were addressed through an announcement letter, sixteen agreed to participate in the study, we were not able to get in touch with another 4 and 28 refused to participate in the study. The participants range in age from 71 to ninety. Among the sixteen participants 4 were male and 12 were female. Table 1 contains an overview of the participants with their pseudonyms and some key characteristics.

Table 1: Participants and their key-characteristics.

Pseudonym	Sex	Age	Living with spouse?	Nr. of children	Just moved into facility
Lisa	F	84	No	1	Yes
John	M	71	No	2	No
Sara	F	80	No	1	Yes
Anne	F	86	No	6	No

Patricia	F	87	No	2	Yes
Martin	M	81	No	1	No
Mary	F	83	No	3	No
Nancy	F	75	No	0	No
Frank	M	75	Yes	7	No
Linda	F	90	No	4	No
Ed	M	86	Yes	4	Yes
Monica	F	78	No	8	No
Ellen	F	75	Yes	4	No
Rita	F	86	No	3	No
Annie	F	83	No	3	No
Susan	F	87	No	3	No

Data collection & operationalization

The data used for this paper were collected in 2011 through in-depth interviews, using a semi-structured interview guide. All interviews were held in the homes of the respondent in order to secure a feeling of familiarity and safety for the individual. After a brief introduction to the project and interview, the author read the following information about the interview: *“In this research the main interest lies in your experiences with social contact with other people and the importance of them for you and your well-being.”* After some general questions about demographics and activities of the participants, open-ended questions were presented orally. Questions addressed the importance of social relations for older adults and the perceptions and experiences related to their social relations. For this study, the parts of the interview in which participants: (i) comment on the importance of social relations in general, (ii) describe and tell about the interaction with family, and (iii) describe and explain the importance of social interaction with neighbours and other inhabitants of residential facility, were mainly used.

Subjective well-being was conceptualized and operationalized with help of Social Productions Functions Theory. Participants were asked about their perceptions of the social relations and social contact with other people.

Ethical considerations

Confidentiality was guaranteed in order to protect the participants and permission was asked to conduct and record the interview. Participants were free to stop the interview whenever they wanted to do so. In order to make the participants feel safe, appointments were made at times that suited them well and in an environment that was familiar to them.

Data analysis

The qualitative data was analysed with help of coding, the codes were developed by using theoretical concepts and the result of the interviews, because codes were developed while the interviews were done, also inductive codes were included. Analysis was done with MAXQDA (software program), the main purpose of analysis was to find underlying relationships and deeper meanings. Case-oriented analysis is the type of analysis used in this research. Case-oriented analysis aims to understand a specific case by focusing on the details of the case (Babbie, 2010). In this research the individual older adults were the cases and the aim of the analysis was to investigate how the social structure, decisions and perceptions of this individuals influence their subjective well-being.

Results

Contact with children

Analysis of the data revealed that contact with children turns out to be very important for the participants. Participants seem satisfied with their relation with their children. They illustrate this by talking about: 'happiness when their children are around', 'sharing experiences' and 'being able to discuss everything'. Many experiences of older adults relate to the emotional support that is provided by their children. In contrast, emotional closeness with other people than family appears to be limited. One quote emphasizes nicely the difference between intergenerational contact and contact with other people:

John: *You see, with my daughters I am able to talk about more intimate topics, compared to people other than that. That is more superficial, to*

them. Besides the people I know very well, (...) through work and sport you have contact and that contacts remain good, but with one the relation is better than with the other, that's normal. (...) But most intensive, yeah, that is with family. (male, 71 years old)

It was expected that older adults, in the relation with their family, would share and talk about deeper things and more intimate topics compared to what they talk about with others. This indeed seems to be true in the contact with their children, they have intense contact with their children. The literature regarding family relations in later life supports this notion of children being very important. Later in life family members are likely to become the most important source of social contact and older adults with a spouse or children available find it less important to have emotional closeness with other people (Erber, 2010). Through sharing and have intense contact, affection is created and the well-being is positively influenced. Receiving emotional support from their children turned out to be very important for the participants. In general, as individuals become older they pay more attention to contacts enhancing an individual's emotional well-being (Erber, 2010).

Despite the emotional closeness of many intergenerational relations, some participants face limited contact with their children because of for example geographical distance and health and mobility problems. Connidis (2010) finds that some older adults would like to see their children more often, however they accept the situation and realize that the amount of contact is limited because their children have their own lives. The above is also experienced among older adults in the study:

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

This woman, as well as other participants, accepts the situation as it is, and is satisfied. Previous research already found that at older ages people are better

able to adjust their expectations to their specific situation (Hansen & Slagsvold, 2012). Moreover, older adults are reporting less negative relations with their children and in general they are more positive about close social contacts (Fingerman, Hay & Birditt, 2004; Erber, 2010; Mariske, Franks & Mast, 2001). Children are very close contacts of the older adults and it has been found that older adults more often declare that there are no problems in the relationship with their children (Erber, 2010). Furthermore, some participants experience limited face-to-face contact with adult children, but indicate that other types of interaction, such as making telephone calls, are valuable as well. The fact that older adults view their children as very important and experience contact with them as pleasant, shows their ability to adapt and emotionally regulate to their circumstances. In other words, although intergenerational interaction might be perceived as limited in frequency, their mutual relation is very satisfying for the participants.

Contact with others: friends, neighbors, social activities

The nature of social contact and the importance of friendships and acquaintances differs from the contact with family members, and especially children. First of all, it was noticed that many participants report to have no problems spending time alone, without other people around. Social interaction during activities is experienced as superficial and participants put high value on privacy in these interactions. During the interviews with the older adults, practically none of the older adults said to have a lot of visitors. Living in protected housing means, as mentioned before, that the older adults still live independent; they are not under complete surveillance of the residential facility. They receive the care they need, but are, in general, able to make decisions for themselves and have their own life. As long as they are able to do so, they seem to be very keen on this privacy. Linda, a woman of 91, still able to care for herself, is a good example, during the interview she repeatedly talks about the problems that can occur from too much contact:

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

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

Linda is not the only woman who finds it important to have that privacy. Also other participants find it important to have their own life and not let others interfere too much. The last statement in the quote of Linda brings up a possible reason of the importance of privacy. Some of the older adults tell during the interview that they are afraid of gossiping. They illustrate this feeling with phrases such as: “It is not good to talk bad about others!”, “You have to be careful with that”. In earlier research became clear that gossiping is a known phenomenon in residential locations such as protected (or sheltered) housing, because of the awareness that people gossip, older adults seem to have limits in sharing information (Percival 2000). In general individuals may prefer to spend time alone instead of have social contact that is superficial, which is also noted by Erber (2010). In the above part it was indicated that the older adults are afraid of gossiping, one of the implications is limited frequency of contact with the people in residential facility. Evidence for the notion that the contact is not very intense is found in earlier research, where older adults report limited friendships and intimacy during the contact with other people in the sheltered housing (Abbott, Fisk & Forward, 2000; Reed & Payton, 1997). Although generally participants do not want to have many interaction with other people, not all the older adults understand why the contact with neighbours is limited.

Instead of having contact by visiting each other and, for example, drink a cup of coffee, the older adults meet during social activities organized by the residential facility. Although not emotionally very important, social contact in the protected housing and engagement in social activities is still valuable for the participants. The participants experience contact with neighbors and participation in activities as ‘nice to be among other people’, ‘remaining fresh’, ‘staying active’, ‘not becoming dull’, ‘it keeps you busy’, ‘change in your daily routine’. Participation in activities helps older adults to remain fresh, to let their brains work and in that

way improve their physical well-being through stimulation and activation, which leads to physical well-being according to the literature (Ormel et al., 1999). Earlier qualitative research showed that older adults realize that social participation is a way of avoiding loneliness and depression (Abbott, Fisk & Forward, 2000). Overall it seems that people put effort in the relationships with their children, and other purposes are served with contact and activities in residential facility they live in. Our findings seem to confirm the idea that, at older ages, having good contact with few people is more important than having many relations and contact.

Despite the positive stories about social relations and engagement in various activities, older adults who move into the residential facility report difficulties in developing new social relations. One consequence of the difficult access to new people is a lack of a social life, which is likely to have an impact on their subjective well-being. According to the activities attendant this can be related to the decision of the children to let the person move closer to them.

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

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

Discussion

We examined the role of children in subjective well-being by studying the experiences and perceptions regarding intergenerational contact of older adults living in protected housing. In general, as individuals become older they pay more attention to contacts enhancing an individual's emotional well-being (Morgan & Kunkel, 2001; Erber, 2010), this finding is supported in this qualitative study. Through sharing and having intense contact, affection is created among older adults, which is an important contributor to subjective well-being (Ormel et al., 1999). With the presence of children, older adults have deep and intense contact available. Nevertheless, the nature of the contact with children differs among the participants, this is for example influenced by health and mobility of the older adults. Almost none of the interviewees complains about the relation with their children, they accept the situation as it is, and their relationship gives satisfaction to them.

Living in protected housing is not necessarily making children less important in social interaction. From the interviews we conclude that contact with neighbours is mainly superficial and engagement in activities is used in order to remain active. Although not all experiences with care and household assistance are positive, the availability of assistance might be one reason why the participants talk mainly about their children in terms of deep and intense contact. These findings seem to support the advantages of 'dual-specilization', as adult children can focus on psychological support because practical support is offered by, for example, nursing homes (e.g. Gaugler et al., 2004; Litwak, 1985). The fact that adult children are not burdened with practical care, allows them to focus on emotional support, which is at older ages evaluated as more valuable and important.

Despite all the positive experiences regarding the role of adult children, it is important to realize that older adults are inclined to be more positive about social relations with their children than the children themselves (Erber, 2010; Mariske, Franks & Mast, 2001). Moreover, we are not able to compare institutionalized older adults with older adults living independently. Future research could aim to

find out what the role of ageing in place is in intergenerational relations and the importance of these relationships for subjective well-being.

From this study we conclude that living in protected housing has some important advantages for older adults. The availability of care and assistance when needed enables children to focus on intense contact with their parents. However, it is important to note that not all older adults experience the positive side of protected housing. When contact with children is limited or new relationships need to be developed with other people in the residential facility, protected housing may exclude older adults from social relations. Policy makers that aim to maintain high levels of well-being among the population need to consider these findings in the context of population ageing. Protected housing seems a considerable option in finding an equilibrium between increasing expenses through institutionalization and an increasing burden for children during ageing in place.

DRAFT VERSION

References

Abbott, S., Fisk, M. & Forward, L. (2000). Social and democratic participation in residential settings for older people: realities and aspirations. *Ageing & Society*, 20, 327-340.

Antonucci, T. C., Lansford, J. E. & Akiyama, H. (2001). Impact of positive and negative aspects of marital relationships and friendships on well-being of older adults, *Applied Developmental Science*, 5(2), 68-75.

Baldassare, M., Rosenfield, S. & Rook, K. (1984). The types of social relations predicting older adults well-being. *Research on Aging*, 6(4), 549-559.

Babbie, E. (2010) *The practice of social research*. 12th edition. Belmont: Wadsworth.

Bengtson, V. L. (2001). The Burgess award lecture: Beyond the nuclear family: the increasing importance of multigenerational bonds. *Journal of Marriage and Family*, 63(1), 1- 16.

Blanchflower, D.G. & Oswald, A.J. (2008). Is well-being U-shaped over the life cycle? *Social Science & Medicine*, 66, 1733-1749.

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. *Psychology and Aging*, 7(3), 331-338.

Carstensen, L. L., Isaacowitz D. M. & Charles, S.T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, 54(3), 165-181.

Carstensen, L. L., Fung, H. H. & Charles, S. T. (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion*, 27(2), 103-123.

Erber, J. T. (2010). *Aging and older adulthood*. Second Edition. Chichester: John Wiley & Sons.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95 (3), 542-575.

Diener E, Suh EM. (1998). Subjective well-being and age: an international analysis. *Annual Review Gerontology and Geriatrics*. 17, 304–324.

Diener E., Sun, E. M., Lucas, R. E. & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276-302.

Connidis, I. A. (2010). *Family ties & Aging 2nd edition*. California: Pine Forge Press.

Fausset, C. B., Kelly, A.J., Rogers, W. A. & Fisk, A. D. (2011). Challenges to aging in place: understanding home maintenance difficulties. *Journal of housing for the older adults*, 25(2), 125-141.

Fingermann, K. L., Hay, E. L. & Birditt, K. S. (2004). The best of ties, the worst of ties: Close, Problematic, and ambivalent social relationships. *Journal of Marriage and Family*, 66(3), 792-808.

Gaugler, J. E., Anderson, K. A., Zarit, S. H. & Pearlin, L.I. (2004). Family involvement in nursing homes: effects on stress and well-being, *Ageing & Mental Health*, 8(1), 65-75.

Gray, A. (2008). The social capital of older people. *Aging & Society*, 29, 5-31.

Hansen, T., Slagsvold, B., & Moum, T. (2009). Childlessness and psychological well-being in midlife and old age: an examination of parental status effects across a range of outcomes. *Social Indicators Research*, 94(2), 343-362.

Helliwell, J. F. & Putnam, R. D. (2004). The context of well-being. *Philosophical Transactions: Biological Sciences*, 359 (1449), 1435-1446.

Hellström, Y. & Hallberg, I.R. (2001). Perspectives of older adults people receiving home help on health care and quality of life. *Health and Social Care in the Community*, 9(2), 61-71.

Hilleras, P. K., Agüero-Torres, H. & Winblad, B. (2001). Factors influencing well-being in the older adults. *Geriatric Psychiatry*, 14, 361-365.

Katz, R. (2009). Intergenerational family relations and subjective well-being in old age: a cross-national study. *European Journal of Ageing*, 6, 79-90.

Kohler, H. P., Behrman, J. R. & Skytthe, A. (2005). Partner + Children = Happiness? The effects of partnerships and fertility on well-being. *Population and Development Review*, 31(3), 407-445.

Kunzmann, U., Little, T. D. & Smith, J. (2000). Is age-related stability of subjective well-being a paradox? Cross-sectional and longitudinal evidence from the Berlin Aging Study. *Psychology and Aging*, 15(3), 511-526.

Lachman, M. E. (2003). Negative interactions in close relationships: Introduction to a special section. *Journal of Gerontology B*, 58(2), 69.

Lennartsson, C. (1999). Social ties and health among the very old in Sweden. *Research on Aging*, 21(5), 657-681.

Litwak, E. (1985). *Helping the older adults*. New York, NY: Guilford.

Litwin, H. (2010). Social networks and well-being: A comparison of older people in Mediterranean and non-Mediterranean countries. *Journals of Gerontology*, 65B(5), 599-608.

Litwin, H. & Shiovitz-Ezra, S. (2006). The association between activity and wellbeing in later life: what really matters? *Ageing & Society*, 26(2), 225-242.

Margolis, R., & Myrskylä, M. (2011). A global perspective on happiness and fertility. *Population and Development Review*, 37(1), 29-56.

Mariske, M., Franks, M. M. & Mast, B.T. (2001). Psychological perspectives on social relations. In: Morgan, L. & Kunkel, S., *Aging 2nd edition*. London: Pine and Organization Press.

McLanahan, S., & Adams, J. (1987). Parenthood and psychological well being. *Annual review of Sociology*, 13, 237-257.

Morgan, L. & Kunkel, S. (2001). *Aging 2nd edition*. London: Pine and Organization Press.

NCSL (2006). Aging in Place: State policy trends and options. www.ncsl.org, issues & research. [URL last visit at August 4th, 2011].

Ormel, J., Lindenberg, S., Steverink, N. & Verbrugge, L. M. (1999). Subjective well-being and Social production functions. *Social Indicators Research*, 46(1), 61-90.

Pinquart, M. & Sörensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychology and Aging*, 15(2), 187-224.

Percival, J. (2000). Gossip in sheltered housing: its cultural importance and social implications. *Ageing & Society*, 20(3), 303-325.

Rowe, J. W. & Kahn, R. L. (1997). Successful Aging. *The Gerontologist*, 37(4), 433-440.

Shaw, B. A., Krause, N. Lian, J. & Bennett, J. (2007). Tracking changes in social relations throughout late life. *Journal of Gerontology*, 62B(2), 890-899.

Silverstein, M., & Bengtson, V. L. (1994). Does intergenerational social support influence the psychological well-being of older parents? The contingencies of declining health and widowhood. *Social Science Medicine*, 38(7), 943-957.

Silverstein, M., & Bengtson, V. L. (1997). Intergenerational Solidarity and the Structure of Adult Child–Parent Relationships in American Families. *American Journal of Sociology*, 103(2), 429-60.

Sixsmith, A. & Sixsmith, J. (2008). Ageing in place in the United Kingdom. *Ageing International*, 32, 219-235.

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