Better a neighbor nearby than a brother far away?

A qualitative study of the relation between loneliness and the social
capital of elder elderly in their neighborhood

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1. Introduction

#wijkgericht, #burgerkracht, #eigenkracht and *#zelfraadzaamheid* are just a couple of the thousands of Dutch tweet subjects shared on Twitter. These *hashtags*, as they are called, are mainly shared by social work professionals, but also by citizens living in neighborhoods in which Neighborhood Care is established. The Dutch knowledge institute Movisie defines Neighborhood Care as small-scale service projects in neighborhoods, districts and villages. These projects are established by residents and are meant to benefit inhabitants. Examples of Neighborhood Care are shopping services, chore services, living room projects and dinner projects (Van de Maat & Wilbrink, 2011). Neighborhood Care and its related concepts fit well into the current time. Within western welfare states, politicians and scientists are paying more and more attention to the increasing costs of these kinds of states while governments are searching for solutions to cut these costs. In many welfare states, an increasing amount of attention is paid to the participation in society by citizens and their self-reliance (Van der Sluis & Van der Lans, 2009). An example in the Netherlands is the 2007 Social Support Act (*Wet maatschappelijke ondersteuning).* Through the introduction of the Social Support Act, which significantly reduces the outside resources available to citizens, people are encouraged to solve their own problems and organize their own help, with the support of family, friends and/or neighbors. The main goal of the act is the creation of an environment where government-provided services safeguard the participation of vulnerable people in society and others are asked to rely on resources they are able to mobilize themselves through participation in society. The act is also called the 'participation act', for good reason (Van de Maat & Van der Zwet, 2010). Neighborhoods play a central role in the Social Support Act. The act is supposed to help people participate in broader society by participating first within their own neighborhood. According to the Dutch Social and Cultural Plan Agency (SCP, 2004), many people are willing to participate in and take responsibility for society, especially in their own environment.

Unfortunately, despite the goal of the Social Support Act, not all citizens are able to participate fully in society. Vulnerable groups in society especially experience difficulties in participating in society, for instance with the crucial aspect of building and maintaining social relationships. Because of these difficulties, these vulnerable people are at a greater risk to become lonely. They may have a small social network, which can result in loneliness. Loneliness is *'a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized'* (De Jong Gierveld & Van Tilburg, 2007, p. 14). While there are many ways to combat loneliness, this study

focuses on loneliness due to a lack of social capital. I chose to focus on social capital because loneliness is often directly linked to the size of a person's network. People with a small social network are at a greater risk of becoming lonely than people with a large social network. Social capital is also based on the size of a social network. According to Bourdieu (1986, p. 251), social capital is 'the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition'. The concept assumes that social relations between people are very important for their own functioning as well as for the functioning of the community in which they live. The quantity of social capital depends on the size of the social network people are able to mobilize. The more people someone can mobilize to help him, the more social capital he has. But when it comes to social capital, it is not only the size of the social network that is important. It is also important for people to trust the people in their network and to experience solidarity. That is the quality side of social capital (Portes, 1998). Both quantitative and qualitative social capital is important with regard to loneliness.

A group especially prone to loneliness-related problems is the elder elderly. This is the group of elderly people that is at least eighty years old. Many elder elderly lack a sizeable social network, and are thus unable to mobilize people when they are in need (Hortulanus et al, 2003). Elder elderly are vulnerable to loneliness because they often lose social contacts during the ageing process. As a result of their health and decreasing mobility, they may not be able to maintain current contacts or garner new ones (Gray, 2009). Because of these health and mobility problems, the local environment is very important for elder elderly. That is the reason why this study focuses on the neighborhood as a unit of study. As mentioned before, today, neighborhoods are very important in policy. Of interest is neighbors participating in society by participating in their own living environment. In this research, I will study the relationship between loneliness among elder elderly and the social capital they possess in their neighborhood.

The importance of this study lies in the ageing of the Dutch population. 16% of the Dutch people are above the age of 65. In 1900, only 6% of the people were above the age of 65. Not only are there more elderly, but the elderly also live longer. Within the group of elderly, the percentage of people who are aged above 80 is increasing. This is also called 'double ageing' (Nationaal Kompas Volksgezondheid, 2012). An increasing group of elder elderly also means an increasing group of people at risk to lose their social relationships as a result of their health and mobility problems. This results in more elder elderly at risk of becoming lonely. For that reason, it is important to know if and how loneliness is affected by the social capital of elder elderly in their neighborhood. If it is affected, it is also important to know how this social capital can be enlarged. When it becomes clear how the social capital of elder

elderly in their neighborhood influences loneliness and how their social capital can be enlarged, this knowledge can be used to prevent loneliness among the elder elderly. That is not only important for the elder elderly themselves, but also for the Dutch government. Loneliness has many consequences, both mental and physical, which can lead to high health care costs (DiTommaso & Spinner, 1997). If less elder elderly become lonely, they are likely to have fewer mental and physical problems, which leads to lower health care costs. This clearly benefits the Dutch government. Thus, this study contributes to the knowledge about loneliness among elder elderly, which results in advantages for the elder elderly themselves but also for the government. Organizations such as Movisie that are already working with Neighborhood Care initiatives will also benefit from increased knowledge. Increased knowledge will specifically allow them to combat loneliness among the elder elderly more effectively.

In this master thesis, I will firstly give a theoretical exploration, followed by the research question. In chapter three, I will explain the research methods I used during the study and in the next chapter I will describe the results of the research. Finally, in chapter five, I will draw conclusions based on these results.

2. Theoretical exploration

In this section I will explain and operationalize the concepts mentioned in the introduction. Firstly, I will explain what social capital is and which distinctions can be made between different forms of social capital. After that, I will operationalize the concepts 'social relations' and 'loneliness'. Thirdly, I will explain why elder elderly often experience feelings of loneliness when compared with younger people and which role the neigborhood plays therein. Finally, I will draw conclusions based on the concepts I operationalized in this chapter.

2.1 Social capital

As mentioned in the introduction, the central idea of social capital is that social networks are a valuable asset for individuals and that these social networks can be profitable for them. Social capital refers to intangible resources of a community. Connections with other people make it possible to achieve things through social relationships that people would not achieve by themselves. Examples are help given by a child when an older parent is ill, babysitting done by a neighbor, school related information provided by a fellow student and a regular carpool with a member of the soccer team. These networks constitute resources that can be seen as a form of capital, namely social capital. In general, we can say that the more social relations people have, and the more resources shared with these relations, the more social capital people have and the more they can profit from it. Like any form of capital, it is possible to invest in social capital and get something back in return for that investment. In this manner social capital is enlarged (Field, 2008).

In the last decades, much has been written about social capital. Two scientists, Putnam and Bourdieu, are very important in the operationalization of social capital. Putnam (2000) specifically focuses on the collective aspect of social capital. He argues that social capital refers to the collective value of all social networks and the inclinations that arise from these networks for mutually beneficial acts. He defines the concept as 'those features of social organization, such as networks of individuals or households, and the associated norms and values, that create externalities for the community as a whole' (Putnam, 1993, p. 167). The collective value of all social networks makes resources available to the community. Conversely, without these resources, a community may experience social poverty, which means that they are not able to achieve things through social relations. A community may then lack opportunities that would be available when the community would share resources. Thus, the availability of resources is one important aspect of the collective. In his work, Putnam distinguishes two features of social capital: bonding and bridging capital. Bonding is associated with closed networks, while bridging entails cross-cutting or overlapping

networks. Bonding takes place when people have contact with similar people. Bonding has the tendency to strengthen homogeneous groups, for example family relations. Entering these kinds of groups is very difficult. On the other hand, bridging is what connects people who differ from each other. It refers to social capital between people with different backgrounds. Examples of bridging are church communities and sport clubs. The threshold to enter these kinds of organizations is low. According to Putnam (2000), these two forms not only coexist but also reinforce each other.

Bourdieu (1986) has a different definition of social capital. He does not focus on the collective aspect of social capital, but on the advantage of social capital for an individual. He emphasizes that social capital is not based on a social network, but on the resources that connect the individuals within a network (Halpern, 2005). Bourdieu (1986, p. 251) defines social capital as 'the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition'. In other words, social capital consists of the resources people can mobilize through their connections and group memberships. Bourdieu notes that social networks are never fixed. They need a continuous investment to be maintained (Bourdieu,1986).

The difference between Putnam and Bourdieu lies not only in the individual versus the collective, but also in that Putnam focuses solely on the actual (existing) social network of people and Bourdieu emphasizes the virtual (potential) social network. By this he means the opportunities people have to obtain social capital in the future (Bourdieu, 1986). These opportunities can be utilized through the consummatory and instrumental resources people have (Portes, 1998). The two consummatory resources have to do with values and bounded solidarity. Values are the moral norms that motivate givers to donate and receivers to accept the donation. An example of value-based disposal is gifts of parents to their children. Bounded solidarity refers to the bounds gained through group membership or through addressing a common problem. An example is when a community raises funds for a group member that has experienced a serious setback. In solidarity, and obeying the unwritten rules of the group, members give and the receiver accepts. The two instrumental sources are reciprocity and enforceable trust. When the availability of a resource is based on reciprocity, the giver expects something of the same proportion back as he has given and the receiver experiences the pressure to give something back to the giver. For instance, if person A provides person B with access to a resource, for instance, a privileged stock market tip, he will expect a comparable resource in return. A reciprocity-based relation may look like a standard economic market-based relation, but differs from it in two ways. Firstly, the 'currency' involved is unspecified. Continuing the above scenario, person B is not expected to provide insider knowledge of the stock market in return, as long as the resource provided

is approximately of the same value. Secondly, there is no specified moment of payback. Person B may remain in 'debt' for quite a long period of time. This is also true for the concept of enforceable trust. However, enforceable trust is a more anonymous source than reciprocity. Enforceable trust stems from shared membership in a community. Community members make resources available through the power of community, not through the law, violence, or a quid pro quo system (Portes, 1998). Both reciprocity and enforceable trust play important roles in the process through which social capital is gained.

Besides the distinction between bonding and bridging social capital, social capital can be distinguished in a different way. Uphoff & Wijayaratna (2000) differentiate social capital by its form: structural and cognitive social capital. They indicate that structural social capital facilitates information sharing, mutually beneficial collective action and decision-making through established roles, social networks and other social structures. Included in structural social capital are rules, procedures, and precedents. This kind of social capital is relatively objective and an externally observable construct, while cognitive social capital is a more subjective and intangible concept. Cognitive social capital includes shared norms, values, attitudes, and beliefs. Both forms of capital are commonly connected and mutually reinforcing (Grootaert & Van Bastelaer, 2001). Structural social capital is important in the kind of social capital Putnam describes. It is based on the size of the social network people have. Cognitive social capital is more related to Bourdieu's description of social capital. It includes sources people need to build social capital in the future.

In this study, I will make use of the ideas of both Putnam and Bourdieu. Putnam proves useful in thinking about the roles of networks in social capital. However, social capital does not only consist of the actual social network people have and the norms and values they share, but also of the opportunities they possess to obtain social networks in the future. This potential virtual capital is where Bourdieu comes into play. Without the possibility to invest in new social contacts, social capital, and thus resources, will be reduced over time. Such opportunities can be had when the values and the bounded solidarity of a social network is shared. People need to be familiar with reciprocity and enforceable trust as well in order to become a part of a social network. I include Bourdieu's definition of social capital in my research for this reason. However, because people need a social network to use their social capital, Putnam's conception of social capital must be considered. Putnam focuses on the collective part of social capital. In general, people need a social network to both share their social capital and to invest in opportunities to build new social relations. For that reason, I have based my study on the ideas of both scholars. Although these scholars might seem to conceptualize social capital differently, I feel that they complement each other rather than disagree.

In conclusion, I define social capital as the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of a social network. In this definition, social relationships play an important role. In the next section, I will explain what social relationships are exactly and what happens when people lack them.

2.2 A lack of social relations

Relationships with other people are very important for the well-being of an individual. A person without human contacts may lose the ability to relate to other people, may suffer a loss of health and perhaps even pass away. People need appreciation and recognition from others in order to create self-esteem and self-confidence. Primary relations with a partner and family members are especially important, but other social contacts contribute to a higher level of self-esteem and self-confidence as well. Social relations are also important when people need support, for instance when a loved one dies or when a person is ill (Van der Poel, 1993). Three kinds of support exist: practical support, emotional support and social support. Practical support refers to providing material support, such as transportation, money, food, household help, advice or information. Emotional support refers to giving people the feeling that they are loved, that someone is interested in their feelings and that they can share their personal problems with others. Social support is expressed in engaging in social activities together, for instance watching a movie, going out for dinner, going on a day trip or going shopping (Van der Poel, 1993). Social contacts also contribute to social participation and integration in society. This is important because participation in formal and informal networks results in a better understanding of the norms and values in society. In order to obtain social contacts and social capital in the future and make use of the resources therein, people need an understanding of values, solidarity, reciprocity and trust. Finally, social contacts enlarge a person's chances of access to resources in society, such as job opportunities, education and information (Hortulanus & Machielse, 2000).

A lack of social relations can lead to loneliness. Loneliness is 'a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations, in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized' (De Jong Gierveld & Van Tilburg, 2007, p. 14). Loneliness is often defined as an unwanted discrepancy between the relationships one has and the ones one would like to have. A hallmark of loneliness is that it is a subjective experience (Perlman & Peplau, 1981). According to De Jong Gierveld & Van Tilburg (2007), loneliness may be caused by the absence or loss of a spouse and/or (sexual) partner, the absence of friends, neighbors and/or acquaintances, the absence of social participation, a move to another environment, unemployment and/or being homebound because of health problems.

Loneliness has different possible mental consequences, for instance depression, anxiety, neuroticism, low self-esteem and a higher potential for suicide. Loneliness has also been linked to a number of psychosomatic symptoms (headaches, poor appetite and fatigue) and poor physical health (DiTommaso & Spinner, 1997).

De Jong Gierveld & Van Tilburg (2007) have made a distinction with regard to loneliness. Their division is based on the distinction between subjective and objective isolation, also referred to as qualitative and quantitative isolation. Subjective isolation is related to feelings of loneliness and objective isolation is related to the size of the social network people have – see section 2.3 for a discussion of the concept of objective loneliness as relevant to this study. Feelings of loneliness are considered to be subjective because people with a large social network can experience feelings of loneliness while persons with a small social network need not do the same. People who experience feelings of loneliness even though they have a large social network may have these feelings because the quality of their relationships does not meet their expectations. These feelings may also occur after a changed situation in their environment that results in having less time and energy to invest in social contacts (Kruijswijk, 2011). Based on the theory above, De Jong Gierveld & Van Tilburg (2007) differentiate four types of loneliness:

- Socially empowered people. People with a large social network and without feelings of loneliness.
- Lonely people. People with a large social network, but with feelings of loneliness.
- People with poor contacts. People with a small social network and without feelings of loneliness.
- Socially isolated people. People with a small social network and with feelings of loneliness.

Lonely people and people with poor contacts are at a greater risk of becoming socially isolated. Lonely people can become socially isolated because they feel the contacts they have are insufficient, which may result in a break with these relationships. When people with few contacts lose contact with the person(s) in their social network, they may experience feelings of loneliness and become socially isolated. The distinction above is visualized in the table below (De Jong Gierveld & Van Tilburg, 2007).

Table 1, Four types of loneliness (De Jong Gierveld & Van Tilburg, 2007, p. 34)

		Objective isolation	
		Large social network	**Small social network**
Subjective isolation	**No feelings of loneliness**	Socially empowered people	People with poor contacts
	Feelings of loneliness	Lonely people	Socially isolated people

Another popular way to distinguish subjective isolation was devised by Weiss (1973). He makes a distinction between social loneliness and emotional loneliness. Social loneliness stems from a subjectively experienced absence of a significant social network, such as friends, acquaintances, colleagues and neighbors. Intimate relations with a partner do not remove these feelings of loneliness. Emotional loneliness stems from a subjectively experienced absence or loss of a close relationship with a partner or good friend. This kind of loneliness is accompanied by feelings of desolation and insecurity. Emotional loneliness is experienced as more serious than social loneliness (De Jong Gierveld & Van Tilburg, 2007). In this research the distinction of De Jong Gierveld & Van Tilburg (2007) has been leading because the distinction between objective and subjective loneliness is very important. Weiss does not discuss objective loneliness and focuses solely on subjective loneliness. The definition of De Jong Gierveld & Van Tilburg is more complete in that sense. However, when discussing subjective loneliness, Weiss' distinction has been used to illuminate the possible root of these feelings.

Around 30 percent of the Dutch population experiences feelings of loneliness. A third of these people experience strong feelings of loneliness and two thirds have moderate feelings of loneliness (De Jong Gierveld & Van Tilburg, 2007). Loneliness exists in every part of society but is more common in some groups than in others. In the section below, I will explain which groups experience more loneliness than others and why these people may have these feelings.

2.3 Loneliness of elder elderly

Important factors that influence feelings of loneliness are marital status and age. Research shows that married people experience less loneliness than people who are not married. Divorced people and widow(er)s are at a greater risk of becoming lonely than married and never married people (De Jong Gierveld & Van Tilburg, 2007). Growing old is also often associated with loneliness. Different studies show that this association is partly correct. Loneliness is especially common among the very old (aged 75+/80+), but less common among the younger elderly (aged 65-74/79). Dykstra (2009) imposes the boundary between

younger and elder elderly at the age of 80. She finds that 40-50 percent of very old people experience loneliness, while only 20-35 percent of the younger elderly feel lonely. Hortulanus & Machielse (2011) impose the boundary of younger and elder elderly at the age of 75. They conclude that elder elderly have a less favorable social network than younger elderly. Although Dykstra and Hortulanus & Machielse do not distinguish subjective and objective loneliness in these particular studies, it will be helpful to this study to do so here. When it comes to the elderly, focusing on the size of networks helps explain objective loneliness but it also sheds light on subjective loneliness. As mentioned above, objective loneliness is based on the size of the social network people have. It is difficult to define what exactly is a small or large social network. Different researchers concluded that the average social network of older people exists of fourteen persons. Thus, for the purposes of this research, people with small social networks will have fewer contacts than the mean of fourteen and people with large social networks will have more than fourteen social contacts (De Jong Gierveld & Van Tilburg, 2007). The average social network of elderly is smaller than the social network of younger adults. They have fewer social contacts and thus a higher chance of having poor contacts or becoming socially isolated. The contacts elderly do have are assessed by the elderly as less qualitative. Elder elderly are also less likely to be socially empowered. For these reasons, elder elderly are a vulnerable group with regard to loneliness (Van Tilburg, 2005, Hortulanus & Machielse, 2011). This explains this study's focus on elder elderly.

The distinction Dykstra (2009) and Hortulanus & Machielse (2011) have made between younger and elder elderly is a common distinction in the literature about elderly. Five life phases can be distinguished. In the first phase, children grow to be young adults, and the second phase is young adulthood itself. This phase continues until the age of 30. In the third phase, one participates in the workforce and cares for his or her family. The fourth phase refers to people who are healthy and beyond retirement age. These people experience the phase of active ageing. The last phase exists of people who have retired and are no longer entirely healthy. Persons from the fourth phase are often called 'young elderly' and people of the last phase are the 'elder elderly'. The transition from the third to the fourth phase is around the age of 65 and the transition to the last phase is around the age of 80. There is, of course, much diversity within the group of older persons and the transition ages are only guidelines. There are, for instance, active elderly at the age of 85 and elderly at the age of 75 who are in need of care and who are not healthy. The five life phases are visualized in the table below (Evenhuis, 2002 & Leijnse *et al*, 2002).

Table 2, Five life phases (Evenhuis, 2002 & Leijnse *et al*, 2002)

Phase	1	2	3	4	5
Age	1-15	15-30	30-65	65-80	80+
Characteristic	Early youth	Young adulthood	Consolidation and 'peak hour'	Active ageing	Needing care

According to Van Tilburg (2005), bonding social capital is very important for needy elderly. The structural part of social capital, the existence of a social network, is important, but so is the cognitive part. The elderly, especially the elder elderly, have to rely on the values and solidarity stemming from their bonding social capital, because they depend on this network for age-specific help. During aging, bonded relations with family members do not change very much, but bridged relations do. Relations with neighbors, acquaintances and friends may come under pressure when elderly transition from younger to elder elderly (Van Tilburg, 2005). Gray (2009) argued that the loss of relations with neighbors, acquaintances and friends can result in loneliness. According to this scholar, the most successful way to avoid loneliness among elderly is by building local social capital with people in the neighborhood. Elderly people therefore need to develop bridging capital in the form of contacts not only with their aged neighbors, but also with those younger people in their neighborhood who will outlive them and can offer them more practical support. Neighborhood contacts have a greater effect on successfully preventing loneliness than being active or having a partner and/or children. Contact with neighbors often leads to emotional and practical support for elderly people (Gray, 2009). Drooglever Fortuijn (1999) agrees with this. He assumes that elderly with a larger local network obtain a greater degree of help than elderly with a small or without a local network.

In practice, the elderly often lack bridging social relations. Contact with neighbors is a very important manner in which the elderly can invest in new (bridging) relations. As mentioned in the introduction, these days many welfare organizations focus on help within neighborhoods. However, there is a lack of information specifically dealing with helping the lonely elderly within their neighborhoods. For these reasons, this study focuses on the social capital of elder elderly in their neighborhood. But what is a neighborhood exactly and what kind of social relations exist in a neighborhood? These questions will be answered in the section below.

2.4 Social capital in the neighborhood

A neighborhood is a local community in which a degree of integration between residents exists. A neighborhood is different from a district. A district is more of an administrative unit

that is defined by the local government, while a neighborhood has a more subjective character based on the perception of its residents. According to the Scientific Council for Government Policy, in order to increase the amount of social networking in and the social cohesion of a neighborhood, it is important to limit the walking distance within a community. In order to participate in their local communities, elderly need to be able to walk to the facilities within their social networks and communities (WRR, 2005). For the elderly, the neighborhood space is very important, because the geographical space for and range of activities and contacts declines when people become older. The decline of this geographical space has a physical and social dimension. Elder elderly often have health problems with the result that they are not able to physically move around as easily as they once did. Also, contacts outside an individual's living environment are often lost (Drooglever Fortuijn, 1999). The reduced geographical space is sometimes called the 'residual neighborhood' (Thomese, 1998).

Various social networks exist within a neighborhood. Neighborhood networks consist of relationships between people that live or work in a neighborhood. For elder elderly people, a neighborhood network usually consists of social relations with people who live or work within walking distance of the elderly. These social relations are neighbors, but also family members, friends, volunteers, health care professionals, acquaintances or members of a religious community. Neighborhood networks belong to each individual elderly and the size of the network is unlimited (Thomese, 1998). According to Völker & Flap (2007), four factors are important for the interaction within neighborhood networks: opportunities to meet each other, interdependencies, motivation for contact and alternatives for contact with neighbors. The first factor, *opportunities to meet each other*, is linked to different characteristics of the neighborhood. For instance, does the neighborhood have places where people can meet (shops, community centers or churches, for example)? Do the neighbors have the same daily rhythms and lifestyles? When these elements are present, there is a greater chance that elder elderly will form relationships with their neighbors. A second factor that influences contacts within a neighborhood is the *interdependency of the inhabitants*. People who are interdependent are more likely to invest in their neighbors, which results in social relations. This condition is related to the third factor, namely the *motivation for contact*. According to theories surrounding social capital, the estimated value of future help is important for the decision people make to invest in a new contact or not. If people expect to generate more resources through interaction with a neighbor, they are more likely to invest in this contact than when this contact will not generate resources (Völker & Flap, 2007). For example, people with young children are likely to be both interdependent and motivated when it comes to contact with neighbors, relying on neighbors to occasionally babysit their children and providing the same service in return. This reciprocity factor is not a positive factor in the case

of elder elderly. They often have fewer resources than people in other life phases, so it is difficult for them to find people willing to invest in them. Thus elder elderly tend to depend on networks where direct reciprocity is not necessary (Thomese, 1998). The fourth condition refers to the *alternatives for relations with neighbors*. When people have opportunities to meet people outside of their neighborhood, they typically invest less in their neighbors than those who do not have that opportunity (Völker & Flap, 2007). Elder elderly also have less opportunity to meet people out of their neighborhood, another reason why the fourth condition applies to them.

In this study, a neighborhood has been operationalized as the social community within walking distance typical of an elder elderly, because that is the local community in which they can possibly interact with other residents. Elderly without opportunities to meet each other, because, for instance, typical walking distances are too far for them to manage, lack these possibilities. The neighborhood network of a particular elder elderly exists of the persons he knows who either live or work in his neighborhood.

2.5 Summary theoretical exploration

Two scholars are important in the operationalization of the concept of social capital. Putnam focuses on the collective part of social capital while Bourdieu focuses on the individual part of social capital. Bourdieu also establishes that social capital consists of the current social capital people possess as well as future opportunities to obtain social capital. In this study, I have combined both ideas and define social capital as the sum of the resources, actual or virtual, that accrue to an individual or a group by virtue of a social network. Social relations are very important with regard to social capital. Social relations are very important for the well being of an individual. People need emotional, practical and social support from others in order to live a satisfying life. People without or with fewer social relations may experiences feelings of loneliness. Four types of lonely people can be distinguished: socially empowered people, lonely people, people with poor contacts and socially isolated people. These types are based on the degree of subjective and objective loneliness. Elder elderly are particularly susceptible to loneliness. This has to do with the fact that they lose a part of their social capital during the ageing process. In particular, bridging capital may come under significant pressure when people age. One way to avoid this loneliness is by building local social capital in their neighborhood. To do so, the elderly need to invest in their actual social capital. For that reason, this study has determined the amount of social contacts elder elderly have in their neighborhood. It is also important for the elder elderly to be aware of the virtual part of their social capital: the values, bounded solidarity and ideas of reciprocity and enforceable trust in their neighborhood. These sources for social capital have also been studied in this research. An important condition for the building of social capital of elder elderly is the

possibility to meet the people in their neighborhood and the alternatives they have to relations with neighbors. Without meeting places in the neighborhood and with a lot of alternatives to relations with neighbors, elder elderly are unlikely to build social capital in their neighborhood. This premise has also been examined in this study.

2.6 Research question

Much scientific research has been done about social capital, loneliness, elderly and neighborhoods. There is, however, no literature available regarding to the social capital of elder elderly in their neighborhood and how social capital is related to loneliness. An increasing focus on citizen participation and the resources that social capital provides within neighborhoods accompanies the Social Support Act. Also, as the elderly population increases, a larger group comes into being that is more vulnerable to loneliness. These issues taken together lay at the basis of this study. In my research I have therefore studied the relationship between social capital of elder elderly in their neighborhood and the type of loneliness they experience. In this study I will answer the following research question: **To what extent is the type of loneliness among elder elderly affected by the social capital they own in their neighborhood and in what way can people in the neighborhood contribute to the enlargement of the social capital of elder elderly?**

The goal of this research is to discover if loneliness is related to the social capital that elder elderly possess in their neighborhood and if so, to what extent loneliness and social capital in the neighborhood are related. The last part of the research question will contribute to the reduction and prevention of loneliness among elder elderly. If social capital in the neighborhood affects loneliness among elder elderly, it is imperative to know how people in the neighborhood can contribute to the enlargement of the social capital of elder elderly. This may prevent loneliness among elder elderly.

2.7 Relevance

Why the research question is scientifically and socially relevant is described below. Its relevance for the Social Policy and Social Interventions degree program is included there.

2.7.1 Scientific relevance

Much has been written about social capital, elderly, neighborhoods and loneliness within the scientific literature of the last couple decades. There is, however, no specific literature about the social capital of older lonely people and the influence of the neighborhood on this social capital. This study starts off with collecting data about the combination of these concepts, then links them together and in that way contributes to the debate about social capital and lonely people. Within this study, two important definitions of social capital are combined. Both

Putnam's and Bourdieu's definitions are often used in research. But not many researchers combine those definitions. This study shows that it is not only possible but also fruitful to do so and that it results in interesting and useful information about individual as well as collective social capital and the influence of these types of social capital on loneliness. In this manner, the study applies new ideas to scientific knowledge about social capital and loneliness. Another reason why this study is scientifically relevant is the focus on elder elderly. Within the scientific world, much research has been done about older people, but not about elder elderly. Obviously older people usually become part of the group of elder elderly, which means it is important as well as interesting to know more about this group. This study contributes to the enlargement of scientific knowledge about the specific group of elder elderly. Finally, this study is important because it contributes to the socially important body of knowledge about the welfare state, in which responsibilities move from the government to citizens. The Social Support Act is an example of this shift. This act shows that the government asks more from its citizens, for instance asking them to take responsibility for their neighborhood. The research contributes to this scientifically and socially important issue of shifted responsibility through the examination of a case study, namely loneliness of elder elderly in the neighborhood Europawijk. This study researches how people in the neighborhood can contribute to the enlargement of social capital of the elder elderly and thus if it is feasible to ask them to take responsibility in the neighborhood and actively influence the lives of elder elderly. With this case study, knowledge about shifted responsibility can be applied to already existing knowledge.

2.7.2 Social relevance

As mentioned in the introduction of this thesis, through the introduction of the Social Support Act, citizens are encouraged to solve their own problems and organize their own help with the help of family, friends or neighbors. Neighborhoods play a central role in the Social Support Act. The act intends for people to participate in society by participating in their own neighborhoods. That also explains why Movisie focuses on neighborhoods in their projects and why they try to enlarge the involvement of residents in their neighborhoods. This study determines whether the elder elderly are able to participate in Europawijk, whether they have social capital in their neighborhood and how the people in the neighborhood could help the elder elderly enlarge their social capital within Europawijk. The research studies if the social capital that exists in the neighborhood is adequate to solve one problem many elder elderly suffer from, namely loneliness. This is socially relevant for two reasons. The first reason is related to the costs that stem from loneliness. Loneliness can lead to both mental and psychosomatic problems, for instance depression, anxiety, headaches and a poor appetite. These problems lead to high health care costs. So, for that reason alone it is socially relevant

to research if social capital in the neighborhood influences loneliness and how elder elderly can enlarge their social capital in a neighborhood context. The second reason that this study is socially relevant is that this study shows that if the existing social capital cannot eliminate or decrease loneliness, the Social Support Act does not apply to reality. In that case, the act should be rewritten and new measures should be taken.

2.7.3 Relevance for interdisciplinary Social Sciences

During the master 'Social Policy and Social Interventions', attention is paid to social issues, which are approached in an interdisciplinary manner. The master combines the fields of sociology, psychology, anthropology and history to study social policy and social interventions. In this research, ideas from all these scientific fields come together.

Loneliness is a psychological topic because it is about the feelings and experiences of a person. As presented in this study, loneliness is influenced a lot by the environment people live in. The environment where people live and the influence this environment has on the feelings and experiences of people is important to the fields of sociology and anthropology. In this way, psychology, sociology and anthropology are represented in this study. The three disciplines are also relevant when it comes to the behavior of the elder elderly, their neighbors and the interaction between them. This plays a key role in this research. The discipline of history is also important in this case. The rise and development of the welfare state has influenced ideas about the propriety of interfering in the lives of older neighbors. Nowadays, the government expects more interference from neighbors and other members of a network than ten years ago or even earlier. Thus, by bringing together elements from psychology, sociology, anthropology and history, this study engages all the scientific fields relevant to the master.

3. Research design

In this chapter, I will give an explanation of the methods used in the study. Firstly, I will describe which research methods were used and why these methods were chosen. After that, I will give an overview of the most important concepts included in the research and how they are defined. In section 3.3 I will describe where the data was collected and who participated in the study. Finally, I will give an explanation of how the data was analyzed.

3.1 Research methods

The goal of this study was to find out whether the type of loneliness of elder elderly is affected by the social capital they possess in their neighborhood, how this is then affected and in which way people in the neighborhood can contribute to enlarging the social capital of elder elderly. As mentioned in the theoretical exploration, loneliness is a subjective matter. It concerns the feelings and experiences of people. Feelings of loneliness can be very different from person to person. One elderly can experience loneliness in a specific situation whereas another elderly does not. Social capital also has a subjective character, especially when it comes to the experience of virtual social capital. This was the reason I chose to engage in interpretative qualitative research. The goal of qualitative research is to describe and interpret situations, events and persons. Qualitative data is related to the nature, value, experiences and characteristics of the studied phenomenon. This type of research is especially useful when the studied topic is sensitive or a taboo and when the research focuses on participants' feelings and perceptions (Boeije, 't Hart and Hox, 2009). In this study, loneliness is a central theme. Loneliness is a sensitive topic and in some cases even a taboo. Most people do not like to talk about loneliness. Sometimes they feel ashamed of their small social network or their lonely feelings. Feelings of loneliness are based on the perceptions of the participants. This makes qualitative research very useful for this study. To get a complete picture of the feelings, experiences and ideas of the elderly, semi-structural interviews were held. A semi-structured interview follows a general script, covers a list of topics and is open ended (Russell Bernard, 2002). The character of a semi-structural interview safeguards topics from being forgotten while giving the interviewer the freedom to switch between topics and allowing the participants to tell their story in the way they prefer.

Two topic lists were used in the interviews (see appendix A and B), one for the elder elderly and one for the professionals in the neighborhood where the study was conducted (see also 3.2). The topics included actual social capital within and outside the neighborhood, ideas and experiences about virtual social capital within the neighborhood, ideas about the enlargement of the social capital in the neighborhood and, lastly, feelings of loneliness. What was exactly included in each of these topics and why these topics were chosen will be

described in section 3.2. The last topic, lonely feelings, was measured with the help of statements included in the scale of loneliness, the so-called 'eenzaamheidsschaal' (see appendix C). According to the inventors of the scale, De Jong Gierveld and her colleauges, the scale was developed to measure loneliness among groups and not individuals (De Jong Gierveld & Van Tilburg (2007). However, in this study, I have used the statements belonging to the scale as a starting point to talk with the elderly about loneliness. Loneliness is a fragile subject and it is hard to talk directly about those experiences. Working with statements helped in that regard. This explains why this scale was used to measure loneliness among individual elder elderly regardless of its original use. The interviews were conducted in the houses of the elder elderly, to ensure they felt as comfortable as possible. This is especially necessary when with regard to such a sensitive subject as loneliness.

The first two interviews I conducted were test interviews with elder elderly who live in Europawijk. I tested the topic list to make sure the topics represented the experiences and ideas of the elder elderly. After the test, I made a distinction in the topic list between formal and informal meeting places. I started the interviews without this distinction and was only interested in activities organized by welfare-, leisure- and sport organizations. During the two test interviews, it became clear that the elder elderly also participated in informal activities and that these activities were very important for their collection of social capital. Therefore, I made the distinction between formal and informal meeting places within the topic list. No other themes came to light that were important to this research. I included the test interviews in the analysis without distinction because the results of those interviews were comparable with the results of the other interviews.

3.2 Operational definitions

As mentioned in the section before, I developed two topic lists on basis of the theoretical exploration and the most important concepts. One topic list was for the interviews with the elder elderly and one for the interviews with the social professionals in the neighborhood. In this section I will explain why I chose these topics and which definitions I used.

This study was conducted among elder elderly. *Elder elderly* are people aged 80 years and older. For this study, it is important that people live independently, with or without a partner, thus not in a nursing home or with other people than a partner, for instance their children. This is important when it comes to social capital because elder elderly that live in a situation where others already take care of them usually have activities organized for them within their homes, resulting in nearby meeting places. Furthermore, having neighbors that are also residents of the nursing home can result in a very different amount of social capital and different experiences of loneliness than elder elderly that live independently. To properly

determine the influence of social capital gained within a neighborhood on types of loneliness, I therefore needed to interview elder elderly who live independently.

In this study, social capital was a central concept. *Social capital* is the sum of the resources, actual or virtual, that are accrued by an individual or a group by virtue of a social network. By the *actual social capital* the elder elderly have, I mean their existing social networks. I determined actual social capital by inventorying the size of an elder elderly's social network. I made a distinction between social capital within and outside the neighborhood because this study focused on the relation between loneliness and social capital within the neighborhood. I therefore needed to know about the social capital elder elderly have both within and outside the neighborhood. The *neighborhood* is a social community within walking distance of the elder elderly. The term 'walking distance' is also used with regards to wheelchair dependent people; there, walking distance refers to the distance that they can cover, in some cases with the help of a third party. Within the topic list, I made a distinction between the formal and informal meeting places the elder elderly visit. *Formal meeting places* are places where elderly can meet each other while supervised by a professional or volunteer. These meetings are arranged by an organization. *Informal meeting places* are places where elderly meet without being supervised by a professional. The elderly themselves loosely organizes these meetings. I made this distinction after finding out during the test interviews that elder elderly meet each other in informal as well as formal settings and that both situations are important for the collection of social capital.

Besides actual social capital, people also have a *virtual social network*. By this I mean the opportunities people have to obtain social capital in the future. As mentioned during the theoretical exploration, four concepts are important in regard to virtual social capital, namely values, solidarity, trust and reciprocity. *Values* are the moral norms that motivate givers to donate their resources and receivers to accept the donation. *Solidarity* is the bonds people have through group membership. *Trust* is the knowledge that people will make resources available because of the power of community. *Reciprocity* exists when a giver expects something of the proportion back as the given resource and the receiver experiences the pressure to give something back to the giver. During the interviews I asked the participants about their knowledge about these themes and whether they could describe how these themes were represented in the neighborhood. I also asked what their experiences were with these concepts. These concepts are quite abstract and an example was often needed before the elderly could respond. Examples were tailored to the participants' needs.

The other central concept of this study was loneliness. *Loneliness* is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations

where the intimacy one wishes for has not been realized. In this study, I distinguish four types of loneliness: *socially empowered people* (people with a large social network and without feelings of loneliness), *lonely people* (people with a large social network, but with feelings of loneliness), *people with poor contacts* (people with a small social network and without feelings of loneliness) and *socially isolated people (*people with a small social network and with feelings of loneliness). This distinction is based on objective and subjective loneliness. *Subjective loneliness* exists when elder elderly experience feelings of loneliness. *Objective loneliness* is the result of a small network. In this study, a small network is defined as a social network with less than fourteen people. When people have a social network with more than fourteen people, they have a large social network. Objective loneliness was determined by inventorying the elder elderly's social network. Subjective loneliness was determined through the use of the statements belonging to the scale of loneliness, but also through asking questions about stories told by the elder elderly about their feelings and experiences with regard to their social networks.

3.3 Research area and participants

This study is part of a broader research of the Dutch knowledge institute Movisie. Since a couple of years, Movisie develops and assists with so-called Neighborhood Care projects. Neighborhood Care can be defined as small-scale service projects in neighborhoods, districts and villages. These projects are established by residents and are meant to benefit inhabitants. Pro-active citizenship is the central theme of Neighborhood Care. Neighborhood Care has different goals. The main goal of Neighborhood Care is to increase the social cohesion in a neighborhood, district or village. Other goals are increasing the safety and livability of a neighborhood, increasing the self-reliance of the residents, strengthening the social relations and increasing the togetherness in a neighborhood (Dankers et al, 2005). In the context of Neighborhood Care, Movisie assists the welfare organization DOCK in Haarlem. DOCK is a welfare organization that works within various neighborhoods in Haarlem, Rotterdam and Amsterdam. They support volunteers who are active in the neighborhood and organize activities for children, youth, parents, and elderly. DOCK also has an active presence in the neighborhood this research was conducted in, namely Europawijk. They also operate community centers there.

Europawijk is a neighborhood in the larger area of Schalkwijk, Haarlem. In 2011, Europawijk had 9565 residents, spread over 5045 households. 15% of the residents is younger than 15 years and 11% is aged between 15 and 24. The largest group is 25 to 44 years old. They make up 28% of the neighborhood. 26% of the residents is aged between 45 and 64 and 20% is 65 and older (CBS, 2011). Unfortunately, there are no figures with regard to the number of elder elderly in Europawijk. Europawijk has many meeting places and

activities for elderly - a more extensive description of these meeting places and activities will be given in chapter four. This is one of the reasons Europawijk was chosen as a research area. The other reason is a more practical one. Movisie already had connections with social workers affiliated with the welfare organization DOCK in Haarlem. DOCK plays an important role in Europawijk. They have many contacts in the neighborhood and their social workers and volunteers take care of the elderly. They also organize many activities for older individuals. DOCK already had the phone numbers and addresses of the elder elderly in Europawijk, which made it easier to find elderly who wanted to participate in the research. In total, I approached forty elder elderly in Europawijk. Twenty of them agreed to an interview. Unfortunately, three elder elderly cancelled the interview, because they no longer had time for the interview or were ill. In total, seventeen elder elderly participated in the interviews. Nine of the elderly were men and eight of them were women. The age of the elderly ranged from 80 to 91. The average age was 84.2, but most women were older than the men. The average age of the women was 85.5, while the average age of the men was 81.1. All the elderly lived in Europawijk. Most of them (fifteen) lived in apartments while only four of the elderly had a terraced house. A list of participants is presented in Appendix D.

Within qualitative research the research problem is considered a holistic problem. For that reason, it is important to collect data from different sources (Baarda, De Goede & Teunissen, 2005). That is the reason I chose to interview two professionals and an active volunteer along with the elder elderly. The two professionals are social workers, specialized in working with elderly and building local communities. They are both employed by DOCK and work within Europawijk. The volunteer lives in Europawijk, works as a gymnastic teacher for the elderly, participates in the neighborhood council, organizes a domino club for the elderly and leads a group of volunteers who work in a public garden in Europawijk. The importance of these interviews lay in the fact that they know Europawijk very well and could offer information about the neighborhood, its residents, the activities in Europawijk and the meeting places within the neighborhood. They also work with elder elderly who live in Europawijk and have actual experience with working with lonely elderly. The combination of the interviews with the elder elderly and the professionals and active volunteer gave me a complete picture of the situation of elder elderly within Europawijk.

3.4 Data analysis

All twenty interviews were taped with the help of a voice recorder and fully transcribed. The data was analyzed using NVivo, a software package for qualitative data analysis. NVivo is very useful in the analysis of data, because the software makes it possible to give codes to text sections of the transcriptions. This makes the analysis easier because it makes it possible to compare the ideas, feelings and characteristics of the participants and to connect

different subjects with each other. The interviews were coded with the help of the operationalization in the beginning of this chapter and the topic list that resulted from the operationalization. During the interviews, some important information came to light, which led to the necessity of new codes, separate from the topic list. An overview of the codes is shown in appendix E. During the analysis, I used the codes to get a correct picture of the lives, social capital and feelings of loneliness of the elder elderly. I studied individual codes, but also connected them to one another, which led to the results presented in the next chapter.

4. Results

The results of the empirical research will be presented in this section. To accurately portray the neighborhood in which the research took place, I will first describe Europawijk and the meeting places available to the elderly. Then I will describe the meeting places available to the elderly outside of Europawijk. This section is purely meant to paint a picture of the opportunities available for the elderly in Europawijk, as I will leave analysis to the last section. There I will begin to analyze the results I gathered during my research. In that section I will pay attention to actual social capital and the influence of this capital on loneliness. Then I will move on to virtual social capital and its influence on loneliness. Lastly, I will describe ways in which social capital can be enlarged.

4.1 Europawijk

In this section I will describe Europawijk and its the meeting places for the elderly as well as meeting places that lie outside the neighborhood. As mentioned before, this section is purely a description of the neighborhood and the opportunities available for the elderly. In section 4.2, the actual analysis will start.

Europawijk is part of the larger area of Schalkwijk in Haarlem. All the streets within Europawijk are named after countries and cities in Europe. Most of the houses in the neighborhood were built in the sixties and have been renovated in the last two decades. Some new houses have arisen in recent years. The neighborhood has many apartment buildings, but also terraced houses. According to the social worker employed at DOCK, a large part of the neighborhood population consists of immigrants. He says many dysfunctional individuals and families live in Europawijk. This can be explained by the fact that Europawijk mainly consists of public housing with cheaper rents. This attracts people with a low income and/or debts, who are more likely to have problems. In 2011, Europawijk had 9565 inhabitants. 20 percent of these inhabitants are elderly, age 65 and older (CBS, 2011). According to the active volunteer, this is a high percentage in comparison with other neighborhoods in Haarlem. She thinks the reason for this high percentage is the many nursing homes and senior living facilities located in Europawijk. She also indicates another reason. According to her, many residents of the neighborhood feel at home in Europawijk and do not want to move when they grow older. Surveys show that people like to live in the neighborhood, including elderly. This explains the high percentage of elderly in Europawijk.

On one side, Europawijk is bordered by an important road. The Europaweg connects the centre of Haarlem with Schalkwijk. Many buses use this road to travel from the neighborhood to the center and back. On the other side, Europawijk borders a large park called Engelandpark. The neighborhood is spacious with lots of green areas. There is a shopping

center in the middle of Schalkwijk, including many shops, grocery stores, cafes and a Chinese restaurant. The shopping center also contains Loket Haarlem. Loket Haarlem is a government run organization focusing on social services. They also provide volunteer services for the elderly such as yard work or transportation to the hospital. Besides the shops at the center, there are not many other shops in Europawijk. There are other parks in the neighborhood, for instance the Heempark, where people can meet other living in Europawijk. Another important meeting place is located behind the Heempark, namely one of DOCK's community centers at the Laan van Berlijn. The community center at the Laan van Berlijn is open every day and offers various activities, including games, creative activities and social activities. DOCK operates another community center in the neighborhood, namely at the Laan van Angers. That community center has Europawijk's youth as its focus for activities. On the same street as the youth center, but more to the south, is another important meeting place, namely playground and petting zoo De Eenhoorn. Of course, De Eenhoorn organizes many activities for children, but they do not neglect the elderly in the neighborhood. Every week, a few activities are provided for the elderly, for instance jass play ('*klaverjassen*'), bingo and dance nights. In the middle of the neighborhood, at the Frankrijklaan, is a church (the Ontmoetingskerk) that offers various activities for their members, but also for other residents of Europawijk. Every Sunday the Ontmoetingskerk holds a church service followed by the opportunity to drink a cup of coffee and meet other churchgoers. The Ontmoetingskerk has different leisure activities, such as two choirs, barbecue dinners and film, game and music meetings specifically for older people. The last place where elderly meet each other in the neighborhood are the gym classes, organized by welfare organizations and physical therapists. These classes are held throughout Europawijk, in the community center, gyms or old school buildings.

Besides the meeting places mentioned above there are also places where elderly meet others without interference or supervision by organizations and clubs. The most important of such meeting places are their own houses. They live their daily life there and fill their days with watching television, doing puzzles, reading, writing poetry, playing the piano, using the computer, household chores, creating cards and writing letters. Besides these individual activities, they also receive visits and go to visit family, friends, neighbors and acquaintances. They have a drink together, eat together, invite people to stay for a day or two and create cards and games. The elderly also meet other people at birthday parties and other festivities within their own houses, the houses of their family, friends, neighbors and acquaintances and more formal party locations within Europawijk. Some apartment buildings have residents' committees or owners associations that organize activities, such as coffee meetings, drinks, New Year festivities, rummikub tournaments, jass play and fairs. These activities take place in meeting rooms in the apartments buildings themselves or in the homes of residents.

The elder elderly of Europawijk do not only meet at the community center at the Laan van Berlijn, but also in community centers in neighborhoods near Europawijk, for instance community center Ringvaart in the neighborhood Boerhaven and community center Molenburg in the neighborhood Molenwijk. Both of these neighborhoods are part of the area Schalkwijk and within a few kilometers of Europawijk. At the Ringvaart, the elderly of Europawijk meet for computer courses and gym classes, and Molenburg provides slideshows about various subjects. Both the neighborhoods of Boerhaven and Molenwijk contain swimming pools and sports clubs where the elderly of Europawijk come to swim, do aquarobics or play tennis. The elderly also meet in the vegetable gardens of Boerhaven. Other elderly meet in churches in other neighborhoods.

The places where the elderly meet for informal and unsupervised activities outside of Europawijk all have to do with relaxation: for instance going on holiday, taking trips and visiting family and friends. Some elder elderly go on holiday, booking a group tour, while others travel with family and friends. Holidays vary from a weekend in the Netherlands to two months abroad. Every month, the neighbors of Ankaraplantsoen do a day trip with a group of around 25 elderly people. They visit a different regional attraction every month. Other elderly take trips by themselves or with spouses, family and/or friends. They visit the beach, museums, the theater, concerts and restaurants in the region of Haarlem.

<u>4.2 Loneliness and actual social capital</u>

The actual social capital of elder elderly consists of the current social relations the elderly person possesses. In this section, I will analyze the social relations the elder elderly have and how that is related to both objective and subjective loneliness. Objective loneliness hinges on the size of a person's network. It is defined as loneliness as a result of a small social network, a network of fewer than fourteen social contacts. Subjective loneliness is purely defined as feelings of loneliness. Actual social capital is directly related to objective loneliness, because they both have to do to the size of the social network of the elder elderly. In this section I will demonstrate that actual social capital is also related to subjective loneliness or the feelings of loneliness people experience. This section is divided in two parts. First I will describe the results with regard to loneliness and bonding social capital and secondly, the results with regard to loneliness and bridging social capital.

4.2.1 Bonding social capital

It was mentioned in the theoretical framework that bonding relations are very important for elder elderly. They rely on the values and solidarity of bonding social capital because they depend on their network for age-specific help, like having groceries done for them, household chores taken care of and/or accompaniment during hospital visits. Bonding

relations are especially important because, according to Van Tilburg (2005), relations with family members do not change a lot during ageing. During my research I experienced that this is partially true. Contact with family members is very important to most elderly, especially the relationships with partners and children. That does not, however, preclude change. I argue that relationships with family members do change a lot during ageing. In this section I will describe these experiences.

The bonding relationship with a partner is very important for the elder elderly. Objective loneliness is strongly related to the marital status of the participants. The elderly with a small social network that I have interviewed (thus the ones who are objective lonely) do not live with a healthy partner. The elderly who are objectively lonely are either widow(ers), have a very ill partner or do not live with their partners. The relationship between objective loneliness and not having a (healthy) partner to live with is influenced by various factors. Those elder elderly whose partners are ill do not like to leave their partners, not even to go to a club meeting or attend an activity. Ms. V. is a prime example. She has a husband who is ill, *'Taking care of him keeps me busy and leaves me little time to go anywhere. I don't want to leave him, either. So I spend a lot of time at home.'* (Ms. V, 91 years old). That elderly like Ms. V spend so much time at home effectively reduces their social network and increases their chances of objective loneliness. Another explanation is that people who have lost their partner often no longer feel like living an active life. It is not true for all widow(er)s, but often widow(er)s live a more reclusive life. They actively miss their partners and would rather stay at home than go out. This may also lead to objective loneliness. The connection between loneliness and the absence of a healthy partner or a live-in partner is also important with regard to subjective loneliness. Subjective loneliness is often caused by the elder elderly missing a partner or close friend. *'I miss that. I have a lot of friends, but that one someone you can share everything with, I miss that. I have no one close enough to me to live with. That's the only thing I miss.* (Mr. G, 80). Some elderly whose partner is very ill miss the interaction they used to have and activities they used to do with their partner. They are also at a risk to become subjectively lonely because they miss the conviviality of being surrounded by friends and acquaintances that usually accompanies a partnered life. This is also the case for elder elderly who live alone: widow(er)s, single adult elderly and elderly who are in a relationship, but do not live together. They miss the company of people around them. *'Yes, I miss having someone around. When someone comes, I blossom. But then they leave and I tear up a little. I think, there they go again'* (Ms. T, 85). The elderly especially miss having company during the evening and on Sundays. Besides missing company, elder elderly who live alone also experience a general sense of emptiness. *'Yes, that's because my husband isn't here anymore. And it's been two years, but I still often hear his voice around the house'* (Ms. T, 89). As Ms. T demonstrates, having an active social life does not

preclude subjective loneliness. For Ms. T., the absence of a primary partner overshadows her daily life. Those elderly who are married and live together also expect to really miss their husband or wife if he or she would die. They always say their partner is their best friend and they experience the pleasure of his or her company. '*Well, I don't have to feel lonely, because we're still here together and that makes all the difference*' (Mr. S, 80). The presence or absence of a partner greatly influences feelings of loneliness the elder elderly may have.

The bonding relations with their children is also very important for the elder elderly. They depend on their children for age-specific help, but also enjoy the conversations and their company. Children that live either in the neigborhood or in the same city as their parents visit them often, once a week or perhaps even daily. There is no difference between the children living in the neigborhood or those living outside the neigborhood but within Haarlem. These children visit their parent(s) to have drink or a chat, but also to help them with daily life. They pick up groceries for or with their parent(s), help them with housekeeping or take care of the garden. This means they are important for practical and emotional help. Ms. V shows that parents can be very happy with their children's help and company. She is 91 and housebound because of her limited mobility. Her husband is very ill. He lies in bed all day. Her daughter visits her daily. *'Our daughter comes every day. She does our groceries. We have the Albert Heijn deliver the big orders, but she does all the other grocery shopping. And we go to the shopping center together, once every fourteen days. To get groceries. Or we go to a garden center'.* (Ms. V., 91). Many other elderly have stories like Ms. V.'s. They have good relationships with their children. The participants who have children are all in contact with them. There is no difference in this case between the elderly who are objective lonely and those that have a large social network.

More than half of the elderly interviewed have children living outside Haarlem. Some live in cities nearby, while others live on the other side of the country. In general one can say that the further away the children live, the less frequent the family gets together. If the children live within half an hour's drive from their parents, the contact is often weekly. If the children live further away, the contact is less frequent, usually once or twice a month. These children fulfil different roles than the children who live in the same city as their parents. They do not help their parents with daily problems, but they help them with less frequent problems, like periodic visits to the hospital or refurbishing the house. Some elderly have a child who lives abroad. They see their children once or twice a year, but speak with them weekly or even daily. These conversations take place by telephone or Skype. The elderly who have children abroad do not receive any practical support from these children, but experience emotional support through the conversations they have with their children. The Ms. V mentioned above has a child who lives in Singapore. *'I don't see my daughter often, she's in Singapore. Once every six months she visits me and my husband. She's coming tomorrow. I can't wait … She*

does call me every day, now that my husband is ill. I really appreciate her interest' (Ms. V, 91). The emotional support the elderly experience has a positive influence on the feelings of loneliness they experience. Besides their partners, elder elderly rely very much on the emotional support of their children. They value this strongly. Elder elderly who are able to call a child when they have a problem or who feel strongly related to their children experience less feelings of loneliness than elderly who cannot rely on their children or do not strongly relate to their children. However, a strong bond with the children cannot always prevent subjective loneliness among elder elderly. Elder elderly with frequent and good contact with their children can still experience feelings of loneliness.

Children, nearby and far away, are not only important for practical and emotional support but also play a role with regard to social support. They take their parents out on day trips or short holidays. A few elder elderly have the tradition to go on a short holiday every year. On these weekends, they really enjoy the company of their children and grandchildren. They flourish on this kind of weekends, but it cannot prevent feelings of loneliness in general. The elderly who have feelings of loneliness benefit from that weekend, but feel lonely again when they are home alone, especially if they are without a partner.

Overall, it can be concluded that the bonding relation with their children is very important for the elderly. It can prevent objective loneliness, but not subjective loneliness. The relationships of the elderly with their children who live nearby differs from the relationships they have with their children who live outside Haarlem. The closer a child lives, the more the elderly depend on them for age-specific help. This does not mean that children who live further away do not support their parents. They give incidental practical support and are especially important for emotional support and conviviality.

Besides their children, elder elderly also have relationships with their grandchildren, brothers (in-law), sisters (in-law) and nieces, nephews and cousins. All the elderly were in frequent contact with their children; likewise, all the interviewed elderly were in contact with other family members. This was true for both the elderly who have a large social network and the ones who were objective lonely. However, the contacts with other family members differed a lot from the contacts the elderly had with their children. In general, grandchildren do not help their grandparents with practical problems and do not support them emotionally, like their fathers and mothers may. Some elderly see their young grandchildren a few times a week, but when the grandchildren get older, contact decreases to only a few times a year, wherever the grandchildren live. The grandchildren who keep in touch with their grandparents are under the age of 15. The older children do not visit or call their grandparents regularly. The grandparents do understand this, for instance Ms. D. She is a widow with one daughter and a grandson. She only sees her grandson a few times per year. *'We always babysat him, one day a week. But you know, they become independent. And*

now, well, he has an after-school job and goes to school. He's 18 years old: scooter, girlfriend' (Ms. D, 83). The elder elderly do not actively miss having contact with their grandchildren, neither do they expect to receive support from that end. They do not deem the absence of frequent contact with their grandchildren a cause of subjective loneliness. However, it is important to note that the absence of these contacts does influence the objective loneliness of the elderly because it reduces their social network.

It is remarkable that the participants of this study see their brothers (in-law) and sisters (in-law) who live nearby as often as the ones who live further away. Even when the elder elderly is in good health and is able to walk or cycle to their siblings who live nearby (in the neighborhood or in Haarlem), they do not visit them more often than their siblings who live outside Haarlem. The elderly see their brothers (in-law) and sisters (in-law) on a range from four times a year to once a month. So, there is no difference between the amount of visits when brothers (in-law) and sisters (in-law) live nearby or further away. However, there is a difference in the appreciation of contact with siblings. The elder elderly appreciate the contact with their brothers (in-law) and sisters (in-law) who live outside Haarlem more than the contact they have with their siblings who live nearby. The relationships with brothers (in-law) and sisters (in-law) in the neighborhood are not very close. They see each other a few times a year, but do not receive support from each other. This in contrast to siblings who live scattered throughout the country. That contact is generally good. While they do not see them very often, the elder elderly experience emotional support from their siblings throughout the country. They stay in touch by phone and are interested in each other's daily lives, as Mr. S demonstrates. He does not see his sister often, but experiences emotional support. '*I see my sister about twice a year. We talk on the phone a lot. We have a good relationship. We often took trips together, the four of us that is'* (Mr. S, 81). However, no matter how good the contact with siblings is, it cannot always prevent subjective loneliness. There is no clear relationship between loneliness and contact with siblings. As mentioned before, all elderly who have brothers (in-law) and sisters (in-law) keep in touch with them, whether they are objectively lonely or not. The contact with siblings sometimes prevents subjective loneliness. They rely on their brothers (in-law) and sisters (in-law), call them when they have problems, trust them explicitly and experience emotional support from them. Others still experience feelings of loneliness, even though the contact with siblings is good. They blossom when they are in contact with their brothers (in-law) and sisters (in-law), but feel lonely again afterward.

Not many elderly frequently contact their cousins, nieces and nephews, but the ones who do value it. The elderly who do not have children often have an especially close relationship with some of their extended family. They see their cousins on average a couple times a year and keep in touch by phone more regularly. One participant has a very good relationship with

his niece, who lives on the other side of Europawijk. Mr. B is married, but his wife is in the hospital. He does not have children and is not able to drive anymore. Because his wife is in the hospital, his niece drives him there every day. He really appreciates that. '*I can always count on my niece. I wouldn't want to miss her (…) My niece feels like my child. A big child, haha*' (Mr. B, 89). In this way, elder elderly receive both practical and emotional support from their extended family and they really rely on those relationships. It can even prevent subjective loneliness. Mr. B can call his niece when he has problems, can lean on her in case of trouble, trusts her and he feels a strong connection with her. This prevents feelings of loneliness. It cannot, however, save him from objective loneliness. Mr. B only has a few contacts, which means that he is objectively lonely. In other cases, a strong connection with a cousin does not prevent feelings of loneliness, but it does contribute to a large network. Thus it is hard to draw conclusions about how the relationship with a cousin or other extended family influences the type of loneliness of an elder elderly.

A few elder elderly maintain contact with family members through the Internet. They often maintain contact through email and Skype in the case of (extended) family living abroad, for instance Mr. W. He has two sons. One of them lives in the Philippines. Every week Mr. W calls and chats with his son with Skype. This is especially accommodating for Mr. W because he has hearing problems. With Skype he and his son can talk and chat at the same time. So, Mr. W calls his son and his son answers him via chat, because Mr. W cannot hear his son. In this case, Skype is a good solution to both the communication problems Mr. W experiences as a result of his hearing problems and the physical distance between him and his son. Other elderly also use the Internet to stay in touch with their children, brothers (in law), sisters (in law) and cousins who are living abroad. In this way, the size of the social network of the elderly is not necessarily reduced if family members move abroad. The Internet contributes to the prevention of objective loneliness. Through contacts via Skype and email, participants experience emotional support from their moved family members. They really appreciate that support, but it cannot prevent subjective loneliness since the contact is too superficial or too infrequent.

When elderly become older, they experience difficulties with bonding relationships. This mostly has to do with ageing problems, like mobility and health problems. One of the ageing problems that emerge when people become older is that they cannot drive or use their bicycles any longer. Many elderly do not cycle because they no longer feel safe or they are physically unable to cycle. Some people then have to forego visits to family members who live nearby, because they are no longer able to travel there by bike, for instance Ms. M. She cycled a lot, but now suffers from a broken arm after an accident with her bike. It is impossible for her to visit family now. The danger is that she will not want to cycle anymore, like other elderly who have had a bicycle accident. For instance Mr. N: '*I used to cycle a lot.*

But I fell … So I don't want to cycle anymore, in case I fall again' (Mr. N, 81). Luckily, Mr. N has a car. However, Ms. M does not have a driver's license and when she no longer dares to cycle, her mobility will be greatly reduced. On average, the older the elderly are, the less they drive. Some never even got their driver's license. They were dependent on their partners. Most of them had a partner who was able to drive. As a result of the death of their partner, they became dependent on other people, usually their children, to drive them. Others have always had a driver's license, but had to stop driving because of their age. *'I kept on driving for a long time, but I forbade myself. My eyes aren't good enough any more'* (Mr. B, 89). There are also those elderly who have a car, but do not drive long distances. They only drive within Haarlem or, at the most, known roads to, for instance, their children. Most elderly who are no longer mobile and have family members scattered throughout the country see these family members only once or twice a year, when the children agree to drive them there. Only rarely do elderly use special taxis to visit family members because the taxi service is too unreliable and requires too much planning ahead and the elderly do not feel comfortable using it. The elderly who have a car do drive to their family members who live far from Haarlem, but not very often. They do not like to drive long distances and are reluctant to go. These transportation problems result in a difficulty maintaining current relationships with family members. This can reduce the resilience of the social network, which then may lead to objective loneliness.

Mobility, health and ageing problems are not only an obstacle for the elderly, but also for their older family members. Many participants have brothers (in law), sisters (in law) and cousins who are also old. They cannot drive or cycle either. This often makes it very hard to see each other, especially when the others live outside Haarlem. But there are other problems restricting contact, like health problems related to hearing or dementia. These problems make it hard to communicate by phone when face-to-face contact is no longer feasible, for instance in the case of Ms. B. She has two sisters living outside Haarlem. One of her sisters suffers from dementia: *'My sister is 92 years old. She lives in a home in Tilburg. She was a nun and has a severe case of dementia. Her caretakers call us if something changes. But it's hard to go and see her. I don't have a car anymore'* (Ms. B, 84). This has hit Ms. B especially hard as her other sister is deaf and thus unable to communicate by phone. These kinds of handicaps are common among the elderly. Many elderly are also confronted with the death of many of their relatives. Some elderly no longer have brothers and sisters. This is very difficult for the most of the elderly. It reduces the amount of people surrounding them very quickly. Ms. B says*: 'It gets to a point where all you're doing is saying goodbye, either to a human or something else. That's just how it goes. You have to accept it because it won't change'* (Ms. B, 84). These old-age problems reduce the size of the elder elderly's social networks, which can lead to objective loneliness. Because of ageing problems, elder

elderly experience an increasing amount of subjective loneliness. Many of them miss the contact with and support of the bonding relationships with brothers (in law), sisters (in law) and other family members and therefore feel lonely.

In conclusion, bonding relations are important for elder elderly, but how important they are with regard to loneliness differs per group of family members. The absence of a healthy partner is especially important for the type of loneliness elder elderly experience. It influences both the objective and subjective loneliness of the elderly. Elderly who do not have a (healthy) partner are more likely to be objectively and subjectively lonely. The relationships with their children do not influence the objective loneliness of the elder elderly. All elderly experience a level of practical, emotional and social support coming from their children, whether they are objectively lonely or not. It is remarkable that to a certain degree distance does not play a role in how strong the relationships are that the elderly have with their children. For example, it makes no difference to these relationships whether the children live inside the neighborhood or simply in Haarlem itself. All children living in Haarlem give practical, emotional and social support to their parents living in Europawijk. The children living outside Haarlem give a more incidental practical support as well as emotional and social support. Elder elderly really appreciate the support of their children. Elder elderly who strongly relate to their children experience less feelings of loneliness than elderly who cannot rely on their children. However, a strong bond with their children cannot always prevent subjective loneliness among elder elderly. In addition, the bonding relationships with other family members differ from the relationships had with children. Brothers (in-law) and sisters (in-law) give very little practical support to the elder elderly, but they do give emotional support. Grandchildren and other extended family do not often play an important role with regard to support of the elder elderly. Only occasionally do they give practical or emotional support to the elderly. However, the elderly really appreciate it when that happens and it can even prevent objective and/or subjective loneliness. When it comes to types of loneliness, it does not matter whether the extended family lives within the neighborhood or outside of it. From all this we have learned that some bonding relationships can prevent subjective and/or objective loneliness among elder elderly. In the next section, I will describe whether subjective and objective loneliness is influenced by the bridging relationships elder elderly have, and if so, what form that influence takes.

4.2.2 Bridging social capital

According to Van Tilburg (2005), bridging relations with neighbors, friends and acquaintances come under pressure when an elderly person becomes older. This can result in objective loneliness. I have found this to be partially true. Elderly do lose many bridging contacts during ageing. However, Van Tilburg does not take into account that the elder

elderly form new relationships and are often happy with the bridging relations they do have. Despite the possibility of new relations, Van Tilburg is correct in presupposing the amount of bridging relations as influential on the objective and subjective loneliness of elder elderly. The elderly who have a small social network, the ones who are objectively lonely, do have less bridging relations. They do not participate in clubs and do not have any contact with their neighbors or, at best, superficial contact. Some of them do keep in touch with a few friends.

The elder elderly possess most of their bridging relations in their neighborhood, especially with their neighbors. Almost all participants have contact with their neighbors to a greater or lesser degree. Some elderly only greet their neighbors and speak with them outside their houses, while others visit each other, help each other and go out on trips together. The elderly who have a superficial relationship with their neighbors do not experience much support from their neighbors, but the elderly who with more intense contact with their neighbors do experience emotional, practical and social support. They encounter emotional support through talking with their neighbors and their neighbors' involvement in their situation, as Ms. B illustrates. She is a widow and lives in an apartment. She has a good relationship with many of her neighbors, but especially with one neighbor lady. *'When my husband died, she was shocked. She told me to come to her if I ever needed anything … She also asks me to come over to her house for tea on a Friday afternoon, or to go out walking sometime'* (Ms. B, 84). This shows that neighbors can and do offer emotional support to the elder elderly. Besides this emotional support, they also offer practical support. Many elderly receive practical help from their neighbors. Many of these neighbors can be considered elderly, if not elder elderly. They get groceries for the elder elderly, help them with the garbage cans and drive them to the hospital. Besides emotional and practical support, neighbors can also offer social support. An active residents' committee especially facilitates this. An active residents' committee can contribute to the relationships between the elderly and their neighbors through the activities they organize. A good example is the residents' committee at the Ankaraplantsoen. They bind neighbors together through their activities. The elderly of Ankaraplantsoen have frequent as well as intensive contact with their neighbors. Every month nearly 25 residents come together at least once or twice. They go out for Chinese food, play games together or go out on trips. Some of these elderly see their neighbors even more often, for instance once a week. They visit each other, have a drink or play games together, like Ms. O., *'I play rummikub here in the building. With a woman and man from downstairs. We do that once a week, on Tuesday nights'* (Ms. O, 83). As a result of the activities that are organized, more than social support is given. Activity participants get to know each other personally and give each other emotional and practical support as well. So active residents' committees play an important role in the support that elder elderly experience. As a result of this support, the people who live in apartments with

an active residents' committee experience less feelings of loneliness than elderly who do not have this kind of residents' committee. The elder elderly of Ankaraplantsoen that I interviewed did not experience feelings of loneliness. They are surrounded by people to talk to about their day-to-day problems, people they can depend on in case of problems, people who can keep them company and people whom they can trust. This results in an absence of feelings of loneliness. Those elderly who do not experience this solidarity and trust in their neighborhood are more likely to experience feelings of loneliness and thus subjective loneliness. Not all elderly have very close relationships within Ankaraplantsoen, but the existing relationships generally preclude true feelings of subjective loneliness.

It is interesting to report that some elderly consider their neighbors as close friends rather than just neighbors. They see their neighbors very often and trust them when it comes to emotional and practical problems. An example of such a friendship is that of Mr. S and his neighbors. Mr. S is an 82 year old widower. He, his late wife and his neighbors started playing bridge forty years ago. They met every week and spent nice evenings together. After his wife died, they could no longer play bridge because bridge is a four-person game. However, they still meet each other. Not at home, but at a bridge club in Heemskerk. Mr. S is very happy with his friends and asks them for help when he needs it. His neighbors offer him emotional, practical and social support. Mr. S is not the only elder elderly who experiences such feelings of friendship for his neighbors. These kinds of neighbor relations are very important in avoiding both objective and subjective loneliness. Almost all elderly who do not have feelings of loneliness have good relations with their neighbors. The reverse is also true: the elderly who experiences loneliness are not friends with their neighbors.

Elder elderly have other bridging relations besides their neighbors. Take for instance their friends and acquaintances, both within and outside Haarlem. They meet them at school, work, church, clubs and/or former residences. The frequency of the contact differs a lot per relationship. On average, the elderly see their friends and acquaintances within Haarlem more often than the ones outside Haarlem. This is usually because of physical distance. Most elderly are not able to drive to their friends and acquaintances throughout the country. Most friends and acquaintances are also old and they are not able to drive either. That is the reason why they see each other four times a year or less. Mr. G can drive, but experiences distances as a problem. He does not like to drive longer than half an hour. He has many friends throughout the country and visits them all a couple times a year, for instance his best friends in Brabant: *'My best friends live in Brabant. I see them three, maybe four times a year. They have a farm out there, and I go stay there for a couple days. We go out to dinner in Tilburg and walk through the forest together'* (Mr. G, 80). He really enjoys these visits and experiences emotional support in those moments but also when they talk on the phone. He, and other elder elderly with friends and acquaintances throughout the country, only

experiences emotional help from these friends. Practical support is not often offered because of the distance involved. That Mr. G still counts these friends as 'best friends' shows how important emotional support is.

The elderly lose many of their friends over the years. Mr. G, is no exception. He has been confronted with the death of many of his acquaintances and friends. Some elderly have lost all of them. This is very difficult. It reduces the amount of people surrounding the elderly in a very significant manner. *'I have friends in Castricum. They're married. Neither of them is doing well. It's to be expected. More and more people are either sick or dying. I really notice the difference. It's really sad'* (Mr. G,, 80). Losing friends greatly reduces the elder elderly's social network, which results in objective loneliness. In this case, objective loneliness is strongly related to feelings of subjective loneliness. The elder elderly really miss these contacts. Some of them think that their circle of friends is too limited. They miss the contact with their friends and acquaintances and miss their help and advice. Mr. D. has lost many of his good friends and acquaintances and misses them a lot: '*I don't have any more acquaintances. They've all died. … I don't have many people to rely on. No one. Those people in Utrecht have died as well*' (Mr. D, 82). Mr. D. demonstrates the close relationship between objective and subjective loneliness and that in cases like these, objective loneliness can lead to feelings of subjective loneliness.

The loss of many bridged relations is an important theme in the lives of elder elderly. However, elder elderly also develop new bridged relations. Many friendships and contacts within Haarlem came to be thanks to the activities that DOCK, churches and other organizations have set up in the past. Most new contacts are realized through these kinds of activities. The elder elderly who visit DOCK activities are very satisfied with them. Most of the elderly that go to DOCK activities frequent the community center at the Laan van Berlijn. The community center at the Laan van Berlijn is open every day. Residents can come to the center for a chat, a cup of coffee or a game of billiards. Each time I visited this centre, a few older men were there, playing billiards and having fun together. They told each other jokes and laughed a lot. These old men were not the only visitors of the center. At the bar, people often talked together and people gathered before the start of an activity. At the community center, I spoke with a woman who participated in the bridge club twice a week. She was very enthusiastic about the afternoons she spent playing bridge, drinking coffee and meeting other elderly. Every day various activities are organized within the community center. Examples of the activities that are organized for elderly are games, creative activities and social activities. Mr. N is one of the elderly that participates in DOCK activities. *'A lady just started cooking for us, she is a really good cook. And she did a kind of brunch on Christmas and hung up a sign in the building. Twenty-five people attended. And she also did a 'mash pot' buffet. And we went to a Queen's Day brunch, a week before Queen's Day. That was*

wonderful' (Mr N, 81). Or take Mr. D. He plays jass at the community center. *'I go there to play jass every week. It's almost all women, though. Only four men, the rest are women. It's a lot of fun'* (Mr. D, 82). The people who partake in the activities of DOCK are all satisfied about it. The elderly enjoy meeting other people in a relaxed environment. Some elderly do not meet many people during the week. A DOCK activity is the perfect place to meet others and have a chat. People who live alone and miss being around people especially visit activities of DOCK to experience conviviality. They explicitly list this as a reason for visiting (DOCK) activities.

Physical activities are also popular, like tennis, swimming or gymnastics. Many elderly meet each other at the various gym classes held in the neighborhood. Some are organized by welfare organizations while others are provided by physical therapists. The classes take place in the community center, gyms or old school buildings. *'The gym classes are meant to not only keep the elderly healthy and mobile, but also have a social function. They are very happy to see each other again and talk and talk'* (SW3). Elderly thus exercise to keep fit, but also to meet other people. They appreciate the contact exercise provides them with. Unfortunately, while participating in DOCK activities or exercise does prevent objective loneliness, it cannot always prevent subjective loneliness. This is demonstrated by the fact that all the participants who took part in DOCK activities had a large social network, usually because of these kinds of activities. However, despite this large social network, some elderly feel lonely. They enjoy the company of others during activities, but when they are home alone again, they experience feelings of loneliness. Thus, even though they are not objectively lonely, they do experience feelings of subjective loneliness.

The Ontmoetingskerk at the Frankrijklaan is another place where people like to meet. Every Sunday the Ontmoetingskerk holds a church service followed by the opportunity to drink a cup of coffee and meet other church members. Almost 300 people attend these services. One of them is Mr. K: *'We go to church every Sunday and catch up with other members afterwards. I often meet my friends from church on other days as well. They come to our house or we go to theirs. We enjoy a good relationship with the other members'* (Mr. K, 86). Thus, Mr. K meets friends at church but also at home. It is interesting to note that elderly who know each other from DOCK activities do not usually meet each other at home. They only meet at DOCK, while church members (both from the Ontmoetingskerk and other churches) visit with their friends at church and at home. It seems to be the case that contacts made at DOCK are more defined as acquaintances, while some acquaintances of the church do become friends, most likely due to the emotional nature of religious meetings. As a result, the type of support the elderly experiences differs. Elder elderly who visit DOCK activities usually experience social support, while elder elderly who visit church services and activities experience social support as well as practical and emotional support. The friendships that

arise at church are comparable with friendships that arise during informal, privately-organized activities, such as bridge clubs and creative clubs. Ms. V.'s relationships fit this bill. Ms. V. is a very active lady who visits different clubs and exercises a lot. About fifteen years ago she started making greeting cards at a lady's house. Some of the ladies she met there have now become good friends. '*The ladies I make greeting cards with are all local. I often run into them. Or they stop by or I go to their houses* (Ms. V., 85). What started out as a group of women indulging in the same hobby (card making) has led to a group of women also offering each other emotional help. It seems that friendships that arise in church and during informal, privately organized activities can prevent both objective and subjective loneliness. Elderly who have these kinds of friendships have a large social network and do not experience feelings of loneliness. Most likely, this is because both kinds of friendships (i.e. those that arise in church and from informal, privately-organized activities) are based on relationships with people that share values and interests. One goes to church together because of a shared faith, and another one participates in a privately organized activity not only because of a shared interest but also because of the connection felt by the participants. These shared values and interests allow people to not only spend time with each other but also to speak their minds and trust each other. This helps prevent objective and subjective loneliness.

Besides the activities mentioned above, people also meet at other places within Europawijk, for instance at the shopping center. The center also includes plenty of benches, especially suited for older people to sit down and rest. This is a place where many participants meet other people who live in Europawijk, for instance Mr. H. He was the chairman of the residents' committee for years and knows many people in the neighborhood, especially people that live in his apartment building. '*When we go to the shopping center, we always run into someone and talk. We see some people so often that you'd think there was nothing left to say. But there's always something left to talk about'* (Mr. H, 87). Other elderly enjoy going to the various parks within Europawijk. Some elderly go there for the silence and to enjoy the beautiful scenery, but others do go to the park to meet other people. The volunteer said that she leads a project in a small park near the Europaweg, the Heempark. The grounds of this park are maintained by a group of volunteers. They placed special, raised benches for the elderly to sit on. According to the active volunteer, the elderly enjoy coming to the park. '*The elderly often take a walk in the park. They know we work here on Wednesday and that makes it feel safe for them. Those volunteers wearing their t-shirts make them feel comfortable. They read a book or talk to each other, walk around a little'* (SW3). These informal meeting places can heighten the social lives of neighborhood residents. However, it does not effectively prevent loneliness. Contacts made in passing are usually based on earlier relationships. Also, the elderly that meet people in the shopping

center or the park usually already have a large(r) social network. Elderly with a small social network do not meet new people there.

Some of the elderly who are objectively lonely do not want to establish new social relationships. They are satisfied with the contacts they have. Others with a small network would like to have more contacts. They would like to join a club or activities, but they are not able to do so because of various problems. The elder elderly who would like to meet other elderly in clubs or at activities may have health problems that prohibit them from going. Examples of this kind of elderly are Mr. W. and Ms. T. Mr. W. has very serious hearing problems. This very much hampers him in his social life. He does not participate in group activities, even though he would like to do so. *'I don't meet very many new people. That has to do with my hearing problems. It's hard to meet people. It's hard to talk to them. It kind of makes me an invalid … I would like to play bridge, but my hearing limits me in that as well'* (Mr. W, 82). Ms. T. also lives alone and has walking problems. *'I don't walk very well anymore. I can't go all the way to the shopping center. … I don't go to the activities [organized by DOCK]. I always have to be picked up and dropped off, you know. One of my kids has to accompany me and that's hard to arrange'* (Ms. T, 89). Ms. T.'s problems do not only make it hard to go out, but also to receive people at home. Ms. V. experiences that as well. Every week, Ms. V. used to receive people to play bridge at her house, but it is now too exhausting for her to serve the visitors. *'It's hard to receive people at home. You do have to serve them food and drink and take care of them and that is hard. And it's usually at night, when I'm not at my best anyway'* (Ms. V., 91). Ms. V. is not the only person who is too tired to be active in the evening. Other elderly also prefer meetings and activities to happen during the day. The volunteer also experienced this. During the interview she told me that activities held in the evening are less well visited, because the elderly do not have the energy to go out at night. As a result of these walking, hearing and energy problems, some elder elderly are not able to maintain the relationships they had or form new ones. This means that their social networks become smaller and they are more likely to become objectively lonely.

The elderly sometimes maintain relationships through the Internet. This is true for bonding as well as bridging relationships. Many elderly have participated in computer courses and learned how to use the Internet. They use the computer to make appointments with friends, play games and Skype with friends. The Ankaraplantsoen residents' committee has a website listing events but also birthdays. The birthday list ensures much contact between residents, because they send each other cards or visit their neighbors on their birthday. One participant meets many people via email. He started up a kind of helpdesk for people who have questions about their plants. '*I now have more than a hundred people emailing me regularly with problems regarding their plants. … So I interact with people on the computer'* (Mr. N., 81). A woman has made some new contacts through games on the Internet. She

really likes to play games on the computer. This demonstrates that the Internet can be a way for the elderly to keep in touch with neighbors, friends and acquaintances, but also to meet new people. In this manner the contact via the Internet influences the objective loneliness of the elder elderly. However, using the Internet cannot usually prevent subjective loneliness. It is a nice way to stay in contact with others, but it does not fill the void elderly experience when they experience loneliness.

In conclusion, bridging relations have a large influence on the loneliness of elder elderly. The elderly who have a small social network, the ones who are objectively lonely, do have less bridging relations. They have at most superficial contact with their neighbors and they do not participate in clubs or other activities. The only bridging relationships that objective lonely people sometimes have are with a few friends. The elder elderly who have a large social network always have good relationships with their neighbors. This often results in the absence of subjective loneliness, especially when an elderly person participates in an active residents' committee. The elderly who participate in these kinds of committees experience practical, emotional and social support from their neighbors. Besides neighbors, friends and acquaintances are important with regard to loneliness of the elder elderly. The elderly have more face-to-face contact with friends and acquaintances living in Haarlem than with those living outside Haarlem. The distance is an important factor in influencing the amount of contact. Many elderly are no longer able to drive long distances as a result of their ageing problems. Another ageing consequence is the loss of many friends. Many friends of the elderly die, reducing the size of the elder elderly's social network. This increases the chance of objective and subjective loneliness. The emotional support that the elderly experience through the contact with friends can prevent feelings of loneliness. At activities organized by DOCK, churches, sport clubs and other organizations the elderly can meet new bridging contacts. These contacts can prevent objective loneliness, but do not always prevent subjective loneliness. Contacts which arise during church meetings and during informal, privately organized activities carry a higher chance of preventing subjective loneliness.

This section showed that actual social capital may, in some situations, prevent objective and subjective loneliness among the elder elderly. However, actual social capital is not the only capital to influence the type of loneliness the elder elderly may suffer from. In the next section, I will describe the virtual social capital of the elder elderly in the neighborhood and how that influences the type of loneliness of the elderly.

4.3 Loneliness and virtual social capital

With regard to loneliness, virtual social capital is also important. The virtual social capital of the elder elderly consists of the opportunities they have to obtain social capital in the future. Within this definition, four concepts are important, namely values, solidarity, trust and

reciprocity. In this chapter, I will discuss what the elder elderly think about their virtual social capital in the neighborhood and how this is related to the type of loneliness the elder elderly experiences (objective and/or subjective loneliness). This section is divided into four parts: values, solidarity, trust and reciprocity and their relation to loneliness.

4.3.1 Values

As mentioned in the theoretical explanation, values are the moral norms that motivate givers to donate their resources and receivers to accept the donation. An important condition that motivates elder elderly to donate and receive resources is the intensity of the relationships with their neighbors. Some elderly only know their neighbors by sight. At most, they greet their neighbors in passing and engage in small talk. Mr. B., for example, lives alone in an apartment and does not know his neighbors very well. *'My relationship with the neighbors is superficial. You say hello, talk about the weather. But that's all'* (Mr. B, 89). People like Mr. B do not often ask their neighbors for help and do not help their neighbors when they have problems. That means that these neighbors do not exchange resources. Other elder elderly do exchange resource with their neighbors. They know their neighbors well and visit and help each other. When elderly have a good relationship with their neighbors, they help each other as much as possible. It's seen as normal, just something one does. Of course you help your neighbors when they need it. They would do the same for you. Most elderly feel this help should be spontaneous. Mr. N has such a relationship with his neighbors. They all help each other when necessary. *'If someone calls, that's what I do. Those are the good relationships you have. It's mutual. Everyone helps each other. … One good turn deserves another. That's just how it is. If someone asks for help, we help them'* (Mr. N, 81). Many elderly think the same way. They enjoy helping their neighbors and their neighbors enjoy helping them.

Most participants have lived in their houses for a long time. '*I live on the Duitslandlaan. I've lived there for almost fifty years now, we started out there, with four kids'* (Ms. M, 84). The elderly who have lived in their houses for long periods of time said that they used to know everyone on the block. Children played an important role, because neighbors met each other through the children. *'When we came here, everyone was new. And everyone had kids, so we all babysat for each other. That's what you did back then'* (Ms. V, 85). Previously, people introduced themselves when they were the new people on the street or in the apartment building. Nowadays, new people do not always introduce themselves. The participants find this annoying. They would like to know who their neighbors are. In a few cases, new neighbors visited the elderly to introduce themselves. Some new neighbors gave a housewarming party. The elderly really appreciate that. When they know their neighbors they are more likely to ask for as well as to offer help. When neighbors do not introduce themselves, the elder elderly are not likely to offer them help or ask for help themselves.

Thus, many elder elderly appreciate it when they know their neighbors. They think that neighbors should always help each other when it is possible. Many elder elderly are also convinced that people always should help elderly, because elderly have done a lot for society. They worked their all lives and took care of others. Now it is their turn to receive something in return. They also feel it is important to help other elderly. The elder elderly who have a good relationship with their neighbors and help each other have a larger network and are less often subjectively lonely than those who do not have good relationships with their neighbors.

4.3.2 Solidarity

Solidarity is constituted by the bonds people have through group membership. Most elderly do not experience solidarity in their neighborhood, for instance Ms. T: *'Nobody interacts with other people, everyone just takes care of themselves'* (Ms, T, 89). Not all elderly have the same experience as Ms. T. Often the relationship with one or two neighbors is good, but there is no real solidarity between neighbors as a group, i.e. neighbors do not keep in touch or regularly help each other out. Some of the participants do not feel the need for solidarity with their neighbors. *'I don't think you need to fix that, because no one really wants it. I don't, and I don't think others do'* (Mr. S, 81). They find the relationships they have with their neighbors to be sufficient.

The elderly give a number of reasons for the absence of solidarity. One reason is that neighbors no longer know each other. They do not introduce themselves and people move often. *'They come and then you see a lot of rubbish outside. That means they're leaving. They often leave before we've even really met them. We usually don't meet the new neighbors either.'* (Ms. D, 83). According to the participants, these new neighbors are often young(er). These younger people work all day and have their own lives, which makes it more difficult for the elderly to meet them. Another reason is the diversity of ethnicities in the neighborhood. Most elderly find it hard to come into contact with Turkish and Moroccan people. They have the feeling that these people are more focused on their own group. This may have a basis in fact, as Turkish and Moroccan elderly do not often visit activities organized by third parties such as DOCK. In the neighborhood itself, this distance is demonstrated in the following manner. *'The Turkish people, I don't often meet them. They're very nice. They say hi and wave, but I don't visit their homes. They do a lot of things together. That's normal. … They don't really need us because they have each other. They're really nice people'* (Ms. M, 84). Elderly like Ms. M. usually don't feel the need to develop relationships with their ethnic neighbors. They're occupied with their own lives or do not really want too much contact with the neighbors anyway. Some elderly experience disagreement in their neighborhood between the different ethnicities. *'Because, for instance,*

the neighbors on this side don't want anything to do with Turks' (Mr. S, 81). The participants of this study do not speak of having any problems with their ethnic neighbors, but do not have close relationships with them.

At Ankaraplantsoen and in one other apartment building, the elderly do experience solidarity. As mentioned before, Ankaraplantsoen has a very active residents' committee and many activities are organized. This results in most neighbors having good relationships. Neighbors help each other and often visit with each other. They talk a lot, during activities but also when they meet each other in the corridor or in the shopping center. *'Sure, we have a good time as a group. We meet a lot, especially the people that have lived here for so long. They know all the people and know whom to ask for help'* (Mr. K, 86). Also Ms. T has had positive experiences with regard to her neighbors. She experience solidarity with many of her neighbors. *'I think it's partly because they hold a barbecue here every year and also celebrate the new year'* (Ms. T, 85). These activities allow solidarity to flourish. The solidarity in the apartment building has a positive effect on the loneliness among elder elderly living in the building. Elderly who experience solidarity in their neighborhood have often a large social network and do not experience feelings of loneliness. The reverse is also true: elderly who are objectively lonely do not experience solidarity. This also influences their feelings of loneliness.

4.3.3 Reciprocity

Reciprocity exists when a giver expects something back of the same proportion as the given resource and the receiver experiences the pressure to give something back to the giver. The elder elderly do not really experience reciprocity. When they receive help, they do not feel the pressure to give something back to the giver. The giver also does not expect anything back. Many elderly make use of their neighbors, for instance Ms. B., *'My husband died in December. Being alone is hard. Not that people don't try to help you. If they see you need help, they'll help'* (Ms, B, 84). Ms. B received a lot of help from her neighbors after the death of her husband. While neighbors can also make use of the resources the elderly can give them, this is a less frequent occurrence. Neighbors assist the elderly with many different things: driving them to the grocery store or hospital, getting groceries, visiting them and talking for a while, cleaning up the garbage, mowing the lawn, taking care of the house, the plants and the mail when the elderly are on holiday, administering eye drops, holding on to a spare house key etc. Most participants think it is normal to do something for a neighbor. They often help their neighbors with the same things mentioned above. *'Every now and then, I help an older woman. She isn't very mobile and I help her with heavy groceries. That just happened one day when I saw her struggling on the street'* (Mr. W, 82). Since Mr. W helped this lady once, she calls him when she needs his help. Some elderly also assist their

neighbors with laundry, preparing a meal, taking care of their neighbors' mail packages and borrowing food from each other. Elderly do not expect anything in return for their help, *'When I took her to the hospital he gave me a bottle of wine. I told him, 'We don't need that. It's what neighbors do.' We've been through that before, when we took other neighbors along for a drive. They wanted to give us a bottle of wine, as well. I don't think that's necessary. I really don't think so'* (Mr. S, 80). Younger neighbors also refuse gifts. *'She [the female neighbor] had gone with me to the hospital. She didn't want anything in return. She said that was ridiculous since she had offered. She said, if we don't help each other, the world will end'* (Ms. B, 84). Yet, it is often valued when an elderly or a neighbor gives a small gift as a token of appreciation. In that case, most participants would accept such small gifts.

A few elderly do not receive assistance from their neighbors nor give them any. Two men said that none of the neighbors know each other very well, so they do not know what they might do for each other. One man only accepts packages from the mailman for his neighbors. Other than that, he does not know his neighbors very well. Other elderly do not need any help from their neighbors. Some of them do not need any help at all, while others get enough help from their family or ask volunteer services instead. When asked if she went to her neighbors for help, Ms. V answered, '*I don't have to. I usually call volunteer services if I need help. We use them if we need to go somewhere, like to the doctor. ... I wouldn't know whom to ask. It's not as close-knit here as it was on the Ruslandstraat. I knew a lot of people there. Then I asked. Now I hardly know the neighbors'* (Ms. V, 91). Ms. V pays the volunteers a small amount for services rendered. A few participants do receive help from their neighbors, but cannot do much in return, because of their poor mobility and health problems. They thank their neighbors with flowers, chocolate and kindness and show their appreciation that way instead of with practical help.

In conclusion, reciprocity is not necessary for creating close and helpful neighbor relationships. Neighbors who have good relationships help each other without expectations of reciprocity. They help each other because they think that neighbors should do so. The idea that elderly are lonely because they do not have enough resources to give something back to their neighbors does not hold true. It is not reciprocity but the degree of contact that is leading for the amount of resources the elder elderly receive.

4.3.4 Trust

Enforceable trust is the knowledge that people will make resources available because of the power of community. All participants would trust their neighbors when necessary. If they had a problem and no one else could help them, they would ask their neighbors for help and they are confident that they would be helped, for instance Mr. W: *'I generally think everyone is nice. And if I had an emergency that my girlfriend can't help me with, I could go to them'* (Mr.

W, 82). Mr. W once had a problem with his phones and the Internet. Nothing worked anymore. He then went to his neighbors, even though he usually does not see them. They helped him get back online. Many other elder elderly can always ask their neighbors for help. They fully trust their neighbors. *'You can rely on each other if you need to'* (Mr. G, 80). They have experienced in the past that their neighbors will help them if they need assistance. *'And that's been my experience. If there are problems, everyone will do their part'* (Mr. S, 80). Mr. S and the other participants can rely on the enforceable trust they have with their neighbors. The neighbors will help them when they need it, because they are neighbors and neighbors help each other when it is necessary. However, a few participants felt that there were limits. They do not expect their neighbors to help them when they are really sick or cannot cook their own meals anymore, for instance. In such cases, they would not rely on the goodness of their neighbors. They would have to search for other forms of help in that case*: 'If I get really, really sick, I'd need to make other arrangements. But that's to be expected'* (Mr. G, 80). And Ms. V said: '*If I need help, there are institutions that can help. I wouldn't really accept food from other people'* (Ms. V, 85).

Some elderly do not only trust their neighbors for help, but also for their safety. They trust that their neighbors would help them if something bad happened and that they would not steal from them if they forgot to lock the door. *'If I left my door unlocked, I don't think they'd come in'* (Mr. W, 82). One woman only trusts the neighbor who regularly helps her. '*If I wanted to, I could give him my bank card for groceries. He's such a good person* (Ms. T, 89). She does not trust her other neighbors. When she is home alone, she closes all the windows and doors, because she is afraid that something bad could happen. Many other participants are also afraid in the neighborhood, especially in the evening and night. They do not go out in the evening. *´Yes, that's kind of dangerous these days. Especially if you're alone, you shouldn't go out after eight o'clock at night. Well, except for in the summer. I mean, maybe nothing would happen, but you shouldn't go looking for trouble. They'll rob you everywhere. They'll beat you up'* (Mr. K, 86). They do not trust the younger people in the neighborhood. They are afraid of the neighborhood youth hanging out in groups and they therefore try to avoid passing them on the street.

It seems that the trust in the neighborhood does not influence the type of loneliness the elder elderly might experience. Almost all elderly trust their neighbors to some extent, both the ones who are lonely and the ones who are not.

In conclusion, elder elderly with a larger virtual social capital have less chance to become lonely than elder elderly who have less virtual social capital. The elderly that experience shared values and solidarity with their neighbors have a larger social network and are less often subjectively lonely than those who do not have good relationships with their neighbors.

These good relationships also influence the amount of resources the elder elderly receive. Not the amount of resources of the elder elderly is leading but the degree of contact. Enforceable trust is less important with regard to loneliness than the other factors within virtual social capital. Almost all elderly trust their neighbors to some extent, both the ones who are lonely and the ones who are not.

4.4 Enlarging social capital

The section before demonstrated that loneliness is affected by the social capital elder elderly possess in the neighborhood. For that reason, it is important to know how the social capital of the elder elderly in their neighborhood can be enlarged. People with opportunities to collect more social capital in their neighborhood have less chance of becoming lonely. This again is the relevance of the second part of the research question, namely 'in which way can people in the neighborhood contribute to the enlargement of the social capital of elder elderly?' In this section, I will describe the ideas that the elder elderly as well as the professionals have about enlarging the social capital of elder elderly within the neighborhood. I will first do this with regard to actual social capital and follow it with ideas for enlarging virtual social capital.

4.4.1 Enlarging actual social capital

The elderly themselves thought of several possibilities to enlarge their actual social capital. The most-heard advice was to go to DOCK activities or other activities in the neighborhood. As mentioned before, DOCK organizes many activities for the elderly. Participants that want more social contacts can take part in these activities to meet new people. *'Firstly, you should participate in a choir or a billiards club or some other club, you should sign up for that to meet other people. You have to, or you'll be lonely'* (Mr. K, 86). If people do not know how to get there or what kinds of activities are organized in Europawijk, they can go to Loket Haarlem. There, various advisors can help the elderly with their questions. According to the active volunteer I interviewed, nowadays more and more general practitioners send their elderly patients to these advisors as well, or directly to DOCK or gym clubs, to help them meet new people. *'I have to say that general practitioners are getting in touch with us now. Sometimes they refer a diabetes patient or a lonely person. … So that's starting to work out, that general practitioners get in touch with us, with clubs'* (SW 3). Besides joining clubs, contacts may also be obtained through the Internet. Mr. N. met many new people through email and Ms. V. often plays games on the computer with people. Unfortunately, these Internet contacts cannot prevent feelings of loneliness, but it can be a way to enlarge a social network.

Some elderly would like to go to activities in the neighborhood to meet other elderly, but cannot go there because of mobility or/and health problems. For people with mobility

problems, a taxicab or another manner of transportation to and from an activity would be a solution. For people with hearing problems and for people who are hesitant to participate in a large group, individual contact can be a good solution. People with hearing problems cannot easily participate in group conversations. They require conversations on an individual basis. For people who are afraid to participate in a large group, individual contact can be a stepping-stone to participation in a group later on if desired. For both groups, buddy projects can be a good alternative to group activities. However, the elderly are often not familiar with these kinds of projects, so they do not register for them. Another way to get hold of new individual contacts is by regularly getting in touch with a neighbor. Mr. N. and Mr. K. have the following to say about that, *'I would knock on someone's door. Of course they know who I am. And then I'd ask them if they wanted to come over for coffee. That would work'* (Mr. N., 81) and *'That you'd tell the people you know that that woman would like to meet new people. Let's take her out in her wheelchair, go around the block. That you do it together'* (Mr. K., 86). In this way, neighbors can contribute to the enlargement of the social network of elder elderly together.

Some elderly are happy with the (few) contacts they have. They do not want new contacts. *'I'm kind of a loner. I like to read my paper and my book. They don't have to talk at me all day. … I like my quiet'* (Mr. B, 89). Others do not want any fixed appointments. They are happy that they have the freedom to do what they want. They have had to do their duty their whole lives, and they can finally make their own decisions. *'You've had to do this and that your whole life. And now you don't have to, so you want to be yourself. … I like being alone, now that I'm older and don't have to, have, have to, anymore'* (Ms. D, 83). According to most participants, the elderly can choose how many contacts they want to have. If elderly are not happy with the people they know, it is their own fault. Most participants think that Europawijk has enough possibilities to meet other elderly. '*It's your own fault. You have to go out there and do it yourself. Nothing happens if you stay home. There's so much to do in Europawijk.'* (Mr G, 80). According to Mr. G, it is easy enough to keep in touch with other people. All you have to do is be interested in people and activities. Other elderly think this as well. They say that enough activities are organized and that it is the responsibility of the elderly to participate. A few participants with a larger social network feel that elder elderly with a small social network just need to open up in order to enlarge their network.

4.4.2 Enlarging virtual social capital
The elderly find it hard to formulate new ideas about enlarging the knowledge about values in the neighborhood, but they gave some examples of existing solutions. At Ankaraplantsoen, for example, a booklet is handed out to new residents. The shared values at Ankaraplantsoen are mentioned in this booklet, so new neighbors know what others will

expect from them. *'See, we made a booklet for the residents, to tell them the rules we like to have here'* (Mr. H, 87). At Ankaraplantsoen, but also in other apartment buildings, a notice board is positioned at the entrance. On this board, the residents' committee or the owner association can make announcements about shared values. The residents' committees or housing associations also mediate arguments. When people have different values and have an argument as a result, these committees and associations can help neighbors find a solution for their problems. Ms. B. told me about a fight with her new neighbor*: 'She was looking for a fight. It was a strange introduction. We usually don't treat each other that way. ... And it only got worse. We wrote a letter to the housing association and they came here'* (Ms. B, 84). The neighbors reconciled with a little help from the housing association and the shared values of the Ankaraplantsoen were restored.

The participants have more to say about enlarging solidarity within the neighborhood. Most of the elderly think that it is quite hard to enlarge solidarity. They think that most neighbors would not be interested in more contact with other neighbors. Mr. G. has experienced this in his own apartment building: '*They wanted to organize a barbecue to get to know each other, but a lot of people didn't want to go. It was too much. People aren't interested in that.'* (Mr. G, 80*).* Other elderly also think that their neighbors do not really want to get to know each other. They especially think that their younger neighbors are too busy with their own lives. Others think that it is too difficult to enlarge solidarity because the residents move so frequently and the neighbors change so fast. '*It's too hard to encourage, because there's so much turnover. So you have new people so often, different people'* (Ms. M, 84).

If neighbors are interested in enlarging solidarity, they need a few people to take the lead in organizing something. Without initiators, nothing happens. *'We just need a few people willing to organize something. To want to connect people, to organize activities. Someone needs to lead the way'* (Mr. H, 87). The leaders can develop different kinds of activities to enlarge solidarity, for instance a barbecue or a trip somewhere. Some elderly said that they do not organize activities themselves. They are not the kind of people who take the lead. But when there are scheduled activities, they enjoy joining in. *'I don't really go into other people's houses. I got in here, and that went well. But that's because of other people's initiatives, because I wouldn't do that'* (Ms. O, 83). At Ankaraplantsoen, the residents' committee welcomes new residents with flowers and an activity booklet. According to the residents of Ankaraplantsoen, this enlarges solidarity within the apartment building. *'New people are always made welcome with flowers. When they've settled in, we take them flowers and a booklet'* (Mr. H, 87). A woman tries to enlarge solidarity by being friendly and nice to her neighbors. According to her, solidarity starts with the kindness of a single person. Her motto is: *'Give light, by being the light'* (Ms. T, 85).

As mentioned before, the elderly do not rely on reciprocity. They do not expect anything back when they share their resources and they do not feel required to give resources back in exchange for resources they have received. It is not a problem that the elderly have fewer resources to share with their neighbors. Some elderly are still healthy and can give help in return for the help they get from their neighbors. They can drive their neighbors, help them with groceries and take them on a trip. Others are not healthy anymore and/or have poor mobility. For them it is hard to do anything back. Nevertheless, there are things they can do in return for help, both material and immaterial things. Examples of material things are: money, flowers, bottle of wine, chocolate, a trip or holiday and cards. But most elderly have a preference for immaterial things: genuine interest, attention, a phone call or some small talk. '*They can always repay us by calling us and asking how we're doing. Or inviting us in for coffee. You can always be interested in other people. You can pick up the phone. You can always do that*' (Mr. G, 80). Thus, according to the participants, elder elderly have enough resources to share with their neighbors.

In contrast to solidarity and reciprocity, the elderly do not have many ideas about how to enlarge trust within the neighborhood beyond the trust often felt for neighbors. The elderly do not always feel safe in the neighborhood, especially after dark. For that reason, people do not go out in the evening. Arranged transportation can be a solution to this problem. If transportation is offered for activities, people are more likely to go out in the evening. Another solution for insecure feelings is activities held for the youth and elderly together. While the elderly are afraid of groups made up out of young people, getting to know these youths will probably make them less afraid. '*I often hear that the elderly are afraid of groups in the Italiëlaan. But youth workers could do something about that. Go visit the elderly, or invite them to an activity. If you know the youngsters' faces, you're less likely to be afraid [as an older person]*' (SW 1).

The last part of this chapter described how the actual and virtual social capital of the elder elderly in the neighborhood can be enlarged, with the goal to prevent loneliness among elder elderly in the future. In the next chapter, I will draw conclusions based on the results described in this chapter.

5. Conclusion

A theoretical exploration about social capital, loneliness, elder elderly and the neighborhood was placed at the start of this study. The exploration showed that elder elderly are likely to become lonely as a result of a loss or absence of bridging social capital. A way to avoid this loneliness is to build social capital in the neighborhood. In this research, I studied if loneliness is really influenced by the social capital elder elderly own and if so, to what extent the type of loneliness is influenced by the social capital of the elder elderly in their neighborhood. Lastly, I studied how people in the neighborhood can contribute to the enlargement of social capital of elder elderly. I collected data with the following research question as guidance: **To what extent is the type of loneliness among elder elderly affected by the social capital they possess in their neighborhood and in which way can people in the neighborhood contribute to the enlargement of the social capital of elder elderly?** The research was conducted in Europawijk, a neighborhood in Haarlem. A total of twenty participants were interviewed: seventeen elder elderly and three social work professionals who work within Europawijk.

In this chapter, the research question will be answered and reflected on with regards to the theoretical background. Possible shortcomings of the study will be dealt with in section 5.3. Lastly, I will give some suggestions for further research and recommendations for the organizations that participate in Europawijk.

5.1 Conclusion

Firstly, I will give an answer to the first part of the research question. The four types of loneliness play an important role in this regard. These four types are: socially empowered people, people with poor contacts, lonely people and socially isolated people. Socially empowered people and lonely people have both a large social network. Their actual social capital in the neighborhood is large. They know many people in the neighborhood and experience practical, emotional and social support from their neighbors. Their virtual social capital is also large. People with a large network trust their neighbors and give help to and receive help from their neighbors. Most of the socially empowered elderly also experience solidarity in their neighborhood, while the ones who are lonely do not experience this solidarity. Another difference between the socially empowered and lonely people is their marital status. The elder elderly who are not objectively or subjectively lonely all have a healthy partner, while the lonely elderly do not have a partner or have lost that partner. For those reasons, the group of socially empowered people has more actual and virtual social capital in the neighborhood than the lonely elder elderly.

People with poor contacts and socially isolated people have small social networks. Their actual social capital within the neighborhood is small. The contacts they have are almost all situated outside the neighborhood and usually consist of family members and some friends. As a rule, they do not interact with their neighbors much and they do not meet other people at clubs, churches or other organizations. Also, on average, their virtual social capital is less than the virtual social capital of people who are not objectively lonely. People with poor contacts and socially isolated elderly do not experience solidarity in the neighborhood. They also receive less support from and give less support to their neighbors than people with a large social network. They also rely less on their neighbors for help. This results in less virtual social capital than people with a large social network. The difference between people with poor contacts and socially isolated people can be said to be their marital status. The socially isolated elderly live without a (healthy) partner. They are widowed, live without their partner or have a partner who is very ill. This has great influence on feelings of loneliness. People with poor contacts generally do have a healthy partner.

Overall, objective loneliness is strongly related to the social capital elder elderly possess in their neighborhood. People with a large network have more actual and virtual social capital in their neighborhood than elder elderly who are objectively lonely. An important factor in influencing the objective loneliness of elder elderly is their health and mobility. Elder elderly who are healthy and are still capable of cycling and/or driving to destinations are less often objectively lonely than the ones who have health problems or cannot cycle and/or drive. Health and mobility problems influence subjective loneliness as well as objective loneliness. Some elder elderly who have health or mobility problems actively miss the meetings with family members and friends. This can result in feelings of loneliness. Besides health and mobility problems, losing family members and friends to death can lead to subjective loneliness. Elder elderly miss the support of their dead family members and friends. However, subjective loneliness is especially related to the marital status of the elder elderly. Almost all elder elderly that do not experience feelings of loneliness are married to a healthy partner. The elderly who are subjectively lonely lack a healthy partner at home. They are widowed, live without their partner or have a very ill partner. This makes them feel lonely. Thus, the types of loneliness are partially affected by the social capital elder elderly possess in their neighborhood, but are also influenced by other factors, namely health and mobility problems, the loss of family members and friends and the absence of a (healthy) partner.

The second part of the research question was 'in which way can people in the neighborhood contribute to the enlargement of the social capital of elder elderly?' Although social capital is not the only influence on loneliness, it is important in this regard because it is the most malleable. It is possible for elder elderly to enlarge actual social capital within their neighborhood. Elderly can participate in many different activities in the neighborhood and

gain new social contacts in that manner. Although transportation problems can arise for the less mobile elderly, solutions such as having neighbors carpool or organizing parties providing transportation can offer a way around these problems, allowing the elderly to benefit from new activities, new social contacts and thus increasing social capital. Another way to enlarge the actual social capital of elderly is to pay more attention to personal contacts. Some elderly prefer individual contact to group activities because of health problems or introverted characters. While organizations can play an important role in this through offering more individual activities such as so-called buddy projects, neighbors are crucial in this regard. The elderly would like to have more personal relationships with their neighbors. This can be achieved by having new residents introduce themselves. It is a very simple act that leads not only to appreciation on the behalf on the elderly but also to more virtual social capital and more solidarity in the neighborhood. Similar acts to enlarge virtual social capital are formally organized meetings held a few times a year with the explicit function of meeting as a neighborhood or the simple act of welcoming new neighbors with flowers and setting the first step in making them feel a part of the neighborhood. However, for these kinds of activities, an initiator or two is needed in every street or apartment building. Organizations working with the elderly can help with developing activities. One last influencing factor on social capital within a neighborhood is knowledge about values and rules shared by residents. Within apartment buildings, it can be a solution to provide booklets outlining rules and regulations or a notice board on which residents can communicate. Elder elderly do not always feel that the younger generation (especially the teenage youth) share their values and can be afraid of the neighborhood youth for that reason, especially after dark. Organizing activities for both elderly and young people can help in that regard, as getting to know each other almost always leads to more trust in one another.

5.2 Reflection on the theory

In this section, I will reflect on the theory explored in chapter two, keeping the conclusions above in mind. In chapter two, it became clear that Putnam (2000) specifically focuses on the collective aspect of social capital. He argues that social capital refers to the collective value of all social networks and the inclinations that arise from these networks for mutually beneficial acts. Bourdieu (1986), however, instead of focusing on the collective aspect of social capital, focuses rather on the advantage of social capital for an individual. He emphasizes that social capital is not based on a social network itself, but on the resources that connect individuals of a network (Halpern, 2005). This study has shown that both conceptions are important in approaching the relationship between loneliness and social capital. It is not only structural social capital that is important, but also cognitive social capital (Grootaert & Van Bastelaer, 2001). Elderly might have a large social network, but virtual

social capital is essential in maintaining that network and building a new one if the need arises. Furthermore, Bourdieu's focus on individual social capital completes the picture drawn by Putnam, who focuses more on collective social capital. Because elder elderly so often rely on the resources of the collective and not the individual, Putnam's contribution is essential to this project. Because both approaches to social capital work interdependently, neither Bourdieu's nor Putnam's conceptualization of social capital can be solely used.

According to De Jong Gierveld & Van Tilburg (2007), loneliness can be caused by the absence or loss of a spouse and/or (sexual) partner, the absence of friends, neighbors and/or acquaintances, the absence of social participation, moving to another environment, unemployment and being homebound because of health problems. The results of this study demonstrates that several of these factors are an influence on loneliness, while others, like unemployment and moving to another environment, are of less consequence. The absence or loss of a spouse, the absence of friends, neighbors and/or acquaintances, the absence of social participation and being homebound because of health problems do influence loneliness among elder elderly. In most cases, they influence both the objective and subjective loneliness. The first cause, the absence or loss of a spouse and/or (sexual partner), is especially of influence on subjective loneliness. Elderly who do have a partner are less likely to become subjectively lonely than the elderly who do not have a partner. Not only the partner itself is important but also the partner's health and living situation. Elderly who live with a healthy partner are less often subjectively lonely than elderly with an ill partner or with a partner who lives somewhere else.

The other causes influence both objective and subjective loneliness. The absence of friends, neighbors and/or acquaintances and the absence of social participation obviously do influence the objective loneliness of elder elderly because they influence the size of the network of the elderly. People who do not participate in social activities are at great risk to become objectively lonely. However, these absences can also influence the subjective loneliness among elderly as a lack of support is experienced. The last cause, being homebound, can also lead to objective and subjective loneliness. However, the loneliness of an elder elderly is not only caused by individual health problems and the own homebound situation, but may also be caused by the health problems and homebound situation of a partner, family members, friends and acquaintances. How this influences the objective and subjective loneliness of elderly is explained below.

While De Jong Gierveld & Van Tilburg argue that objective and subjective loneliness is also influenced by unemployment and moving to a different environment, this is not demonstrated by the results of this study. There are several reasons for this. Unemployment is no longer a relevant concern in the lives of the elder elderly as they have retired years before and often enjoy the freedom that not having a job brings them. While moving plausibly

influences objective and subjective loneliness, it is not a relevant concern in this study because the elder elderly have usually lived in the same residence for a decade or more. Lastly, while De Jong Gierveld & Van Tilburg do argue that individual health problems and/or being homebound influence loneliness, they fail to take into account that it is equally as important whether (older) family members, acquaintances and friends remain mobile and healthy.

Van Tilburg (2005) argues that bonding relations with family members do not change much during ageing, while bridging relations with neighbors, acquaintances and friends come under pressure when people become elderly. This study shows that bonding relations with family members do come under pressure, similar to the bridging relationships with friends and acquaintances. Most family members, friends and acquaintances also become older and experience health and mobility problems. This results in a decrease of face-to-face contact and a decrease of intensive relationships. Elder elderly also have to deal with the loss of many people around them. Older family members, friends and acquaintances may pass away, which results in a decline of the amount of social contacts people have. These relationships can be both bridging and bonding in nature. The loss of relationships with bridging and bonding contacts can also lead to subjective loneliness. Elderly sometimes miss the contact, visits and conviviality of their erstwhile relationships. Thus, Van Tilburg is right when he argues that bridging relations come under pressure when people become elderly, but bonding relationships with family members also change a lot.

5.3 Reflection on the shortcomings of this study

This study has different shortcomings that may have influenced the results. In this section, I will discuss the shortcomings with regard to representativeness, generalization, validity and reliability.

Representativeness and generalization are close related to each other. Research is deemed representative when the features of the population are reflected in the research. Generalization, then, is the ability to apply the conclusions of a particular research to other settings ('t Hart et al, 1998). The results of a study are generalizable when they represent the whole research population. In this case, the study was conducted among seventeen participants. While some conclusions are applicable in a broader setting, the limited amount of interviews means that the study cannot fully represent the features of the whole population. That also means that the conclusions cannot be completely generalized to other settings and it is not possible to draw conclusive general conclusions on loneliness among elder elderly as a whole and the effect of their local social capital on the type of loneliness. A larger group of participants would be needed, participants that are also more representative

of the population of elder elderly as a whole. For example, many ethnic elder elderly live within Europawijk, yet none of the elderly in this study has an immigrant background.

Another problem is self-selection. Returning to the ethnic elder elderly, although they were approached for this study, they declined to participate. This was not specific to ethnicity, however, as more than half of the elder elderly that were approached refused to participate, leading to a small selection and thus less representation as a whole. It is quite possible that the elderly that declined to participate have different stories to tell than the ones that accepted and thus were interviewed. It is possible that elder elderly declined to participate precisely because they were lonely. People who are lonely are less likely to participate in studies because it can be difficult to admit you are lonely. Loneliness is still a taboo subject in many regards. That can also be the reason that less elderly indicated in this study that they are lonely than the national average.

However, it is not the case that the results are not representative at all. An equal amount of male and female perspectives was included, as was a wide range of ages and marital statuses. The elderly lived in various circumstances, ranging from apartments meant for senior citizens to terraced houses among neighbors of varying ages. Although the names of participants were procured through the welfare organization DOCK, the representativeness is not compromised on that account because the lists themselves came from the municipal government and were not drawn up at activities.

Validity is the extent to which a study actually measures what it is intended to measure (Rossi *et al*, 2004). A factor crucial to validity is social desirability. That factor is important here because the study is centered around the sensitive topic of loneliness. For some people, loneliness may be a taboo subject. This can result in avoidant or social desirably answers and thus reduced validity. During the interviews, I tried to prevent avoidant or socially desirable answers by conducting the interviews at the homes of the elderly. Furthermore, participants were not directly quizzed about loneliness. The goal was to make the elder elderly feel comfortable in order to avoid desirable answers. Some participants felt comfortable enough to speak honestly and at length about their feelings, while others did not feel able to talk openly. Some even tried to change the subject. Social desirability is commonplace in studies such as these. In the next section, I will address this concern.

According to Rossi *et al* (2004) reliability is the extent to which a measure produces the same results when used repeatedly to measure the same thing. This study was conducted with semi-structured interviews. During these interviews, topics were covered in different sequences and introduced with different questions. The elderly and professionals were given the freedom to tell their own stories in the sequences they preferred. Of course, every interview covered the same topics, but with different introductions, examples and questions. If participants did not understand a question, I explained it in different ways and with different

examples. Furthermore, respondents interpreted the same questions in different ways. Although semi-structured interviews are especially suited for talking about sensitive issues, this does result in less reliability. Also, the central topic of loneliness may be interpreted in different ways by participants. Loneliness is a subjective concept and the interpretation of feelings of loneliness can differ per day or mood of the elderly. This, too, while common for studies on this subject, makes the results of the study less reliable.

5.4 Suggestions and recommendations

On basis of the shortcomings mentioned in the section before, I will give some suggestions for further research. Firstly, it would be useful to conduct research among a larger and more representative group of participants. This study was conducted among a small group that did not include ethnic elder elderly. Further research must include the group of ethnic elderly to gain a complete picture. That will also make the research more generalizable.

Secondly, to reach all elder elderly, both lonely and not, ethnic and non-ethnic, it is important to approach the elderly personally and not by phone or letter. Lonely and ethnic elderly can experience a barrier in answering the phone or opening a letter. By approaching the elderly in person and cultivating a personal relationship before engaging in research, the researcher has a greater chance of selecting a representative group of participants. Possible language or cultural barriers can be circumvented by the researcher integrating him or herself into more diverse situations and/or organizations, such as a mosque or cultural organization. I would argue against standardized anonymous questionnaires because face-to-face contact is essential in capturing the intricacies involved in (the absence of) social relationships. If the researcher has cultivated a personal relationship with the participant, the participant will likely be able to talk more openly about his or her feelings. Avoidant and social desirable answers will also decline, increasing the validity of the study.

I have two other suggestions for further research. Firstly, this study focuses specifically on the amount of social relations the elderly have. To get a better overview of social relations and which social relations are important, it is recommended to focus not only on the amount of social relations the elderly have, but also on the frequency and appreciation of these contacts. People with a small network may be in daily contact with the members in their network. They may value and appreciate these members in such a manner that their network is more useful to them than a large network perhaps consisting of unappreciated people would be. The second suggestion for further research is to study a neighborhood in which fewer activities are organized. Many organizations arrange for activities in Europawijk, which makes it easier for elderly to meet other people. It would be interesting to study a neighborhood with fewer activities and explore the relationship between loneliness and social capital there as it may differ significantly.

Besides the suggestions for further research, I will also give some practical recommendations. I will tailor these recommendations to DOCK because they are the largest welfare organization within Europawijk. DOCK does a very effective job in Europawijk. All the elderly that participate in their activities are satisfied with the organization. Others, while they do not participate, do know DOCK, mainly through their advertisements. But, as in every organization, there are also some recommendations to be made. These can improve DOCK and its work.

With regard to the actual social capital of elderly, I have two recommendations. Firstly, elderly would like to have more access to transportation. It would benefit people with mobility problems during the day and make it possible for elderly to go out at night. The second recommendation is that DOCK, while continuing their group activities, pays more attention to the needs of individual elderly. Some individuals cannot participate in group activities and they would like to have more opportunities for individual contact. The activities that DOCK offers in this regard are less well known among the elderly. DOCK needs to advertise these individual activities more widely.

I have also two recommendations with regard to the virtual social capital of elder elderly. Firstly, with regard to trust, DOCK can arrange activities for both young and elderly people. Elderly people are often afraid of younger people. When they get to know the youth, this fear will decrease and elderly would likely be less afraid when they pass on the street. This will increase the liveability of the neighborhood. Secondly, DOCK can support people in the neighborhood better by helping arrange activities in particular apartment buildings or streets. Sometimes the elderly or their neighbors have ideas about the possibilities for meetings and activities, but is hard for them to organize such activities. With the help of DOCK, more activities can be offered and the solidarity in the neighborhood can increase.

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7. Appendices

Appendix A: Topic list elderly

General
- Sex
- Age
- Marital status
- Living situation

Actual social capital
- Social relations within the neighborhood
  - Neighbors
  - Family
  - Friends
  - Acquaintances
- Social relations outside the neighborhood
  - Family
  - Friends
  - Acquaintances
- Meetings places within the neighborhood
  - Formal meetings places
  - Informal meeting places
- Meetings places outside the neighborhood
  - Formal meetings places
  - Informal meeting places

Virtual social capital
- Knowledge about values within the neighborhood
- Experiences with values within in the neighborhood
- Knowledge about solidarity within the neighborhood
- Sense of solidarity within the neighborhood
- Knowledge about reciprocity within the neighborhood
- Experiences with reciprocity within the neighborhood
- Knowledge about trust within the neighborhood
- Experiences about trust within the neighborhood

Enlarging social capital

- Ideas about the enlargement of the social network
- Ideas about the enlargement of knowledge about values within the neighborhood
- Ideas about the enlargement of solidarity within the neighborhood
- Ideas about which resources the elder elderly may offer their neighbors

Feelings of loneliness (see appendix C)

Appendix B: Topic list professionals

Actual social capital
- Social networks within the neighborhood
- Meeting places within the neighborhood
    o Formal meeting places
    o Informal meeting places

Virtual social capital
- Values within the neighborhood
- Solidarity within the neighborhood
- Reciprocity within the neighborhood
- Trust within the neighborhood

Enlarging social capital
- Ideas about the enlargement of the social network
- Ideas about the enlargement of knowledge about values within the neighborhood
- Ideas about the enlargement of solidarity within the neighborhood
- Ideas about which resources the elder elderly may offer their neighbors

Appendix C: Statements of the Loneliness scale

1. There is always someone I can talk to about my day-to-day problems.
2. I miss having a really close friend.
3. I experience a general sense of emptiness.
4. There are plenty of people I can lean on when I have problems.
5. I miss the pleasure of the company of others.
6. I find my circle of friends and acquaintances too limited.
7. There are many people I can trust completely.
8. There are enough people I feel close to.
9. I miss having people around me.
10. I often feel rejected.
11. I can call on my friends wherever I need them.

Appendix D: List of participants

Participants	Age	Marital status	Living situation
Mr. G	80	Single	Alone in an apartment
Mr. S	80	Married	With his wife in an apartment
Mr. N	81	Married	With his wife in an apartment
Mr. S	81	Widow	Alone in a terraced house
Mr. W	82	Relationship	Alone in an apartment
Mr. D	82	Widower	Alone in an apartment
Ms. O	83	Widow	Alone in an apartment
Ms. D	83	Widow	Alone in an apartment
Ms. B	84	Widow	Alone in an apartment
Ms. M	84	Widow	Alone in a terraced house
Ms. T	85	Widow	Alone in an apartment
Ms. V	85	Widow	Alone in a terraced house
Mr. K	86	Married	With his wife in an apartment
Mr. H	87	Married	With his wife in an apartment
Mr. B	89	Married	With his wife in an apartment
Ms. T	89	Widow	Alone in a terraced house
Ms. V	91	Married	With her man in an apartment

Appendix E: Overview of the codes

	Name	
🔵	01 General	

		Age
	🔵	Living situation
	🔵	Marital status
	🔵	Religion
	🔵	Sex

	Name	
🔵	02 Health	

		Health
	🔵	Mobility

	Name	
🔵	03 Social relations. within neighborhood	

		Acquaintances
	🔵	Famlily
	🔵	Friends
	🔵	Neighbors

	Name	
🔵	04 Social relations outside neighborhood, within Haarlem	

		Acquaintances
	🔵	Family
	🔵	Friends

	Name	
🔵	05 Social contacts outside Haarlem	

		Acquaintances
	🔵	Family
	🔵	Friends

	Name	
🔵	06 Meeting places	

		Formal meeting places outside neighborhood
	🔵	Formal meeting places within neighborhood
	🔵	Informal meeting places outside neighborhood
	🔵	Informal meeting places within neighborhood

🔵	07 Activities	

	🔵🔵🔵🔵🔵	Activities indoors
		Activities outside neighborhood
		Activities within neighborhood
		Former activities
		No activities

🔵	08 Virtual social capital	

	🔵🔵🔵🔵	Reciprocity
		Solidarity
		Trust
		Values

🔵	09 Enlarging social capital	

	🔵🔵🔵🔵🔵🔵	Reciprocity
		Resources elderly
		Social network
		Solidarity
		Trust
		Values

🔵	10 Loneliness	

	🔵🔵🔵	Loneliness
		Mentality
		Type of lonelyness