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2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009
2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019
2020 | 2021
online first | in press, accepted

in press, forthcoming or conditionally accepted for publication

Elmer, E., Van Tilburg, T.G., & Fokkema, T. (accepted). Minority stress and loneliness among sexual minority adults: The roles of social anxiety, social inhibition, and community involvement. *Archives of Sexual Behavior*.

Research suggests that loneliness among sexual minority adults is associated with marginalization, but it is unclear which processes may underlie this relationship. This cross-sectional study examined five possibilities: stigma preoccupation, internalized homonegativity, sexual orientation concealment, social anxiety, and social inhibition. The study also examined the possible protective role of LGBTQ community involvement. Respondents were 7,856 sexual minority adults aged 18–88 from 85 countries who completed an online survey. Results of structural equation modeling suggested that marginalization is positively associated with both social and emotional loneliness, and that part of this relationship is indirect via proximal minority stress factors (especially stigma preoccupation) and, in turn, social anxiety and social inhibition. Moreover, while LGBTQ community involvement is associated with greater marginalization, it is also associated with lower levels of proximal stress and both forms of loneliness. Among those who are more involved in the LGBTQ community, the associations between marginalization and proximal stress are somewhat weaker, as are those between stigma preoccupation and social anxiety; in contrast, the associations between concealment and social anxiety/inhibition are somewhat stronger. Model fit and patterns of association are similar after controlling for the possible confounding effect of dispositional negative affectivity, but several coefficients are lower. Findings underscore the continuing need to counter marginalization of sexual minorities, both outside and within the LGBTQ community, and suggest possible avenues for alleviating loneliness at the individual level, such as cognitive-behavioral interventions targeting stigma preoccupation and social anxiety.

online first

Swinkels, J., Van Tilburg, T.G., & Broese van Groenou, M.I. (2021). Why do spouses provide personal care? A study among Dutch community-dwelling older adults. *Health & Social Care in the Community*.

<http://dx.doi.org/10.1111/hsc.13497>

This study investigates under what conditions older spouses receive personal care from their spouse. Whether spousal care is provided is determined by individual and societal factors related to informal and formal care provision. Individual factors concern the need for care (the care recipient's health status), the spouse's ability to provide care (the spouse's health status) and the quality of the marital bond. Societal factors reflect changing policies on long-term care (indicated by the year in which care started) and gender role socialization (gender). From the Longitudinal Aging Study Amsterdam, which completed eight observations between 1996 and 2016, we selected 221 independently living married respondents, aged 59–93, who received personal care for the first time and had at least one previous measurement without care use. The results show that if an older adult received personal care, the likelihood of receiving that care from the spouse

decreased over the years: from 80% in 1996 to 50% in 2016. A husband or wife was less likely to receive spousal care when the spouse was unable to provide care or the quality of the relationship was low. No gender differences were found in either the prevalence of spousal care use or in the factors associated with that use. Thus, individual factors and the societal context seem to determine whether one receives personal care from their spouse. The decline in the likelihood of personal care provision from a spouse over the years may indicate a crumbling of family solidarity, an unmeasured and growing inability of the older spouse to provide care, or an increasing complexity of care needs that requires the use of formal care. As caregiving can be a chronic stressor and most spouses provide care without assistance from others, attention from policymakers is needed to sustain the well-being of older couples.

Van Tilburg, T.G. (2021). Emotional, social, and existential loneliness before and during the COVID-19 pandemic: Prevalence and risk factors among Dutch older adults. *The Journals of Gerontology, Series B*.

<https://doi.org/10.1093/geronb/gbab101>

Objectives. The COVID-19 pandemic, with its accompanying isolation measures, has led to increasing loneliness among older adults. In this study, we examine whether the increased level of loneliness observed in the Netherlands persisted into the fall of 2020, whether there were differences in emotional, social, and existential loneliness, and whether the presence of well-known risk factors for loneliness also led to further increases in loneliness during the pandemic. **Methods.** Data were obtained from the Longitudinal Aging Study Amsterdam, with observations of 404 community-dwelling older adults aged 74 to 96 years from 2019 and fall 2020. **Results.** Loneliness increased between 2019 and 2020, and the increase was particularly high for emotional loneliness (partial $\eta^2 = 0.19$). Having a partner, and a high mastery and good physical functioning before the pandemic provided some protection against an increase in loneliness. **Discussion.** Loneliness increased for almost all older people. Targeted policies can reduce the negative impact of vulnerabilities. Efforts to combat loneliness during the pandemic should focus not only on groups traditionally considered vulnerable, such as socially isolated people, but also on older adults with a partner and who have daily contact with others.

2021

Brandts, L., & Van Tilburg, T.G., Bosma, H., Huisman, M., & Van den Brandt, P.A. (2021). Loneliness in later life and reaching longevity: Findings from the Longitudinal Ageing Study Amsterdam (LASA). *The Journals of Gerontology, Series B*, 76, 415-424.

<https://doi.org/10.1093/geronb/gbaa145>

Objectives. There is an increasing research interest in factors that characterize those who reach exceptionally old ages. Although loneliness is often associated with an increased risk for premature mortality, its relationship with reaching longevity is still unclear. We aimed to quantify the association between (social/emotional) loneliness and the likelihood of reaching the age of 90 years in men and women separately. **Methods.** For these analyses, data from the Longitudinal Aging Study Amsterdam (LASA) was used. Loneliness, social loneliness and emotional loneliness were assessed at baseline using the 11-item De Jong-Gierveld scale in 1992-93 (at age 64-85 years). Follow-up for vital status information until the age of 90 years was 99.5% complete. Multivariable-adjusted Cox regression analyses with a fixed follow-up time were based on 1,032 men and 1,078 women to calculate Risk Ratios (RR) of reaching 90 years. **Results.** No significant associations were observed between loneliness and reaching 90 years in both men (RR,0.90; 95%CI,0.70-1.14) and women (RR,0.98; 95%CI,0.83-1.14). Social loneliness was significantly associated with a reduced chance of reaching 90 years in women (RR,0.82; 95%CI,0.67-0.99). **Discussion.** The current analyses, did not show support for the existence of a meaningful effect of loneliness on reaching longevity in both sexes. When investigating specific dimensions of loneliness, we observed that reporting social loneliness was associated with reaching 90 years in women. This indicates that, for women, a large and diverse personal network at an older age could increase the probability of reaching longevity. However, replication of our findings in other cohorts is needed.

Domènech-Abella, J., Mundó, J., Switsers, L., Van Tilburg, T.G., Fernández, D., & Aznar-Lou, I. (2021). Social network size, loneliness, physical functioning and depressive symptoms among older adults: Examining reciprocal associations in four waves of the Longitudinal Aging Study Amsterdam (LASA). *International Journal of Geriatric Psychiatry*, 36, 1541-1549.
<https://doi.org/10.1002/gps.5560>

Introduction. Previous research indicates that social isolation, loneliness, physical dysfunction and depressive symptoms are interrelated factors, little is known about the potential pathways among them. The aim of the study is to analyse simultaneously reciprocal relationships that could exist between the four factors to clarify potential mediation effects. Methods. Within a large representative sample of older people in the Longitudinal Aging Study Amsterdam (LASA), participants aged 75 and over were followed up over a period of 11 years (four waves). We tested cross-lagged and autoregressive longitudinal associations of social network size, loneliness, physical functioning and depressive symptoms using structural equation modelling (SEM). Results. Several statistically significant cross-lagged associations were found: decreasing physical functioning (Coef.=-0.03; $p<0.05$), as well as social network size (Coef.=-0.02; $p<0.05$), predicted higher levels of loneliness, which predicted an increase in depressive symptoms (Coef.=0.17; $p<0.05$) and further reduction of social network (Coef.=-0.20; $p<0.05$). Decreasing physical functioning also predicted an increase in depressive symptoms (Coef.=-0.08; $p<0.05$). All autoregressive associations were statistically significant. Conclusion. Interventions focused on promoting social activities among older adults after negative life events, such as loss of social contacts or declining physical function, may alleviate feelings of loneliness and act as mental health protector.

Fox, R., Power, J.M., Coogan, A.N., Beekman, A.T.F., Van Tilburg, T.G., & Hyland, P. (2021). Posttraumatic stress disorder and loneliness are associated over time: A longitudinal study on PTSD symptoms and loneliness, among older adults. *Psychiatry Research*, 113846.
<https://doi.org/10.1016/j.psychres.2021.113846>

Loneliness has a pernicious effect on mental health in later life and is likely to have a bidirectional relationship with psychopathology. However, longitudinal research examining loneliness and posttraumatic stress symptoms among older adults is scarce. This study aimed to examine the longitudinal relationship between different types of loneliness (social and emotional) and posttraumatic stress symptoms. Using two waves of an older adult sample ($n = 1,276$) from the Longitudinal Aging Study Amsterdam (LASA), this longitudinal relationship was examined using a multivariate two wave-latent change score (2W-LCS) model. There were significant, however, very small increases in both posttraumatic stress symptoms and emotional loneliness over time, whereas, average social loneliness scores did not significantly increase/decrease over time. Changes in both social ($\beta = .16$) and emotional loneliness ($\beta = .15$) were associated with small changes in posttraumatic stress symptoms, consistent with the existence of a longitudinal association between the constructs, net of covariate effects. Results provide evidence of the existence of a longitudinal association between subtypes of loneliness and posttraumatic stress symptoms, among older adults. Results have implications for clinicians who should identify individuals at risk of developing posttraumatic stress symptoms, and for the theory of both posttraumatic stress disorder and loneliness.

Huisman, M., & Van Tilburg, T.G. (2021). Social exclusion and social isolation in later life. In Ferraro, K.F., Carr, D., Freedman, V.A., Idler, E.L., & Wilmoth, J.M. (Eds.), *Handbook of aging and the social sciences* (9th edition; pp. 99-114). San Diego: Academic Press.
<https://doi.org/10.1016/B978-0-12-815970-5.00007-3>
ISBN-13: 978-0128159705; ISBN-10: 0128159707

Social exclusion and social isolation refer to situations in which people are detached from society. A key distinction between the two terms is that social isolation is conceptualized and operationalized as an individual-level characteristic of being detached from social contacts, whereas social exclusion emphasizes broader and multifaceted or multidimensional societal conditions that produce poverty and inequality which reduce people's abilities to participate in

society. In this chapter, we discuss the origins, core components, and measurement of social exclusion and social isolation. We describe how the two concepts have been measured in empirical research, drawing examples from studies focused on older adults. Empirical studies document that older adults in general are relatively vulnerable to both, although disparities are documented on the basis of gender, socioeconomic status, and other individual-level characteristics. Both social exclusion and social isolation are associated with detrimental effects on health and wellbeing.

Schoenmakers, E.C., Bouwman, T.E., & Van Tilburg, T.G. (2021). *Aan de slag met eenzaamheidsinterventies: Handreiking*. Fontys Hogeschool Mens en Gezondheid. Deze handreiking bevat een overzicht van beschikbare kennis over eenzaamheidsinterventies anno 2021. In deze handreiking worden subdoelen, werkzame elementen voor eenzaamheidsinterventies en algemene werkzame elementen beschreven. Daarnaast is een werkblad ontwikkeld dat gebruikt kan worden in de ontwikkeling en evaluatie van eenzaamheidsinterventies. Het doel is om ontwikkelaars, eigenaars en uitvoerders van interventies uit te dagen meer focus aan te brengen in interventies en deze beter te onderbouwen. Door telkens opnieuw kritisch na te denken en een interventie te evalueren en bij te stellen, wordt deze telkens beter en speelt deze beter in op het complexe vraagstuk van eenzaamheidsaanpak.

Schram, M.T., Assendelft, W.J.J., Van Tilburg, T.G., & Dukers-Muijers, N.H.T.M. (2021). Social networks and type 2 diabetes: A narrative review. *Diabetologia*, 64(9), 1905-1916. <http://dx.doi.org/10.1007/s00125-021-05496-2>

It has been known for decades that social networks are causally related to disease and mortality risk. However, this field of research and its potential for implementation into diabetes care is still in its infancy. In this narrative review, we aim to address the state-of-the-art of social network research in type 2 diabetes prevention and care. Despite the diverse nature and heterogeneity of social network assessments, we can draw valuable lessons from the available studies. First, the structural network variable 'living alone' and the functional network variable 'lack of social support' have been associated with increased type 2 diabetes risk. The latter association may be modified by lifestyle risk factors, such as obesity, low level of physical activity and unhealthy diet. Second, smaller network size and less social support is associated with increased risk of diabetes complications, particularly chronic kidney disease and CHD. Third, current evidence shows a beneficial impact of social support on diabetes self-management. In addition, social support interventions were found to have a small, favourable effect on HbA1c values in the short-term. However, harmonisation and more detailed assessment of social network measurements are needed to utilise social network characteristics for more effective prevention and disease management in type 2 diabetes.

Steijvers, L.C.J., Brinkhues, S., Hoebe, C.J.P.A., Van Tilburg, T.G., Claessen, V., Bouwmeester-Vincken, N., Hamers, F., Vranken, P., & Dukers-Muijers, N.H.T.M. (2021). Social networks and infectious diseases prevention behavior: A cross-sectional study in people aged 40 years and older. *PLOS ONE*, 16, e0251862. <https://doi.org/10.1371/journal.pone.0251862>

Background. Social networks, i.e., our in-person and online social relations, are key to lifestyle behavior and health, via mechanisms of influence and support from our relations. We assessed associations between various social network aspects and practicing behavior to prevent respiratory infectious diseases. Methods. We analyzed baseline-data (2019) from the SaNAE-cohort on social networks and health, collected by an online questionnaire in Dutch community-dwelling people aged 40–99 years. Outcome was the number of preventive behaviors in past two months [range 0–4]. Associations between network aspects were tested using ordinal regression analyses, adjusting for confounders. Results. Of 5,128 participants (mean age 63; 54% male), 94% regularly washed hands with water and soap, 55% used only paper (not cloth) handkerchiefs/tissues; 19% touched their face as little as possible; 39% kept distance from people with respiratory infectious disease symptoms; median score of behaviors was 2. Mean network size was 11 (46% family; 27% friends); six network members were contacted exclusively in-person and two exclusively via

phone/internet. Participants received informational, emotional, and practical support from four, six, and two network members, respectively. Independently associated with more preventive behaviors were: 'strong relationships', i.e., large share of friends and aspects related to so called 'weak relationships', a larger share of distant living network members, higher number of members with whom there was exclusively phone/internet contact, and more network members providing informational support. Club membership and a larger share of same-aged network members were inversely associated. Conclusion. Friends ('strong' relationships) may play an important role in the adoption of infection-preventive behaviors. So may 'weak relationships', e.g. geographically more distant network members, who may provide informational support as via non-physical modes of contact. Further steps are to explore employment of these types of relationships when designing infectious diseases control programs aiming to promote infection-preventive behavior in middle aged-and older individuals.

Van der Sande, R., Van Tilburg, T.G., & Bouwman, T.E. (2021). *Richtlijn eenzaamheid onder ouderen*. V&VN.

<https://www.venvn.nl/media/wnvhg5n1/vvn-ri-eeenzaamheid-20210713.pdf>

<https://www.venvn.nl/media/orvbojgw/v-vn-ri-eeenzaamheid-gesprekshandleiding-1.pdf>

KERNAANBEVELINGEN. VASTSTELLEN VAN EENZAAMHEID – DOEN. (1) De werkgroep is van mening dat de wijkverpleegkundige of verzorgende, als de client aangeeft zich eenzaam te voelen, altijd dient te bespreken of deze ondersteuning wil, en alleen dan een gestandaardiseerde/gevalideerde vragenlijst dient te gebruiken als de client samen met de wijkverpleegkundige de mogelijkheden van professionele ondersteuning wil verkennen. (2) Praten over eenzaamheid is voor ouderen dikwijls moeilijk en met taboes omgeven. De werkgroep is van mening dat de wijkverpleegkundige of verzorgende de benodigde tijd dient in te ruimen om de eenzaamheid te bespreken en het gesprek hierover desgewenst een aantal malen moet laten terugkeren. (3) De werkgroep adviseert gepast gebruik te maken van een betrouwbare en goed gevalideerde eenzaamheidsschaal om een indicatie te krijgen van de ernst van de eenzaamheid. De werkgroep is van mening dat voor dit doel de de Jong Gierveld 6-item versie voor wijkverpleegkundigen het meest geschikte instrument is. (4) De werkgroep is van mening dat wijkverpleegkundigen en verzorgenden goed geschoold en regelmatig bijgeschoold moeten worden in het herkennen en het bespreekbaar maken van eenzaamheid, het ondersteunen van de client in het zoeken van passende ondersteuning, en het verwijzen naar die ondersteuning/hulp. SCREENEN VAN EENZAAMHEID - NIET DOEN. (1) Screening van ouderen op eenzaamheid en casefinding zijn naar de mening van de werkgroep niet zinvol, omdat wetenschappelijk bewijs dat deze bijdragen aan een gericht gebruik van ondersteuning ontbreekt en het twijfelachtig is of screening voldoet aan de algemeen geldende voorwaarden van screening van de Gezondheidsraad. (2) Er is vanuit de literatuur niets bekend over de effecten van het systematisch signaleren van eenzaamheid onder ouderen. De werkgroep is van mening dat nader onderzoek naar het nut van screening op eenzaamheid onder ouderen nodig is. BESPREKEN VAN EENZAAMHEID EN HULP – DOEN. (1) Een gesprek met de oudere over diens eenzaamheid is op zichzelf van grote waarde. De werkgroep adviseert de wijkverpleegkundige/verzorgende daarom, wanneer zij vermoedt dat de client zich eenzaam voelt, hierover altijd in gesprek te gaan met de client, of ervoor zorg te dragen dat een andere persoon, bijvoorbeeld iemand van het wijkteam, het gesprek aangaat. (2) Uit de wetenschappelijke literatuur komt niet duidelijk naar voren of en welke ondersteuning bijdraagt aan het verminderen van het gevoel van eenzaamheid. De kwaliteit van de studies is daarvoor te laag. Daarom vindt de werkgroep het raadzaam dat wijkverpleegkundigen en verzorgenden, wanneer zij met betrokkene de mogelijkheden van ondersteuning bespreken, vooral uitgaan van de wensen en doelen van betrokkene en eventuele adviezen over ondersteuning daarop laten aansluiten. (3) De werkgroep meent dat het gesprek met de client over diens eenzaamheid in veel gevallen zal kunnen plaatsvinden gedurende de lopende zorgverlening. Wanneer de client aangeeft ondersteuning te willen zoeken, kunnen naar de mening van de werkgroep, een of twee extra gesprekken nodig zijn om de client te verwijzen naar passende ondersteuning. Het gesprek over doorverwijzing behoort bij haar functie als schakel tussen zorg en welzijn. (4) De werkgroep meent dat het gesprek met de client over diens eenzaamheid en de eventuele ondersteuning een aantal onderdelen heeft die stapsgewijs kunnen leiden tot afspraken

over de doorverwijzing naar een passende vorm van ondersteuning. De werkgroep adviseert de in de bijlage opgenomen gesprekshandreiking te gebruiken. (5) De werkgroep is van mening dat het team van wijkverpleegkundigen en verzorgenden met de huisartsenvoorziening en het lokale sociaal werk afspraken dient te maken over de wijze waarop de huisartsvoorziening zal worden geïnformeerd over cliënten die ernstig eenzaam zijn. (6) De werkgroep vindt het raadzaam om vervolgonderzoek uit te voeren naar 1) de effecten van de implementatie van de richtlijn op clientuitkomsten en de kosten in andere zorgsectoren, en 2) de verdere ontwikkeling van de gesprekshandreiking.

Van Tilburg, T.G. (2021). Social, emotional and existential loneliness: A test of the multidimensional concept. *The Gerontologist*, 61, e335-e344.

<https://doi.org/10.1093/geront/gnaa082>

Background and Objectives. Since the 1980s, most researchers have agreed on the concept of social and emotional loneliness as an unacceptable and negatively experienced discrepancy between realized and desired interpersonal relationships. For other researchers, existential loneliness stems from the realization that a human being is fundamentally alone, with the accompanying emptiness, sadness and longing. This paper examines whether instruments to measure these conceptualizations indicate a multidimensional concept. Research Design and Methods. The 2019 observation of the Longitudinal Aging Study Amsterdam (N = 1316; age 61-101; 52% women) included five direct questions about loneliness, the 11-item De Jong Gierveld social and emotional loneliness scale, and fourteen items from the translated Existential Loneliness Questionnaire. Confirmatory factor analysis was conducted in Mplus. Results. Five factors were observed: direct questions, social and emotional loneliness, and loneliness in relationships and meaninglessness in life. The intercorrelations among all five factors were positive. Emotional loneliness correlated most strongly with direct questions. Discussion and Implications. Loneliness is multifaceted and means that one is not embedded in a personal network, misses closeness and intimacy, and lacks meaning in life. The emotional loneliness items most closely represent what people mean when they report loneliness.

Van Tilburg, T.G. (2021). *Verandering in prevalentie van eenzaamheid onder ouderen in de periode 1992 – najaar 2020*. Vrije Universiteit Amsterdam. Rapport uitgebracht aan het Ministerie van Volksgezondheid, Welzijn en Sport, programma Eén tegen Eenzaamheid.

<https://www.eentegeneenzaamheid.nl/app/uploads/2020/04/20210420-rapportage-Verandering-eenzaamheid-ouderen-1992-najaar2020-Theo-van-Tilburg.pdf>

In deze rapportage is de trend in prevalentie van eenzaamheid onder ouderen in de periode 1992 – najaar 2020 zichtbaar gemaakt. De twaalf perioden tussen 1992 en 2020 waarvoor we de prevalentie van matige of sterke eenzaamheid berekenden, kunnen we samenvatten als drie perioden. De trend in 1992-2006 is dat de prevalentie van eenzaamheid gelijk blijft; zo rond de 27% is matig tot sterk eenzaam. De prevalentie daalt daarna met vijf procentpunten, en is weer ongeveer gelijk in de jaren 2008-2019. Tijdens de COVID-19 pandemie is de prevalentie weer veel hoger en met 28% matig tot sterk eenzaam rond juni 2020 en 27% in het najaar 2020 terug op het niveau van de jaren 1992-2006. De resultaten voor sterke eenzaamheid (versus niet of matig eenzaam) wijken hier van af. De prevalentie is in de jaren 1992 – 1996 ongeveer 14%. Vanaf 1999 daalt de prevalentie van sterke eenzaamheid tot 6% in 2018. Tijdens de pandemie is de prevalentie weer iets hoger, namelijk 7% in juni 2020 en 7% in het najaar 2020. Dit is een stijging tot het niveau van 2009, veel lager dan in de jaren 1990. Het onderzoek is uitgevoerd op data van de Longitudinal Aging Study Amsterdam (LASA). Gegevens zijn geanalyseerd van 3.365 zelfstandig wonende ondervraagden in de leeftijd van 75 jaar of ouder. Bij deze leeftijd zijn zij gemiddeld vier keer ondervraagd. Eenzaamheid is gemeten met de schaal van De Jong Gierveld (zes of elf items) en met drie of minder directe vragen naar eenzaamheid.

Van Tilburg, T.G. (2021). *Bekendheid met en deelname aan georganiseerde activiteiten tegen eenzaamheid bij ouderen van 75-96 jaar*. Vrije Universiteit Amsterdam. Rapport uitgebracht aan het Ministerie van Volksgezondheid, Welzijn en Sport, programma Eén tegen Eenzaamheid. In een deelstudie van de Longitudinal Aging Study Amsterdam (LASA) zijn aan 429 zelfstandig

wonende ouderen in de leeftijd van 75 jaar tot 96 jaar vijf vragen voorgelegd over activiteiten die organisaties doen tegen eenzaamheid. 32% was bekend met spots uitgezonden in reclameblokken op de TV, met als motto “Iedereen kan iets doen tegen eenzaamheid”. 23% is bekend met de Luisterlijn. 17% heeft de afgelopen twee jaar gemerkt dat er meer gezamenlijke activiteiten in de wijk zijn dan daarvoor. 16% heeft het afgelopen jaar wel eens ongevraagd bezoek aan huis ontvangen van iemand van een vrijwilligers- of welzijnsorganisatie of de gemeente. 4% is opgenomen in een telefoonkring. We vonden samenhangen met eenzaamheid en achtergrondkenmerken van ondervraagden, maar konden niet een patroon vaststellen.

Van Tilburg, T.G., & Fokkema, T. (2021). Stronger feelings of loneliness among Moroccan and Turkish older adults in the Netherlands: In search for an explanation. *European Journal of Ageing*, 18(3), 311-322.

<https://doi.org/10.1007/s10433-020-00562-x>

The prevalence of loneliness among Turkish–Dutch and Moroccan–Dutch older adults is higher than among Dutch older adults of non-migrant origin. Three explanations may account for this difference: (1) differential item functioning might result in scores that vary in intensity and in meaning across categories; (2) the position of migrants is much more vulnerable than that of non-migrants; (3) the lack of protective factors has more severe consequences for older migrants. The Longitudinal Aging Study Amsterdam interviewed 176 persons born in Morocco and 235 born in Turkey, aged 55–66 and living in urban areas. They are compared with a matched sample of 292 Dutch persons. The psychometric properties of the loneliness scale are satisfying, although there is some differential item functioning. Older migrants have more frequent social contacts but are at a disadvantage in other domains. Taking into account differences in social participation, satisfaction with income, mastery and depressive symptoms, the difference between older migrants’ and non-migrants’ loneliness is reduced by more than half. Protective factors are equally important for older migrants and non-migrants. Exceptions are marriage (less protective for Moroccans), frequent contact with children/children-in-law (mostly for Turks), a higher educational level (protects Moroccans and Turks) and better physical functioning (less for Turks). Being an older migrant and belonging to a minority might further contribute to feelings of loneliness. Interventions can be directed at stimulating social contact, but also at aspects like enhancing the appreciation of their social status and avoiding negative interpretations of a situation.

This paper is an extension of: Van Tilburg, T.G., & Fokkema, T. (2018). Hogere eenzaamheid onder Marokkaanse en Turkse ouderen in Nederland: Op zoek naar een verklaring. *Tijdschrift voor Gerontologie en Geriatrie*, 49, 263-273. doi: 10.1007/s12439-018-0269-1

Van Tilburg, T.G., Steinmetz, S., Stolte, E., Van der Roest, H., & De Vries, D.H. (2021). Loneliness and mental health during the COVID-19 pandemic: A study among Dutch older adults. *The Journals of Gerontology, Series B*, 76, e249-e255.

<https://doi.org/10.1093/geronb/gbaa111>

Objectives: With the spread of COVID-19, the Netherlands implemented a policy to keep citizens physically distanced. We hypothesize that consequent reduction in the frequency of social contacts, personal losses and the experience of general threats in society reduced well-being. Methods: Data were collected from 1,679 Dutch community-dwelling participants aged 65 to 102 years old comprising a longitudinal online panel. Social and emotional loneliness and mental health were measured in May 2020, i.e., two months after the implementation of the measures, and earlier in October and November 2019. Results: In this pandemic, the loneliness of older people increased, but mental health remained roughly stable. The policy measures for physical distancing did not cause much social isolation but personal losses, worries about the pandemic, and a decline in trust in societal institutions were associated with increased mental health problems and especially emotional loneliness. Discussion. The consequences of long-term social isolation and well-being must be closely monitored.

2020

Bouwman, T.E., & Van Tilburg, T.G. (2020). Naar een gerichtere aanpak van eenzaamheid: Zeven werkzame elementen in eenzaamheidsinterventies. *Tijdschrift voor Gerontologie en Geriatrie*, 51, 1. <http://dx.doi.org/10.36613/tgg.1875-6832/2020.01.01>

For English visit <https://research.vu.nl/ws/portalfiles/portal/98092113/473163.pdf>, Chapter 3, page 65-79.

In de loop der jaren is een breed aanbod aan eenzaamheidsinterventies voor ouderen ontwikkeld. Het merendeel van de interventies blijkt weinig effectief in het verminderen van eenzaamheid. Om meer inzicht te krijgen in waarom veel interventies niet het gewenste doel bereiken, gaan we in op de werkzame elementen die in interventies worden ingezet om eenzaamheid te reduceren, of waarmee subdoelen bereikt kunnen worden: een sociaal netwerk hebben, erbij horen, intimiteit ervaren, betekenis hebben. Om tot een indeling in werkzame elementen te komen is een kwalitatieve analyse uitgevoerd van 119 eenzaamheidsinterventies, beschreven in 22 reviews van interventies. Het resultaat is een indeling in zeven werkzame elementen: 'bezigheden', 'ontmoeten', praktisch ondersteunen', 'betekenisvol contact', 'sociale vaardigheden', 'realistische verwachtingen' en 'betekenisvolle rol'. De meeste interventies combineren verschillende werkzame elementen. Sommige combinaties van werkzame elementen komen vaak voor. Door afzonderlijke onderdelen van interventies in kaart te brengen, kan de werkzaamheid van elk element geëvalueerd worden. Het inzetten van een combinatie van werkzame elementen, en van algemene werkzame elementen zoals een goede uitvoering, kan de effectiviteit van interventies vergroten. Towards a more focused approach to loneliness: Seven active elements in loneliness interventions Over the years, a wide range of loneliness interventions for older adults have been developed. The majority of these interventions are not effective in reducing loneliness. In order to gain more insight into why many interventions do not achieve the desired goal, we examine active elements that are used in interventions into reduce loneliness. In order to achieve this goal, intermediate goals are needed: to have a social network, a sense of belonging, to experience intimacy, to experience meaning. In order to arrive at a division into active elements, a qualitative analysis was carried out of 119 loneliness interventions, described in 22 reviews of interventions. The result is a division into seven active elements: 'activities', 'meeting others', practical support', 'meaningful contact', 'interpersonal skills', 'realistic expectations' and 'meaningful role'. Most interventions combine several active elements. Some combinations of active elements are common. By mapping out the individual components of interventions, the effectiveness of each element can be evaluated. The use of a combination of active elements, and of general active elements such as good execution, may increase the effectiveness of interventions.

Deeg, D.J.H., Van Tilburg, T.G., & Huisman, M. (2020). *Gooi niet alle ouderen op een hoop. Sociale Vraagstukken.*

<https://www.socialevraagstukken.nl/gooi-niet-alle-ouderen-op-een-hoop/>

Ouderen zijn vanwege hun met de leeftijd afnemend immuunsysteem extra kwetsbaar voor het coronavirus, Het advies luidt dan ook vaak om ouderen in hun woning te isoleren zodat zij niet besmet kunnen worden. Een veel te grof beleid dat geen rekening houdt met de grote onderlinge verschillen tussen ouderen, qua leeftijd, opleiding en gezondheid.

Fried, L., Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., Van Tilburg, T.G., Tully, M., & Victor, C. (2020). A unified approach to loneliness. *The Lancet*, 395, 114.

[http://dx.doi.org/10.1016/S0140-6736\(19\)32533-4](http://dx.doi.org/10.1016/S0140-6736(19)32533-4)

Klok, J., Van Tilburg, T.G., Fokkema, T., & Suanet, B.A. (2020). Comparing generations of migrants' transnational behaviour: The role of the transnational convoy and integration. *Comparative Migration Studies*, 8, 46.

<https://doi.org/10.1186/s40878-020-00206-0>

This paper compares generations (G1, G1.5, G2, G3) of male Turkish migrants to Europe in their transnational behaviours: contact frequency, visits, remittances, property ownership and voting.

We aim to explain differences by generational differences in transnational convoy size and integration into residence countries. Data from 798 members of migrant families were obtained from 2000 Families. Generations differ in visiting, remitting, property ownership and voting, but not in contact frequency. Using regression analysis, the transnational convoy cannot explain transnational behaviours. Structural and socio-cultural integration impact various transnational behaviours within generations. Generally, waning of transnational ties across generations cannot be attributed to differences in transnational ties or integration. We add to knowledge on generational differences in transnational behaviour until the third generation and on determinants of transnational behaviour, but conclude that the field of transnational studies is in need of further refinement of operationalization and theory to understand generational differences in transnational behaviour.

Klokgieters, S.S., Van Tilburg, T.G., Deeg, D.J.H., & Huisman, M. (2020). The linkage between aging, migration and resilience: Resilience in the life of older Turkish and Moroccan immigrants. *The Journals of Gerontology, Series B*, 75, 1113-1123.

<https://doi.org/10.1093/geronb/gbz024>

Objectives: Older immigrants are affected by an accumulation of adversities related to migration and aging. This study investigates resilience in older immigrants by examining the resources they use to deal with these adversities in the course of their lives. Methods: Data from 23 life-story interviews with Turkish and Moroccan immigrants aged 60 to 69 living in the Netherlands. Results: The circumstances under which individuals foster resilience coincide with four post-migration life stages: settling into the host society, maintaining settlement, restructuring life post-retirement, and increasing dependency. Resources that promote resilience include education in the country of origin, dealing with language barriers, having two incomes, making life meaningful, strong social and community networks, and the ability to sustain a transnational lifestyle traveling back and forth to the country of origin. More resilient individuals invest in actively improving their life conditions and are good at accepting conditions that cannot be changed. Discussion: The study illustrates a link between conditions across life stages, migration and resilience. Resilient immigrants are better able to accumulate financial and social and other resources across life stages, whereas less resilient immigrants lose access to resources in different life stages.

Machielse, A., & Van Tilburg, T.G. (2020). Complexiteit eenzaamheid wordt wel erkend. *De Volkskrant*, 6 oktober. <https://www.volkskrant.nl/columns-opinie/opinie-complexiteit-van-eezaamheid-wordt-wel-degelijk-erkend~bb6437eb/>

Prohaska, T., Burholt, V., Burns, A., Golden, J., Hawkey, L., Lawlor, B., Leavey, G., Lubben, J., O'Sullivan, R., Perissinotto, C., Van Tilburg, T.G., Tully, M., Victor, C., & Fried, L. (2020). Consensus statement: Loneliness in older adults, the 21st century social determinant of health? *BMJ Open*, 10, e034967.

<http://dx.doi.org/10.1136/bmjopen-2019-034967>

Objectives. The purpose of this consensus statement is to determine the state of the field of loneliness among older people, highlighting key issues for researchers, policymakers and those designing services and interventions. Methods. In December 2018, an international meeting on loneliness was held in Belfast with leaders from across the USA and Europe. An analysis of the content, conclusions and discussion of each presentation was conducted to determine the frequency and consistency of statements. Results. This meeting resulted in agreement to produce a consensus statement on key issues including definitions of loneliness, measurement, causes/antecedents, consequences and interventions. Discussion. There has been an exponential growth in research on loneliness among older adults. However differing measurements and definitions of loneliness means the incidence and prevalence, associated risk factors and health consequences are often conflicting or confusing especially for those developing policy and services. This consensus statement aims to help address these challenges.

Stolte, E., Steinmetz, S., Van der Roest, H., De Vries, D.H., & Van Tilburg, T.G. (2020). *De sociale situatie van zelfstandig wonende ouderen in mei 2020, tijdens het hoogtepunt van de coronacrisis*.

<https://www.uva.nl/binaries/content/assets/faculiteiten/faculteit-der-maatschappij-en-gedragwetenschappen/fmg/nieuws/200630-policy-brief-based-on-liss.pdf>
<https://www.uva.nl/shared-content/faculiteiten/nl/faculteit-der-maatschappij-en-gedragwetenschappen/nieuws/2020/07/de-coronacrisis-en-zelfstandig-wonende-ouderen.html>
<https://www.coronatijsden.nl/wp-content/uploads/2020/07/Rapport-Kwetsbare-groepen-DEF-22072020.pdf>

Szabó, A., Klokgieters, S.S., Kok, A.A.L., Van Tilburg, T.G., & Huisman, M. (2020). Psychological resilience in the context of disability: A study with Turkish and Moroccan young-old immigrants living in the Netherlands. *The Gerontologist*, 60, 259–269.

<https://doi.org/10.1093/geront/gnz129>

Background and Objectives. The disability paradox postulates that some individuals with severe functional limitations demonstrate psychological resilience, that is, good mental health and quality of life. Resilience to disabilities has been linked to psychological (e.g., mastery) and social factors (e.g., social provisions). It is, however, less clear whether cultural factors can provide additional resources for resilience building in older immigrants. We investigated the extent to which sociodemographic, psychosocial, and cultural factors contributed to psychological resilience to disabilities among immigrants of Turkish and Moroccan descent in the Netherlands. Research Design and Method. The sample included 478 older immigrants aged 55–65 years. Data were analyzed using latent profile analysis and multinomial logistic regressions. Results. Five categories were identified: (a) High physical and emotional functioning; (b) High physical but poor emotional functioning; (c) Low physical but high emotional functioning (resilient); (d) Low physical and emotional functioning; and (e) Low physical and very low emotional functioning. Resilient functioning (reference category) was associated with poorer Dutch language proficiency, lower levels of loneliness, greater mastery, and more religious coping. Discussion and Implications. Findings provide support for the disability paradox and highlight social provisions, mastery, and religiosity/spirituality as important resources for psychological resilience in older labor migrants. Poor Dutch language proficiency is discussed as a potential factor contributing to severe functional limitations in the resilient category.

Van der Roest, H., Prins, M., van der Velden, C., Steinmetz, S., Stolte, E., Van Tilburg, T.G., & De Vries, D. H. (2020). *De impact van sociale isolatie onder bewoners van verpleeg- en verzorgingshuizen ten tijde van het nieuwe coronavirus*.

<https://www.coronatijsden.nl/wp-content/uploads/2020/07/policy-brief-De-impact-van-sociale-isolatie-onder-bewoners-van-verpleeg-en-verzorgingshuizen-ten-tijde-van-het-nieuwe-coronavirus-25072020.pdf>

<https://www.coronatijsden.nl/wp-content/uploads/2020/07/Rapport-Kwetsbare-groepen-DEF-22072020.pdf>

Van der Roest, H., Prins, M., Steinmetz, S., Stolte, E., Van Tilburg, T.G., van der Velden, C., & De Vries, D. H. (2020). *De impact van de versoepeling van het bezoekverbod op bewoners van verpleeghuizen en woonzorgcentra: Een vergelijking tussen mei en juni/juli 2020*.

<https://www.coronatijsden.nl/nl/resultaten-sociale-isolatie/>

Van der Roest, H., Prins, M., van der Velden, C., Steinmetz, S., Stolte, E., Van Tilburg, T.G., & De Vries, D. H. (2020). The impact of COVID-19 measures on well-being of older long-term care facility residents in the Netherlands. *Journal of the American Medical Directors Association (JAMDA)*, 21, 1569-1570.

<https://doi.org/10.1016/j.jamda.2020.09.007>

A survey conducted among 193 residents, 1609 relatives, and 811 carers in Dutch long-term care facilities during the visitor-ban, showed high levels of loneliness and increased frequency and severity of mood and behavior problems.

Van Tilburg, T.G. (2020). *Verandering in prevalentie van eenzaamheid onder ouderen in de periode 1992-2020*. Vrije Universiteit Amsterdam. Rapport uitgebracht aan het Ministerie van

Volksgezondheid, Welzijn en Sport, programma Eén tegen Eenzaamheid.

<https://www.rijksoverheid.nl/documenten/rapporten/2020/11/25/verandering-in-prevalentie-van-eenzaamheid-onder-ouderen-in-de-periode-1992-2020>

<https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/rapporten/2020/11/25/verandering-in-prevalentie-van-eenzaamheid-onder-ouderen-in-de-periode-1992-2020/verandering-in-prevalentie-van-eenzaamheid-onder-ouderen-in-de-periode-1992-2020.pdf>

In deze rapportage is de trend in prevalentie van eenzaamheid onder ouderen in de periode 1992 – midden 2020 zichtbaar gemaakt. De resultaten tonen een ongeveer dezelfde prevalentie van matige tot sterke eenzaamheid aan bij ouderen die in de jaren 1992 tot ongeveer 2006 zijn ondervraagd; zo rond de 27% is matig tot sterk eenzaam. In de jaren 2009 – 2018 is de prevalentie (afgerond) ongeveer vijf procentpunten lager (23%). Rond juni 2020, tijdens de COVID-19 pandemie, is de prevalentie weer veel hoger, namelijk 27%. We onderzochten ook sterke eenzaamheid (versus niet of matig eenzaam). Deze prevalentie is in de jaren 1992 – 1996 ongeveer 14%. Daarna is een gestage daling te zien tot 6% in 2018. Tijdens de pandemie is de prevalentie weer iets hoger, namelijk 7%.

Van Tilburg, T.G. (2020). *Waarom kan op jezelf gefocust zijn helpen tegen eenzaamheid?* Podcast Universiteit van Nederland. <https://universiteitvannederland.nl/podcast/waarom-kan-op-jezelf-gefocust-zijn-helpen-tegen-eenzaamheid>

Onze samenleving is steeds individueler geworden. We willen onze eigen keuzes maken, wonen minder vaak met anderen, en verbinden ons korter dan vroeger aan een organisatie. Dit past bij een steeds sneller veranderende samenleving. Dat heeft het risico dat we vaker alleen staan, en dat eenzaamheid toeneemt. De samenleving verandert ook omdat we onze eigen weg willen zoeken die in velerlei opzichten anders is dan die van onze ouders. Tegelijk is ook nodig dat we een goed en duurzaam sociaal netwerk hebben. Om dit voor elkaar te krijgen, moeten we ook juist een individu zijn, omdat we anders onszelf kwijtraken in de maatschappelijke veranderingen. We moeten vanuit onszelf verbindingen met anderen aangaan en een zinvol leven leiden. Dan is individualisering, paradoxaal genoeg, juist een wapen tegen eenzaamheid.

Van Tilburg, T.G. (2020). Eenzaamheid. In M. Visser, A.A.L. Kok, P.E. Spies, & B.M. Buurman (Red.), *Inleiding in de gerontologie en geriatrie* (6e druk, p. 221-223). Houten: Bohn, Stafleu, van Loghum.

https://doi.org/10.1007/978-90-368-2453-8_35

Print ISBN: 978-90-368-2452-1; Elektronisch ISBN: 978-90-368-2453-8

Eenzaamheid is een situatie waarin iemand vindt dat zijn of haar sociale netwerk tekortschiet. Dit kan komen doordat er te weinig relaties zijn, de bestaande relaties te weinig kwaliteit hebben, of door een combinatie van deze situaties. Ruim een kwart van de ouderen is matig of ernstig eenzaam. Door opeenstapeling van negatieve gebeurtenissen is de kans op eenzaamheid onder de alleroudsten veel groter dan onder jongere ouderen. Ouderen die ervaren dat zij minder grip op hun leven hebben, zijn eenzamer. Parallel aan emotionele en sociale eenzaamheid zien we dat de afwezigheid van een partnerrelatie en een klein sociaal netwerk risicofactoren zijn. Er zijn verschillende manieren om eenzaamheid aan te pakken, waarvan sommige succesvol zijn gebleken. In deze aanpakken worden meer elementen gecombineerd, zoals een bij het individu aansluitende manier om sterker in het leven te staan, een gestructureerde aanpak, en het organiseren van ontmoetingen die kunnen leiden tot vriendschappen.

Van Tilburg, T.G. (2020). Sociale netwerken. In M. Visser, A.A.L. Kok, P.E. Spies, & B.M. Buurman (Red.), *Inleiding in de gerontologie en geriatrie* (6e druk, p. 217-220). Houten: Bohn, Stafleu, van Loghum.

https://doi.org/10.1007/978-90-368-2453-8_34

Print ISBN: 978-90-368-2452-1; Elektronisch ISBN: 978-90-368-2453-8

Persoonlijke relaties vormen samen een netwerk. Dit betekent dat een persoon verbonden is met allerlei andere personen die ook onderling weer contact kunnen hebben. De netwerkvang is een belangrijke maat voor de mate waarin mensen sociaal geïntegreerd zijn. Functies van relaties zijn: elkaar gezelschap bieden, advies geven en instrumenteel en emotioneel ondersteunen. Veel

ouderen hebben een groot netwerk van personen die voor hen van belang zijn en met wie ze frequent contact hebben. Hun netwerk is het resultaat van het levenslang verwerven, ontwikkelen en verbreken van persoonlijke relaties. Relaties gaan met het ouder worden verloren omdat netwerkpersonen overlijden en de omstandigheden het moeilijker maken relaties te onderhouden. Verloren relaties kunnen worden vervangen, maar dit gebeurt met het ouder worden steeds minder. Een klein netwerk maakt kwetsbaar. De meest opvallende factoren zijn het niet actief zijn in vrijwilligerswerk, het hebben van geen of weinig kinderen, en zwak cognitief functioneren.

Van Tilburg, T.G., & Suanet, B.A. (2020). Niet-gehuwde ouderen: Zijn zij tegenwoordig sociaal beter af? *Mens en Maatschappij*, 95, 154-158.

<https://doi.org/10.5117/mem2020.2.006.vant>

Dit is een uitgebreide samenvatting van: Unmarried older people: Are they socially better off today? *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 74, 1463-1473.

<http://dx.doi.org/10.1093/geronb/gby120>

2019

Bouwman, T.E., Van Tilburg, T.G., & Aartsen, M.J. (2019). Attrition in an online loneliness intervention for adults aged 50 years and older: Survival analysis. *JMIR Aging*, 2 (2), e13638.

<http://dx.doi.org/10.2196/13638>

Background: Online interventions can be as effective as in-person interventions. However, attrition in online intervention is high and potentially biases the results. More importantly, high attrition rates might reduce the effectiveness of online interventions. Therefore, it is important to discover the extent to which factors affect adherence to online interventions. The setting for this study is the online Friendship Enrichment Program, a loneliness intervention for adults aged 50 years and older. Objective: This study examined the contribution of severity of loneliness, coping preference, activating content, and engagement in attrition within an online intervention. Methods: Data were collected from 352 participants in an online loneliness intervention for Dutch people aged 50 years and older. Attrition was defined as not completing all 10 intervention lessons. The number of completed lessons was assessed through the management system of the intervention. We tested 4 hypotheses on attrition by applying survival analysis (Cox regression). Results: Of the 352 participants who subscribed to the intervention, 46 never started the introduction. The remaining 306 participants were divided into 2 categories: 73 participants who did not start the lessons of the intervention and 233 who started the lessons of the intervention. Results of the survival analysis (n=233) showed that active coping preference (hazard ratio [HR]=0.73), activating content (HR=0.71), and 2 indicators of engagement (HR=0.94 and HR=0.79) lowered attrition. Severity of loneliness was not related to attrition. Conclusions: To reduce attrition, developers of online (loneliness) interventions may focus on stimulating active behavior within the intervention.

Klok, J., & Van Tilburg, T.G. (2019). Sociale problematiek in de moderne samenleving: De eenzame Wmo-gebruiker. www.sociaalweb.nl/blogs/sociale-problematiek-in-de-moderne-samenleving-de-eenzame-wmo-gebruiker

Klokgieters, S.S., Van Tilburg, T.G., Deeg, D.J.H., & Huisman, M. (2019). Do religious activities among young-old immigrants act as a buffer against the effect of a lack of resources on well-being? *Aging and Mental Health*, 23, 625-632.

<http://dx.doi.org/10.1080/13607863.2018.1430739>

Objectives: Despite a large body of sociological and psychological literature suggesting that religious activities may mitigate the effects of stress, few studies have investigated the beneficial effects of religious activities among immigrants. Immigrants in particular may stand to benefit from these activities because they often report a religious affiliation and often occupy disadvantaged positions. This study investigates whether private and public religious activities reduce the negative effects of a lack of physical, social, and socio-economic resources on wellbeing among Turkish and Moroccan young-old immigrants in the Netherlands. Method: Using data from the Longitudinal

Study Amsterdam, cluster analysis revealed three patterns of absence of resources: physically disadvantaged, multiple disadvantages, and relatively advantaged. Linear regression analysis assessed associations between patterns of resources, religious activities and wellbeing. Results: Persons who are physically disadvantaged or have multiple disadvantages have a lower level of wellbeing compared to persons who are relatively advantaged. More engagement in private religious activities was associated with higher wellbeing. Among those with multiple disadvantages, however, more engagement in private religious activities was associated with lower wellbeing. Public religious activities were not associated with wellbeing in the disadvantaged group. Conclusion: Private religious activities are positively related to wellbeing among Turkish and Moroccan immigrants. In situations where resources are lacking, however, the relation between private religious activities and wellbeing is negative. The study's results highlight the importance of context, disadvantage and type of religious activity for wellbeing.

Spekman, M.L.C., Van Tilburg, T.G., & Merz, E-M. (2019). Do deferred donors continue their donations? A large-scale register study on whole blood donor return in The Netherlands. *Transfusion*, 59, 3657-3665.

<http://dx.doi.org/10.1111/trf.15551>

Background. Temporary deferral of whole blood donors is essential for a safe blood supply, yet deferral may impact donor return. Different deferral reasons may differently affect return, and donor experience may interfere with this. Therefore, we studied the joint effect of deferral reason and donor experience on return. Study design and methods. We used a large-scale retrospective cohort design including all Dutch donors with a whole blood donation attempt in 2013-2015 (N=343,825). We established details of the target donation (including deferral reason if applicable), details of attendances in the two years after the target donation, donor characteristics (blood type, gender, age), and donor experience (first-time, novice, experienced, reactivated). Descriptive statistics as well as time-to-events methods were used. Results. Experienced donors were most likely to return, even after deferral (non-deferred 96% versus deferred 92%). First-time and reactivated donors were less likely to return after deferral (69% and 61% respectively) compared to their non-deferred counterparts (82% and 76% respectively). First-time hemoglobin-deferred donors were less likely to return and slower to return than other donors. Similar results were found for reactivated donors deferred for short-term medical reasons. Conclusion. Deferral reason and donor experience individually as well as jointly impacted donor return. Particularly first-time and reactivated donors were at risk of non-return, especially when deferred for hemoglobin or short-term medical reasons, respectively. Blood banks designing and implementing donor retention strategies should thus not only take successful but also unsuccessful donation experiences and different experience levels into account.

Suanet, B.A., Broese van Groenou, M.I., & Van Tilburg, T.G. (2019). Social network type and informal care use in later life: A comparison of three Dutch birth cohorts aged 75–84. *Ageing & Society*, 39, 749-770.

<https://doi.org/10.1017/S0144686X17001246>

Recent societal changes have increased the salience of non-kin relationships. It can be questioned whether network types that are more strongly non-kin-based give more informal care nowadays. We study how informal care use differs according to network type for three birth cohorts. Data from the Longitudinal Aging Study Amsterdam (LASA) on older adults aged 75–84 years, interviewed in 1992, 2002 and 2012, respectively (total sample size N = 2,151, analytical sample having functional limitations N = 926). We found four network types: restricted, family-focused with a partner, family-focused without a partner and wider community-focused diverse networks. Wider community-focused diverse networks are more common in the late birth cohort, whereas restricted networks and family-focused networks without a partner are less common. Logistic regression analyses reveal that those in a family-focused network with a partner use informal care more often than those in the other three network types, and insignificant interaction terms show that this does not differ by birth cohort. Irrespective of their network type, those in the late birth cohort use informal care less often. However, after controlling for need, predisposing and context factors, this cohort-difference is no longer significant. We conclude that despite large-scale societal changes,

wider community-focused diverse networks do not provide more informal care than before and that among the functionally impaired, the odds of receiving informal care does not decline across birth cohorts.

Suanet, B.A., & Van Tilburg, T.G. (2019). Loneliness declines across birth cohorts: The impact of mastery and self-efficacy. *Psychology and Aging, 34*, 1134-1143.

<http://dx.doi.org/10.1037/pag0000357>

<https://www.apa.org/pubs/journals/releases/pag-pag0000357.pdf>

In the public debate and media, it has been suggested that there currently is a “loneliness epidemic” in Western societies. To shed light on this pressing issue we investigated whether age-related changes in loneliness found in early studies also pertain to later-born cohorts, and whether mastery and self-efficacy have become increasingly important for explaining differences in loneliness. We used data from the Longitudinal Aging Study Amsterdam (LASA). Observations were of 4,880 Dutch people aged 55 and older between 1992 and 2016. We employed multi-level regression analyses incorporating birth cohort while controlling for age. Older adults were less lonely in later-born cohorts, although the effect size was small ($d=.11$ at age 65 comparing cohorts 1918-1927 and 1948-1957; and $d=.11$ at age 75 comparing cohorts 1908-1917 and 1938-1947). Furthermore, we found a sharp age-related increase in loneliness; older people were lonelier than younger people ($d=.83$ comparing age 75 and 95 in cohort 1908-1917; and $d=.21$ comparing age 55 and 78 in cohort 1938-1947). Age effects thus clearly outweigh cohort effects in size. Increasing levels of mastery and self-efficacy across birth cohorts explain the observed cohort-related decline in loneliness. Mastery contributes similar to the effect size of partner status in the explanation of differences in loneliness. We conclude that there is no evidence of a “loneliness epidemic” among later-born cohorts of older adults relative to earlier-born cohorts. Also, mastery and self-efficacy are crucial to fully understanding loneliness in today’s society.

Suanet, B.A., & Van Tilburg, T.G. (2019). Balance in social support exchange and discontinuation of young-old’s personal relationships in three birth cohorts. *Journal of Social and Personal Relationships, 36*, 3371-3388.

<https://doi.org/10.1177/0265407518822779>

Societal changes and an increase in personal resources are likely to have an impact on the personal relationships of cohorts coming of age. We expect that, in recent times, 1) relationships more often strike a balance in exchanged instrumental and emotional support, and 2) relationships are discontinued more often when there is no balance in exchanged instrumental and emotional support, particularly among non-kin. We compare three birth cohorts from the Longitudinal Aging Study Amsterdam, aged 55-64 years at baseline (early cohort: born 1928-1937, interviewed in 1992; middle cohort: 1938-1947, interviewed in 2002; late cohort: 1948-1957, interviewed in 2012). The results indicate that, in the middle and late birth cohorts, personal relationships are more often characterized by a balance in social support exchanges compared to the early cohort. No cohort differences in the effect of balance on relationship discontinuation are observed. The results suggest increased opportunities and preferences of young-olds to maintain balance in their personal relationships.

Swinkels, J., Broese van Groenou, M.I., De Boer, A.H., & Van Tilburg, T.G. (2019). Male and female partner-caregivers’ burden: Does it get worse over time? *The Gerontologist, 59*, 1103-1111.

<https://doi.org/10.1093/geront/gny132>

Background and Objectives. The general view is that partner-caregiver burden increases over time but findings are inconsistent. Moreover, the pathways underlying caregiver burden may differ between men and women. This study examines to what degree and why partner-caregiver burden changes over time. It adopts Pearlin’s Caregiver Stress Process Model, as it is expected that higher primary and secondary stressors will increase burden and larger amounts of resources will lower burden. Yet, the impact of stressors and resources may change over time. The wear-and-tear model predicts an increase of burden due to a stronger impact of stressors and lower impact of resources over time. Alternatively, the adaptation model predicts a decrease of burden due to a lower impact of stressors and higher impact of resources over time. Research Design and

Methods. We used 2 observations with a 1-year interval of 279 male and 443 female partner-caregivers, derived from the Netherlands Older Persons and Informal Caregivers Survey Minimum Data Set. We applied multilevel regression analysis, stratified by gender. Results. Adjusted for all predictors, caregiver burden increased over time for both men and women. For female caregivers, the impact of poor spousal health on burden increased and the impact of fulfillment decreased over time. Among male caregivers, the impact of predictors did not change over time. Discussion and Implications. The increase of burden over time supports the wear-and-tear model, in particular for women. This study highlights the need for gender-specific interventions that are focused on enabling older partners to be better prepared for long-term partner-care.

Swinkels, J., Van Tilburg, T.G., Verbakel, E., & Broese van Groenou, M.I. (2019). Explaining the gender gap in the caregiving burden of partner caregivers. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 74, 309-317.

<https://doi.org/10.1093/geronb/gbx036>

Objectives: We examine gender differences in the experienced burden of partner caregivers using the stress-appraisal model. Gender differences can be explained by differences in conditions of burden (primary stressors, help from others, hours of caregiving, and secondary stressors) and how strong their effects are. Method: The data are from the Netherlands' Older Persons and Informal Caregivers Survey—Minimum Data Set (N = 1,611 caregivers). We examine mediation and moderation effects using structural equation modeling. Results: Women experience greater partner caregiver burden than men, which is related to women experiencing more secondary stressors (relational and financial problems, problems combining different tasks). For women and men alike, there is a positive association between burden and more primary stressors (partner's care need indicated by health impairment), help from other caregivers, and secondary stressors. For male caregivers, caregiving intensity also contributes to a greater burden. Discussion: This study corroborates the structural impact of gender on the conditions of as well as their effects on the partner caregiver burden. Reducing the hours of caregiving for male caregivers in severe care situations and helping female and male caregivers deal emotionally with the caregiving situation can reduce the partner caregiver burden.

Van der Noordt, M., Hordijk, H.J., IJzelenberg, H., Van Tilburg, T.G., Van der Pas, S., & Deeg, D.J.H. (2019). Trends in working conditions and health across three cohorts of older workers in 1993, 2003 and 2013: A cross-sequential study. *BMC Public Health*, 19, 1376.

<http://dx.doi.org/10.1186/s12889-019-7736-7>

Background: Over the past decades, the number of older workers has increased tremendously. This study examines trends from 1993 to 2013 in physical, cognitive and psychological functioning among three successive cohorts of Dutch older workers. The contribution of the changes in physical and psychosocial work demands and psychosocial work resources to change in functioning is examined. Insight in health of the older working population, and in potential explanatory variables, is relevant in order to reach sustainable employability. Methods: Data from three cohorts (observations in 1993, 2003 and 2013) of the Longitudinal Aging Study Amsterdam (LASA) were used. Individuals aged 55–65 with a paid job were included (N = 1307). Physical functioning was measured using the Timed Chair Stand Test, cognitive functioning by a Coding Task and psychological functioning by the positive affect scale from the CES-D. Working conditions were deduced from a general population job exposure matrix. Linear and logistic regression analyses were performed. Results: From 1993 to 2013, time needed to perform the Timed Chair Stand Test increased with 1.3 s (95%CI = 0.89–1.71), to a mean of 11.5 s. Coding Task scores increased with 1.7 points (95%CI = 0.81–2.59), to a mean of 31 points. The proportion of workers with low positive affect increased non-significantly from 15 to 20% (p = 0.088). Only the improvement in cognitive functioning was associated with the change in working conditions. The observed decrease of physically demanding jobs and increase of jobs with higher psychosocial resources explained 8% of the improvement. Conclusions: Changes in working conditions may not contribute to improved physical and psychological functioning, but do contribute to improved cognitive functioning to some extent. Further adjustment of physical work demands and psychosocial work resources may help to reach sustainable employability of older workers.

Van der Noordt, M., Van der Pas, S., Van Tilburg, T.G., & Deeg, D.J.H. (2019). LASA: Langer doorwerken is voor 50 procent met gezondheidsbeperkingen. *Gerōn*, 21 (2).

<https://gerontijdschrift.nl/artikelen/langer-doorwerken-is-voor-50-procent-met-gezondheidsbeperkingen/>

Al jaren stimuleert de overheid oudere werkenden om langer door te werken. De gemiddelde uittreedleeftijd is hiermee gestegen van 61 jaar in 2006 naar 64,5 jaar in 2016. In een recent onderzoek met gegevens van de Longitudinal Aging Study Amsterdam (LASA) is onderzocht in hoeverre de stijging van de uittreedleeftijd samen is gegaan met een toename in het aantal jaren dat men met gezondheidsbeperkingen doorwerkt.

Van der Noordt, M., Van der Pas, S., Van Tilburg, T.G., Van den Hout, A., & Deeg, D.J.H. (2019). Changes in working life expectancy with disability in the Netherlands, 1992–2016. *Scandinavian Journal of Work, Environment and Health*, 45, 73-81.

<http://dx.doi.org/10.5271/sjweh.3765>

Objectives. Like other western countries, the Netherlands has abolished early retirement schemes and is currently increasing the statutory retirement age. It is likely that also older workers with disabilities will be required to work longer. We examine the change in working life expectancy (WLE) with disability of older workers by comparing data from three periods: 1992–1996, 2002–2006 and 2012–2016. Methods. Data are from the Longitudinal Aging Study Amsterdam (LASA). Respondents aged 55–65 with a paid job at baseline were included (N=1074). Disability was measured using the Global Activity Limitations Indicator (GALI). First, a continuous-time three-state survival model was created. Second, WLE with and without disability were estimated using MSM and ELECT in R. The modifying effects of gender and educational level were examined. Results. Among those initially in paid employment, total WLE increased over 20 years. For example at age 58, total WLE increased from 3.7 to 5.5 years. WLE with disability at age 58 increased from 0.8 to 1.5 years. There was no difference in WLE with disability between male and female workers or low- and highly educated workers. Conclusions. Between the 1990s and the 2010s, subsequent generations of older workers with disabilities have extended their working lives. The findings emphasize the importance of workplace interventions that facilitate older workers with disabilities to maintain well-being and work ability. In addition, the question arises whether current exit routes out of the workforce are still adequate.

Van Tilburg, T.G. (2019). Ontevredenheid over netwerk leidt tot eenzaamheid ouderen. *TvZ - Verpleegkunde in praktijk en wetenschap*, 129, 16-18.

<https://doi.org/10.1007/s41184-019-0102-5>

Van Tilburg, T.G. (2019). *Verandering in prevalentie van eenzaamheid onder ouderen in de periode eind 2011 – begin 2019*. Vrije Universiteit Amsterdam. Rapport uitgebracht aan het ministerie van Volksgezondheid, Welzijn en Sport, programma Eén tegen eenzaamheid.

<https://www.rijksoverheid.nl/onderwerpen/eenzaamheid/documenten/rapporten/2019/11/15/verandering-in-prevalentie-van-eezaamheid-onder-ouderen-in-de-periode-eind-2011-begin-2019>

(kamerbrief:

<https://www.rijksoverheid.nl/onderwerpen/eenzaamheid/documenten/kamerstukken/2020/01/15/kamerbrief-2e-voortgangsrapportage-eeen-tegen-eezaamheid>)

Van Tilburg, T.G., & Suanet, B.A. (2019). Unmarried older people: Are they socially better off today? *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 74, 1463-1473.

<http://dx.doi.org/10.1093/geronb/gby120>

Previous studies have shown that unmarried older adults are generally at disadvantage in personal networks and social well-being compared with the married. It can be questioned whether their situation has improved in contemporary society, as among others the stigma of divorce and being never-married has declined. We hypothesize differential developments in networks and well-being according to marital status (married, widowed, divorced, and never-married) across birth cohorts. Data are from the 1993 and 2013 observations of the Longitudinal Aging Study Amsterdam on

Dutch people aged 55–69 (N = 2,894) and 70–84 years (N = 2,317). We employ general linear modeling of network size and diversity, received emotional and instrumental support, emotional and social loneliness, and depressive symptoms. The widowed are better off socially in 2013 than in 1993. Similar to the divorced they have a larger network, and similar to the never-married they receive more emotional support and are less emotional lonely. We find some gender differences in these developments. Societal change has not radically altered networks and well-being of unmarried older people. The widowed seem to benefit most, possibly because they are better able to retain relationships after widowhood.

Van Tilburg, T.G., & Suanet, B.A. (2019). *Reisduur van netwerkleden van kwetsbare ouderen: Implicaties voor professionele zorg, eenzaamheid en depressie*. Beleidsrapport voor het Ministerie van Volksgezondheid, Welzijn en Sport.

<https://lasa-vu.nl/nieuws/documents/ReisduurvannetwerkledenvankwetsbareouderenLASA-VWS2018-2019.pdf>

2018

Cuyvers, G., Thomése, G.C.F., & Van Tilburg, T.G. (2018). Participation narratives of Third Age adults: Their activities, motivations and expectations regarding civil society organisations. *Journal of Aging Studies*, 46, 10-16.

<https://doi.org/10.1016/j.jaging.2018.05.003>

Third Age adults leaving the labour market are not only armed with broad experience and multiple competencies but also find themselves free of professional obligations while still physically sound. The general theory of Third Age of Laslett sheds a new light on characteristics of ageing adults and their role in society. They are able to engage in society in ways inaccessible to previous generations of older adults. According to Laslett, combining a myriad personal strengths and being free of professional obligations they are challenged to make Third Age a time of personal development by making choices of engagement and civic contribution. To enlighten these issues, this qualitative study focuses on how and under what conditions 23 Third Agers invest their strengths in unpaid societal and social participation. Their narratives reveal three types of involvement: holistic, inhibited and social consumerist. The holistic pattern and, to a lesser extent, the inhibition pattern meet the expectations of Laslett about the Third Age. The social consumerist pattern, on the other hand, rather refers to disengagement. These observations imply that to facilitate the societal engagement and social participation of this population, civil society organisations need to rethink their goals, activities and procedures.

De Jong Gierveld, J., Van Tilburg, T.G., & Dykstra, P.A. (2018). New ways of theorizing and conducting research in the field of loneliness and social isolation. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge handbook of personal relationships* (second edition, pp. 391-404).

Cambridge, UK: Cambridge University Press.

<https://doi.org/10.1017/9781316417867.031>;

https://repub.eur.nl/pub/93235/REPUBLIC_93235_AAM.pdf

ISBN: 9781107130265

Klokgieters, S.S., Van Tilburg, T.G., Deeg, D.J.H., & Huisman, M. (2018). Resilience in the disabling effect of gait speed among older Turkish and Moroccan immigrants and native Dutch. *Journal of Aging and Health*, 30, 711-737.

<http://dx.doi.org/10.1177/0898264316689324>

Objectives: To investigate the factors that inhibit the disabling effect of impairments among citizens who have migrated from Turkey and Morocco and native Dutch according to a resilience perspective. Method: Using data from the Longitudinal Aging Study Amsterdam with 928 native Dutch, 255 Turks, and 199 Moroccans aged 55 to 65, linear regression analysis assessed whether country of origin, mastery, income, and contact frequency modified the relationship between gait speed and activity limitations. Results: Turks, but not Moroccans, demonstrated stronger associations between gait speed and activity limitations than the Dutch. Mastery modified the

association among the Dutch and the Turks. Income modified the association only among the Dutch. Effect modification by contact frequency was not observed. Discussion: Moroccans and Dutch appeared to be more resilient against impairments than Turks. As none of the resilience factors buffered in all three populations, we conclude that resilience mechanisms are not universal across populations.

Klokgieters, S.S., Van Tilburg, T.G., Deeg, D.J.H., & Huisman, M. (2018). Gezondheidsverschillen onder oudere migranten in Nederland. *DEMOS*, 34, oktober, 4-7.

<https://www.nidi.nl/nl/demos/2018/09/02>

<https://www.nidi.nl/shared/content/demos/2018/demos-34-09-klokgieters.pdf>

Van Campen, C., Vonk, F., & Van Tilburg, T.G. (2018). *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking*. Den Haag: Sociaal en Cultureel Planbureau.

https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/Kwetsbaar_en_eezaam

ISBN 9789037708745

<https://research.vu.nl/ws/portalfiles/portal/58216966>

A [summary in English](#) is available. Een [samenvatting in het Nederlands](#) is beschikbaar.

Hoofdstukken:

Vonk, F., Van Campen, C., & Van Tilburg, T.G. (2018). Eenzaamheid als individueel en maatschappelijk probleem. In C. van Campen, F. Vonk, & T.G. van Tilburg (Red.), *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* (pp. 17-24). Den Haag: Sociaal en Cultureel Planbureau.

Van Tilburg, T.G., & Klok, J. (2018). Factoren van eenzaamheid: Een literatuuroverzicht. In C. van Campen, F. Vonk, & T.G. van Tilburg (Red.), *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* (pp. 25-34). Den Haag: Sociaal en Cultureel Planbureau.

Van Tilburg, T.G., & Klok, J. (2018). Trend in prevalentie van eenzaamheid onder ouderen. In C. van Campen, F. Vonk, & T.G. van Tilburg (Red.), *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* (pp. 35-45). Den Haag: Sociaal en Cultureel Planbureau.

Van Tilburg, T.G., Iedema, J., & Klok, J. (2018). Veranderingen in eenzaamheid in de tweede levenshelft. In C. van Campen, F. Vonk, & T.G. van Tilburg, *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* (pp. 46-53). Den Haag: Sociaal en Cultureel Planbureau.

Van Campen, C., Van Tilburg, T.G., & Vonk, F. (2018). Slotbeschouwing. In C. van Campen, F. Vonk, & T.G. van Tilburg (Red.), *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* (pp. 105-108). Den Haag: Sociaal en Cultureel Planbureau.

Van Campen, C., Vonk, F., & Van Tilburg, T.G. (2018). Oud zijn betekent niet per se eenzaam en ongelukkig. <https://www.socialevraagstukken.nl/oud-zijn-betekent-niet-per-se-eezaam-en-ongelukkig/>

Van Tilburg, T.G. (2018). *Waarom helpt een potje bingo niet tegen eenzaamheid?* Universiteit van Nederland, 'De Eeuwige Jeugd'.

https://www.youtube.com/watch?v=t_ppRkmp-l

Van Tilburg, T.G., & Fokkema, T. (2018). Hogere eenzaamheid onder Marokkaanse en Turkse ouderen in Nederland: Op zoek naar een verklaring. *Tijdschrift voor Gerontologie en Geriatrie*, 49, 263-273.

<http://dx.doi.org/10.1007/s12439-018-0269-1>

Eenzaamheid komt vaker voor onder ouderen van Marokkaanse en Turkse herkomst dan van Nederlandse herkomst. Twee verklaringen voor dit verschil zijn onderzocht. (1) Het concept en de meting verschillen tussen de herkomstgroepen. (2) Migranten verkeren in een kwetsbare situatie. Er is gebruik gemaakt van gegevens van de Longitudinal Aging Study Amsterdam. Interviews zijn gehouden met 176 mensen geboren in Marokko en 235 geboren in Turkije, in de leeftijd van 55–66

jaar, en wonend in stedelijke wijken. Gemiddeld migreerden zij 35 jaar geleden. Zij zijn vergeleken met een steekproef van 292 ouderen die, evenals hun ouders, geboren zijn in Nederland. De analyses laten zien dat de psychometrische eigenschappen van de eenzaamheidsschaal bevredigend zijn. Voor enkele items is er systematische vertekening. Migrantenouderen hebben meer sociale contacten, maar participeren minder, zijn minder tevreden over hun inkomen, ervaren minder regie en hebben een slechtere gezondheid waaronder een groter aantal depressieve symptomen. Als rekening wordt gehouden met deze verschillen halveert het verschil in eenzaamheid met Nederlandse ouderen. De ervaringen vanuit migratie en als minderheid in Nederland versterken waarschijnlijk hun gevoelens van eenzaamheid. Interventies moeten zich niet richten op het verbeteren van sociaal contact, maar bijvoorbeeld op het versterken van het ervaren van een sociaal gewaardeerde rol en het vermijden van negatieve interpretaties. Stronger feelings of loneliness among Moroccan and Turkish older adults in the Netherlands: A search for an explanation.

The prevalence of loneliness among Turkish- and Moroccan-Dutch older adults is higher than among Dutch older adults of non-migrant origin. Two explanations may account for this difference. (1) The meaning of the concept may differ, or there is differential item functioning. This might result in scores that not only differ in intensity but also in meaning across groups. (2) The position of older migrants is much more vulnerable than of non-migrant older people. Data from the Longitudinal Aging Study Amsterdam were used to examine support for both explanations. Feelings of loneliness are explored among 176 people born in Morocco and 235 people born in Turkey, aged 55–66 years, and living in urban areas. They migrated on average 35 years ago to the Netherlands. They are compared with a matched sample of 292 older people of Dutch origin. The psychometric properties of the loneliness scale are satisfying, although there is some differential item functioning. Older migrants have more frequent social contacts, but are at a disadvantage in other domains. Taking into account differences in social participation, satisfaction with their income, mastery and depressive symptoms, the difference between older migrants' and non-migrants' loneliness is reduced to more than half. Being an older migrant and belonging to a minority might further contribute to feelings of loneliness. Interventions should not be directed at stimulating social contact, but rather, for example, at enhancing the appreciation of their social status and at avoiding negative interpretations of the situation.

2017

Bouwman, T.E., Aartsen, M.J., Van Tilburg, T.G., & Stevens, N.L. (2017). Does stimulating various coping strategies alleviate loneliness? Results from an online Friendship Enrichment Program. *Journal of Social and Personal Relationships*, 34, 793-811.

<http://dx.doi.org/10.1177/0265407516659158>

Loneliness stems from a mismatch between the social relationships one has and those one desires. Loneliness often has severe consequences for individuals and society. Recently an online adaptation of the Friendship Enrichment Program was developed and tested to gain insight in its contribution to the alleviation of loneliness. Three loneliness coping strategies are introduced during the program: network development, adapting relationship standards and reducing the importance of the discrepancy between actual and desired relationships. Data were collected among 239 participants aged 50-86. Loneliness was measured four times using a multi-item scale, and on various days with a single, direct question. Loneliness assessed with the scale declined during and after the program. Scores on loneliness assessed for a specific day however, are more ambiguous. Despite the immediate positive effect of conducting assignments, we did not observe a decline in the single loneliness item score over the course of the program. The online friendship enrichment program seems to reduce loneliness in general, but these effects are not visible on today's loneliness. Nevertheless, the online intervention to reduce loneliness is a valuable new contribution to the collection of loneliness interventions.

Broese van Groenou, M.I., & Van Tilburg, T.G. (2017). Sociaal netwerk en persoonlijke relaties. In M. Vink, Y. Kuin, G. Westerhof, S. Lamers, & A.M. Pot (Eds.), *Handboek ouderenpsychologie* (pp. 49-63). Utrecht: De Tijdstroom.

ISBN 9789058983121

In dit hoofdstuk komen de persoonlijke relaties van ouderen aan de orde. Deze nemen een belangrijke plaats in binnen het leven van ouderen. Regelmatig contact met kinderen, familie, buren en vrienden bevordert gevoelens van geborgenheid en sociale integratie, en vermindert gevoelens van eenzaamheid. In alle levensfasen is het prettig over een goed functionerend persoonlijk relatienetwerk te beschikken, maar op oudere leeftijd is het belang onmiskenbaar. Veel ouderen worden geconfronteerd met negatieve veranderingen, zoals gezondheidsproblemen, het verlies van dierbaren of institutionalisering. Persoonlijke relaties fungeren als 'mantel' en vormen de belangrijkste bron van steun en zorg in moeilijke tijden. Maar persoonlijke relaties veranderen zelf ook, tijdens het ouder worden of als gevolg van een ingrijpende gebeurtenis. In dit hoofdstuk beschrijven we kenmerken van het persoonlijk relatienetwerk van ouderen, in hoeverre deze verschillen naar sekse, leeftijd en opleidingsniveau, en hoe relatienetwerken veranderen in de levensloop. Daarna bespreken we twee belangrijke uitkomsten van relatienetwerken: het verkrijgen van mantelzorg en de ervaren eenzaamheid. Tenslotte vergelijken we ouderen van nu met hun leeftijdgenoten aan het begin van de negentiger jaren. Nieuwe generaties ouderen hebben andere kenmerken dan ouderen voorheen, en verschillen ook in hun sociale relatienetwerk. Daarbij hebben we ook kort aandacht voor de virtuele sociale relaties van ouderen.

Ellwardt, L., Aartsen, M.J., & Van Tilburg, T.G. (2017). Types of non-kin networks and their association with survival in late adulthood: A latent-class approach. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 72, 694-705.

<http://dx.doi.org/10.1093/geronb/gbw142>

Objectives: Integration into social networks is an important determinant of health and survival in late adulthood. We first identify different types of non-kin networks among older adults and second, investigate the association of these types with survival rates. Method: Official register information on mortality is combined with data from the Longitudinal Aging Study Amsterdam (LASA). The sample includes 2,440 Dutch respondents aged 54-85 at baseline in 1992 and six follow-ups covering a time span of 20 years. Using latent class analysis, respondents are classified into distinct types of non-kin networks, based on differences in number and variation of non-kin relations, social support received from non-kin, and contact frequency with non-kin. Next, membership in network types is related to mortality in a Cox proportional hazard regression model. Results: There are four latent types of non-kin networks that vary in network size and support. These types differ in their associations with mortality, independent of sociodemographic and health confounders. Older adults integrated into networks high in both number and variation of supportive non-kin contacts have higher chances of survival than older adults embedded in networks low in either amount or variation of support or both. Discussion: A combination of structural and functional network characteristics should be taken into account when developing intervention programs aiming at increasing social integration outside the family network.

Houtjes, W., Deeg, D.J.H., Van de Ven, P.M., Van Meijel, B., Van Tilburg, T.G., & Beekman, A.T.F. (2017). Is the naturalistic course of depression in older people related to received support over time? Results from a longitudinal population-based study. *International Journal of Geriatric Psychiatry*, 32, 657-663.

<http://dx.doi.org/10.1002/gps.4508>

Objectives. To test the interrelation of the naturalistic course of depression in older people with long-term support received. Design Longitudinal cohort study. Methods. A sample of 277 adults age 55-85 years participating in the Longitudinal Aging Study Amsterdam, with clinically relevant depressive symptoms at baseline (scores ≥ 16 on the Center for Epidemiological Studies Depression Scale) were followed up over a period of 13 years. General estimating equations were used to examine the relation between depression course and emotional/instrumental support received over time. In addition, partner status, gender, and age were tested as modifiers. Results. A 2-way interaction between depression courses types and time showed significant differences in instrumental support received over time in older people with a late-life depression. Three-way interactions showed that associations between depression course and support variables were modified by gender and partner status. Conclusion. Both men and singles, with a chronic course of

depression may be at risk to lose emotional and instrumental support over time. Professional attention is needed to prevent a chronic course of late-life depression, and to preserve personal social networks.

Klok, J., Van Tilburg, T.G., Suanet, B.A., & Fokkema, T. (2017). Transnational aging among older Turkish and Moroccan migrants in the Netherlands: Determinants of transnational behavior and transnational belonging. *Transnational Social Review, a Social Work Journal*, 7, 25-40.
<http://dx.doi.org/10.1080/21931674.2016.1277656>

This study investigates how resources and constraints (location of family, gender, income, cultural distance to society of settlement, and health) impact the experience of two interrelated dimensions of transnational aging: transnational behavior and transnational belonging. We specify transnational behavior by visitation of the country of origin and transnational belonging by emotional attachment to the country of origin and consideration of return migration. Data come from the Longitudinal Aging Study Amsterdam with interviews held between 2013 and 2014 with 264 Turkish migrants and 205 Moroccan migrants, aged 55–66. Regression analyses reveal that transnational belonging and behavior are explained by different factors. Family-in-laws' location and gender only play a role in explaining transnational belonging, while cultural distance and self-rated health affect both dimensions, and subjective income only impacts transnational behavior. Results from the stratified analysis show that for Turkish migrants, family location, cultural distance, and health are important in considering return migration, whereas for Moroccan migrants, only cultural distance plays a role. We conclude that the distinction between transnational belonging and behavior is useful in understanding transnational aging and that our resources and constraints approach extends our view on older migrants.

Klok, J., Van Tilburg, T.G., Suanet, B.A., Fokkema, T., & Huisman, M. (2017). National and transnational belonging among Turkish and Moroccan older migrants in the Netherlands: Protective against loneliness? *European Journal of Ageing*, 14, 341–351.
<http://dx.doi.org/10.1007/s10433-017-0420-9>

This research investigates how a sense of belonging functions as protective mechanism against loneliness. Inspired by the work of Berry (1980) on acculturation strategies (i.e. integration, assimilation, separation and marginalization), we distinguish migrants who feel a relatively strong or weak sense of belonging to larger society and those who feel a strong or weak belonging to the “own group.” We expect that more national belonging contributes to less loneliness. We add a transnational perspective by arguing that feelings of belonging to the own group can take place in the country of settlement, but can also be transnational, i.e. a feeling of belonging to the country of origin. Transnational belonging can protect against loneliness, as it acknowledges the importance of place attachment. Using data from the Longitudinal Aging Study Amsterdam on older migrants aged 55–66, we employ latent class analysis and find five national belonging clusters, interpretable in terms of Berry's acculturation strategies. Further analyses reveal mixed evidence: some aspects of transnational belonging vary with belonging to the own group, but other aspects point to a third dimension of belonging. Regression analysis shows that those marginalized are loneliest and that a transnational sense of belonging contributes to more loneliness. We conclude that Berry's (1980) typology is useful for interpreting older migrants' national belonging and that a transnational sense of belonging is apparent among older migrants, but needs to be explored further.

Stolte, E., Hopman-Rock, M., Aartsen, M.J., Van Tilburg, T.G., & Chorus, A. (2017). The Theory of Planned Behavior and physical activity change: Outcomes of the Aging Well and Healthily Intervention Program for Older Adults. *Journal of Aging and Physical Activity*, 25, 438-445.
<http://dx.doi.org/10.1123/japa.2016-0182>

The predictive value of the Theory of Planned Behavior (TPB) on intention and physical activity (PA) over time was examined. Data from the Aging Well and Healthily intervention program (targeting perceived behavioral control and attitude, not subjective norm) were analyzed, including pretest (T0), posttest (T1, except subjective norm) and 4–6 months follow-up (T2, PA outcomes only) (N = 387, M age 72 years). Structural equation modeling was used to test a TPB model. PA was measured subjectively using the Voorrips sports subscale (T0 and T2), items measured

perceived increase in PA (T1), and adherence to exercises (T1 and T2). Model fit was good. The TPB explained variation in intention well (R^2 .54–.60) and some PA behavior (R^2 .13–.16). The intervention successfully got participants to exercise independent of the measured TPB concepts. More TPB studies in the context of interventions are needed.

Uysal-Bozkir, Ö., Fokkema, T., MacNeil-Vroomen, J.L., Van Tilburg, T.G., & De Rooij, S.E. (2017). Translation and validation of the De Jong Gierveld loneliness scale among older migrants living in the Netherlands. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 72, 109-119.

<http://dx.doi.org/10.1093/geronb/gbv044>

Objectives. We validate a translated version of the De Jong Gierveld Loneliness Scale (DJGLS) for use among older migrants from Turkish and Moroccan descent and validate the original Dutch version of the same scale for Surinamese migrants in the Netherlands. **Method.** The data were derived from a population-based cross-sectional study among community-dwelling individuals aged 55 and older. In addition to translating the DJGLS for these ethnic groups, several statistical analyses were performed to assess the scale's reliability and validity. **Results.** The DJGLS proved to be internally consistent and to have adequate convergent validity among all ethnic groups. Latent structure analysis confirmed the two latent factors (emotional and social subscales) in all groups, but also showed that fit was not optimal in most groups. Known groups validity was observed using functional limitations and subjective health as grouping variables. **Conclusions.** The results provide sufficient support for use of the translated version of the 11-item DJGLS among Turkish and Moroccan older migrants and use of the Dutch version for Surinamese older migrants as a reliable and valid measure of loneliness. Fit of latent structural models varied between good and poor. Further research is needed to investigate ethnic differences in levels and determinants of loneliness.

2016

De Jong Gierveld, J., & Van Tilburg, T.G. (2016). Social isolation and loneliness. In H. S. Friedman (Ed.), *Encyclopedia of mental health* (second edition) (pp. 175-178). Oxford: Academic Press.

<http://dx.doi.org/10.1016/B978-0-12-397045-9.00118-X>

Social isolation, the objective characteristics of a situation of a small-sized social network, is frequently mentioned as a major risk factor for loneliness and mental health problems. In contrast to social isolation, loneliness is the subjective experience of a situation as one of an undesired lack of (quality of) certain relationships. Although social isolation is strongly associated with loneliness, there is not a direct simple association between both phenomena. The standards or wishes for specific types of relationships and the varying cognitive discrepancy experienced are crucial intermediates between social isolation and loneliness.

Fokkema, T., Welschen, S.I., Van Tilburg, T.G., & Thomese, G.C.F. (2016). *Eenzaamheid onder oudere migranten: Literatuuronderzoek en interviews*. Amsterdam: Ben Sajatcentrum.

<http://hdl.handle.net/1871/55025>

Holwerda, T.J., Van Tilburg, T.G., Deeg, D.J.H., Schutter, N., Van, R., Dekker, J., Stek, M.L., Beekman, A.T.F., & Schoevers, R.A. (2016). Impact of loneliness and depression on mortality: Results from the Longitudinal Ageing Study Amsterdam. *The British Journal of Psychiatry*, 209, 127-134.

<http://dx.doi.org/10.1192/bjp.bp.115.168005>

Background. Loneliness is highly prevalent among older people, has serious health consequences and is an important predictor of mortality. Loneliness and depression may unfavourably interact with each other over time but data on this topic are scarce. **Aims.** To determine whether loneliness is associated with excess mortality after 19 years of follow-up and whether the joint effect with depression confers further excess mortality. **Method.** Different aspects of loneliness were measured with the De Jong Gierveld scale and depression with the Centre for Epidemiologic Studies Depression Scale in a cohort of 2878 people aged 55–85 with 19 years of follow-up.

Excess mortality hypotheses were tested with Kaplan–Meier and Cox proportional hazard analyses controlling for potential confounders. Results. At follow-up loneliness and depression were associated with excess mortality in older men and women in bivariate analysis but not in multivariate analysis. In multivariate analysis, severe depression was associated with excess mortality in men who were lonely but not in women. Conclusions. Loneliness and depression are important predictors of early death in older adults. Severe depression has a strong association with excess mortality in older men who were lonely, indicating a lethal combination in this group.

Hoogendijk, E.O., Deeg, D.J.H., Poppelaars, J, Van der Horst, M., Broese van Groenou, M.I., Comijs, H.C., Pasman, H.R., Van Schoor, N.M., Suanet, B., Thomése, F., Van Tilburg, T.G., Visser, M., & Huisman, M. (2016). The Longitudinal Aging Study Amsterdam: Cohort update 2016 and major findings. *European Journal of Epidemiology*, 31, 927-945.

<http://dx.doi.org/10.1007/s10654-016-0192-0>

The Longitudinal Aging Study Amsterdam (LASA) is an ongoing longitudinal study of older adults in the Netherlands, which started in 1992. LASA is focused on the determinants, trajectories and consequences of physical, cognitive, emotional and social functioning. The study is based on a nationally representative sample of older adults aged 55-áyears and over. The findings of the LASA study have been reported in over 450 publications so far (see www.lasa-vu.nl). In this article we describe the background and the design of the LASA study, and provide an update of the methods. In addition, we provide a summary of the major findings from the period 2011-2015.

Jacobs, M., Van Tilburg, T.G., Groenewegen, P., & Broese van Groenou, M.I. (2016). Linkages between informal and formal caregivers in home-care networks of frail older adults. *Ageing & Society*, 36, 1604-1624.

<http://dx.doi.org/10.1017/S0144686X15000598>

In ageing societies, policy makers aim for more contact between informal and formal care-givers as it may enhance the quality of care. So far, the linkage between formal and informal care-givers is generally studied from a one-sided or a single dyadic perspective, without taking into account that care networks of community-dwelling older adults often exist of multiple informal and formal care-givers. The current study examines discussion of care between all potential informal-formal care-giver dyads in a care network, and relates this to characteristics of the older care recipient, the care network and the care-givers. Seventy-four Dutch older care recipients provided information on all care-givers who helped with five different types of tasks; 410 care-givers reported on the contact between all care-givers identified. Multi-level logistic regression was conducted in 2,150 informal-formal care-giver dyads and revealed that in 26 per cent of all these dyads discussion on care occurred. This was more likely when both care-givers performed multiple types of tasks, the informal care-giver was residing with the care recipient, and contact within the formal and the informal sub-network was higher. To enhance discussion of care between informal and formal care-givers in care networks where no discussion occurs at all, home-care organisations may need to allocate formal care-givers who form a bridge with an extra-residential care-giver of care recipients living alone.

2011

Alma, M.A., Van der Mei, S.F., Feitsma, W.N., Groothoff, J.W., Van Tilburg, T.G., & Suurmeijer, T.P.B.M. (2011). Loneliness and self-management abilities in the visually impaired elderly. *Journal of Aging and Health*, 23, 843-861.

<http://dx.doi.org/10.1177/0898264311399758>

<http://hdl.handle.net/1871/24369>

Objectives: To describe the degree of loneliness among the visually impaired elderly and to make a comparison with a matched reference group of the normally sighted elderly. In addition, we examined self-management abilities (SMAs) as determinants of loneliness among the visually impaired elderly. Method: In a cross-sectional study, 173 visually impaired elderly persons completed telephone interviews. Loneliness and SMAs were assessed with the Loneliness Scale of De Jong Gierveld and the SMAS-30, respectively. Results: The prevalence of loneliness among

the visually impaired elderly was higher compared with the reference group (50% vs. 29%; $p < .001$). Multivariate hierarchical regression analysis showed that the SMA self-efficacy, partner status, and self-esteem were determinants of loneliness. Severity and duration of visual impairment had no effect on loneliness. Discussion: The relationship between SMAs (i.e., self-efficacy) and loneliness is promising, as SMAs can be learned through training. Consequently, self-management training may reduce feelings of loneliness.

Alma, M.A., Van der Mei, S.F., Melis-Dankers, B.J.M., Van Tilburg, T.G., Groothoff, J.W., & Suurmeijer, T.P.B.M. (2011). Participation of the elderly after vision loss. *Disability and Rehabilitation*, 33, 63-72.

<http://dx.doi.org/10.3109/09638288.2010.488711>

<http://hdl.handle.net/1871/24370>

Purpose. To assess the degree of participation of the visually impaired elderly and to make a comparison with population-based reference data. Method. This cross-sectional study included visually impaired elderly persons (≥ 55 years; $n=173$) who were referred to a low-vision rehabilitation centre. Based on the International Classification of Functioning, Disability and Health (ICF) participation in: 1) domestic life, 2) interpersonal interactions and relationships, 3) major life areas, and 4) community, social and civic life was assessed by means of telephone interviews. In addition, we assessed perceived participation restrictions. Results. Comparison with reference data of the elderly showed that visually impaired elderly persons participated less in heavy household activities, recreational activities and sports activities. No differences were found for the interpersonal interactions and relationships domain. Participants experienced restrictions in household activities (84%), socializing (53%), paid or voluntary work (92%), and leisure activities (88%). Conclusions. Visually impaired elderly persons participate in society, but they participate less than their peers. They experience restrictions as a result of vision loss. These findings are relevant, since participation is an indicator for successful aging and has a positive influence on health and subjective well-being.

De Jong Gierveld, J., Fokkema, T., & Van Tilburg, T.G. (2011). Alleviating loneliness among older adults: Possibilities and constraints of interventions. In *Safeguarding the convoy: A call to action from the campaign to end loneliness* (pp. 41-45). Oxon, UK: Age UK Oxfordshire.

www.campaigntoendloneliness.org.uk/

<http://hdl.handle.net/1871/24372>

Huisman, M., Poppelaars, J., Van der Horst, M., Beekman, A.T.F., Brug, J., Van Tilburg, T.G., & Deeg, D.J.H. (2011). Cohort profile: The Longitudinal Aging Study Amsterdam. *International Journal of Epidemiology*, 40, 868-876.

<http://dx.doi.org/10.1093/ije/dyq219>

ISSN 0300-5771

<http://hdl.handle.net/1871/24371>

Plaisier, I., Van Tilburg, T.G., & Deeg, D.J.H. (2011). *Mogelijkheden voor preventie van AWBZ-gebruik: Netwerken van zelfstandig wonende ouderen*. Vrije Universiteit Amsterdam, Rapport uitgebracht aan het Ministerie van Volksgezondheid, Welzijn en Sport.

<http://hdl.handle.net/1871/24373>

Pronk, M., Deeg, D.J.H., Smits, C., Van Tilburg, T.G., Kuik, D.J., Festen, J.M., & Kramer, S.E. (2011). Prospective effects of hearing status on loneliness and depression in older persons: Identification of subgroups. *International Journal of Audiology*, 50, 887-896.

ISSN 1708-8186

<http://dx.doi.org/10.3109/14992027.2011.599871>

<http://hdl.handle.net/1871/36239>

Objective: To determine the possible longitudinal relationships between hearing status and depression, and hearing status and loneliness in the older population. Design: Multiple linear regression analyses were used to assess the associations between baseline hearing and 4-year

follow-up of depression, social loneliness, and emotional loneliness. Hearing was measured both by self-report and a speech-in-noise test. Each model was corrected for age, gender, hearing aid use, baseline wellbeing, and relevant confounders. Subgroup effects were tested using interaction terms. Study sample: We used data from two waves of the Longitudinal Aging Study Amsterdam (2001–02 and 2005–06, ages 63–93). Sample sizes were 996 (self-report (SR) analyses) and 830 (speech-in-noise test (SNT) analyses). Results: Both hearing measures showed significant adverse associations with both loneliness measures ($p < 0.05$). However, stratified analyses showed that these effects were restricted to specific subgroups. For instance, effects were significant only for non-hearing aid users (SR-social loneliness model) and men (SR and SNT-emotional loneliness model). No significant effects appeared for depression. Conclusions: We found significant adverse effects of poor hearing on emotional and social loneliness for specific subgroups of older persons. Future research should confirm the subgroup effects and may contribute to the development of tailored prevention and intervention programs.

Stevens, N.L., & Van Tilburg, T.G. (2011). Cohort differences in having and retaining friends in personal networks in later life. *Journal of Social and Personal Relationships*, 28, 24-43.

<http://dx.doi.org/10.1177/0265407510386191>

<http://hdl.handle.net/1871/24374>

ISSN 0265-4075

Friendship has increased in importance during the last few decades. The study examines whether friendship has become more prevalent in personal networks of older adults. Three cohorts of older persons have been followed since 1992 for 17 years in the Longitudinal Aging Study Amsterdam. The younger cohort had friends more often and retained friends longer than two older cohorts. The differences are related to personal choice, relational competence and greater structural opportunities for making and keeping friends that were available to the younger cohort. Women retained same-sex friends longer than men. The oldest women lost cross-sex friends more often than did men. This is related to different gender-specific survival rates and to women's tendency to retain friendships longer.

Tolkacheva, N., Broese van Groenou, M.I., De Boer, A., & Van Tilburg, T.G. (2011). The impact of informal care-giving networks on adult child's care-giver burden. *Ageing and Society*, 31, 34-51.

<http://dx.doi.org/10.1017/S0144686X10000711>

<http://hdl.handle.net/1871/24311>

<http://cjo-live.cup.cam.ac.uk/action/displayAbstract?fromPage=online&aid=7930831>

ISSN 0144-686X

Previous research on the care-giver burden experienced by adult children has typically focused on the adult child and parent dyad. This study uses information on multiple informal care-givers and examines how characteristics of the informal care-giving network affect the adult child's care-giver burden. In 2007, 602 Dutch care-givers who were assisting their older parents reported on parental and personal characteristics, care activities, experienced burden and characteristics of other informal care-givers. A path model was applied to assess the relative impact of the informal care-giving network characteristics on the care-giver burden. An adult child experienced lower care-giver burden when the informal care-giving network size was larger, when more types of tasks were shared across the network, when care was shared for a longer period, and when the adult child had no disagreements with the other members of the network. Considering that the need for care of older parents is growing, being in an informal care-giving network will be of increasing benefit for adult children involved in long-term care. More care-givers will turn into managers of care, as they increasingly have to organise the sharing of care among informal helpers and cope with disagreements among the members of the network.

Van Tilburg, T.G. (2011). Sociale relaties. In M.J. Aartsen, D.J.H. Deeg, C.P.M. Knipscheer, N.L. Stevens, G. Bosman & M. van Boxtel (Red.), *De canon van de gerontologie*.

www.canongerontologie.nl/samenleving/sociale_relaties

<http://hdl.handle.net/1871/24375>

Van Tilburg, T.G. (2011). Geen bewijs voor meer eenzaamheid. In D.J.H. Deeg, M. van der Horst, N. Sant & M. Evenbrij (Red.), *Licht op later: Twintig jaar onderzoek naar ouder worden* (pp. 35-36). Amsterdam: VU Uitgeverij.
ISBN 9789086595846
<http://hdl.handle.net/1871/28763>

2015

Ellwardt, L., Van Tilburg, T.G., & Aartsen, M.J. (2015). The mix matters: Complex personal networks relate to higher cognitive functioning in old age. *Social Science and Medicine*, 125, 107–115.

<http://dx.doi.org/10.1016/j.socscimed.2014.05.007>

Stronger engagement of older adults in social activities and greater embeddedness in networks is often argued to buffer cognitive decline and lower risks of dementia. One of the explanations is that interaction with other people trains the brain, thereby enhancing cognitive functioning. However, research on the relationship between personal networks and cognitive functioning is not yet conclusive. While previous studies have focused on the size of personal networks as a proxy of cognitive stimulation, little attention has been paid to the complexity of the personal network. Adults embedded in a broad range of network relationships (i.e., various relationship types) are likely to be exposed to a wider range of stimuli than adults embedded in a homogeneous network including similar relationship types. We expect that higher numbers of personal relationship types rather than a higher number of similar contacts relate to higher levels of cognitive functioning and slower cognitive decline. Data are from the Longitudinal Aging Study Amsterdam (LASA) and include 2959 Dutch participants aged 54 to 85 at baseline in 1992 and six follow-ups covering a time span of twenty years. Cognitive functioning is assessed with the Mini-Mental State Examination (MMSE), and for network complexity we use the Social Network Index. We test our expectations using fixed-effects regression models. The results reveal that a reduction in network complexity is associated with a reduction in cognitive functioning, which is neither explained by size of the network nor by presence of specific relationship types. However, enhanced complexity has only a marginal buffering effect on decline in cognitive functioning. We conclude that network characteristics and cognitive functioning are intertwined and that their association is mostly cross-sectional in nature.

Ellwardt, L., Van Tilburg, T.G., Aartsen, M.J., Wittek, R., & Steverink, N. (2015). Personal networks and mortality risk in older adults: A twenty-year longitudinal study. *Plos One*, 10(3), e0116731.

<http://dx.doi.org/10.1371/journal.pone.0116731>

Supporting Information: <http://dx.doi.org/doi:10.1371/journal.pone.0116731.s001>

Background: Research on aging has consistently demonstrated an increased chance of survival for older adults who are integrated into rich networks of social relationships. Theoretical explanations state that personal networks offer indirect psychosocial and direct physiological pathways. We investigate whether effects on and pathways to mortality risk differ between functional and structural characteristics of the personal network. The objective is to inquire which personal network characteristics are the best predictors of mortality risk after adjustment for mental, cognitive and physical health. Methods and findings: Empirical tests were carried out by combining official register information on mortality with data from the Longitudinal Aging Study Amsterdam (LASA). The sample included 2,911 Dutch respondents aged 54 to 85 at baseline in 1992 and six follow-ups covering a time span of over twenty years. Four functional characteristics (emotional and social loneliness, emotional and instrumental support) and four structural characteristics (living arrangement, contact frequency, number of contacts, and number of social roles) of the personal network as well as mental, cognitive and physical health were assessed at all LASA follow-ups. Statistical analyses comprised of Cox proportional hazard regression models. Findings suggest differential effects of personal network characteristics on survival, with only small gender differences. Mortality risk was initially reduced by functional characteristics, but disappeared after full adjustment for the various health variables. Mortality risk was lowest for older adults embedded in large (HR=0.986, 95% CI 0.979—0.994) and diverse networks (HR=0.948, 95% CI 0.917—

0.981), and this effect continued to show in the fully adjusted models. Conclusions: Functional characteristics (i.e. emotional and social loneliness) are indirectly associated with a reduction in mortality risk, while structural characteristics (i.e. number of contacts and number of social roles) have direct protective effects. More research is needed to understand the causal mechanisms underlying these relations.

Geurts, T., & Van Tilburg, T.G. (2015). Grandparent–grandchild relationships. In J.D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences* (2nd edition, Vol. 10) (pp. 336-340). Oxford, UK: Elsevier.

<http://dx.doi.org/10.1016/B978-0-08-097086-8.23219-4>

<http://hdl.handle.net/1871/52654>

A brief review of major conceptual notions and empirical findings within the literature on grandparent–grandchild relationships is presented. Four major topics for understanding the intergenerational relationship are addressed: the historical context, the importance of the relationship, changes over individual time, and culture and variation. The focus is on grandparents and grandchildren from Western societies and who are biologically connected.

Geurts, T., Van Tilburg, T.G., Poortman, A.-R., & Dykstra, P.A. (2015). Childcare by grandparents: Changes between 1992 and 2006. *Ageing & Society*, 35, 1318-1334.

<http://dx.doi.org/10.1017/S0144686X14000270>;

Geurts, T., Van Tilburg, T.G., Poortman, A.-R., & Dykstra, P.A. (2015). Childcare by grandparents: Changes between 1992 and 2006 - erratum. *Ageing & Society*, 35, 1341-1341.

<http://dx.doi.org/10.1017/S0144686X1400052X>

This study considers changes in childcare by grandparents between 1992 and 2006 in relation to changes in mothers' need for and grandparents' opportunity to provide childcare. Data from the Longitudinal Aging Study Amsterdam are used to compare two cohorts of Dutch grandparents aged 58 to 68 ($N_{1992} = 181$; $N_{2006} = 350$). Multilevel regression analysis shows that the probability that grandparents care for their adult daughters' ($N_{1992} = 261$; $N_{2006} = 484$) increased from .23 to .41. The increase can be ascribed to higher maternal employment rates, growth in single motherhood, reduced travel time, and a decline in the number of adult children. The increase would have been higher if the employment rate of grandparents had not risen.

Hommerson, S.M., & Van Tilburg, T.G. (2015). *Voorkomen of verminderen van eenzaamheid in de langdurige zorg: Wetenschappelijk onderbouwde inspiratie uit het buitenland*. Vrije Universiteit Amsterdam, afdeling Sociologie.

<http://hdl.handle.net/1871/53362>

Deze rapportage laat dertien buitenlandse 'interventies' zien waarvan wetenschappelijk bewezen is dat zij succesvol zijn bij het voorkomen en bestrijden van eenzaamheid door of vanuit de geestelijke gezondheidszorg, gehandicaptenzorg en ouderenzorg. Er zijn projecten waar cliënten in aanraking komen met honden, robot(zee)honden en kippen. Bij elk van deze voorbeelden blijkt eenzaamheid bij deelnemers te verminderen. Andere initiatieven richten zich op een betere omgang door cliënten met zorgverleners of het verbeteren van slecht aangeleerde cognitieve processen. Ook een geheugentraining kan eenzaamheid helpen voorkomen, net zoals een lotgenotengroep voor chronisch zieke ouderen en een computer en internetcursus deze helpen verminderen. Gespreksgroepen, een GGZ-programma dat zich richt op mensen met een psychische stoornis, en activeringsprogramma's om passiviteit te doorbreken zijn andere succesvolle voorbeelden. Ook het inzetten van vrijwilligers als integraal onderdeel van zorgteams blijkt een positief effect te hebben op het verminderen van isolement en mogelijkheden om vriendschappen te ontwikkelen. Om toepassing in Nederland te vereenvoudigen, zijn de interventies onderverdeeld in een aantal categorieën, namelijk naar werkwijze (één-op-één vs. groepsinterventies), aard (vertrouwd en veilig voelen; bezig zijn, afleiding, contacten; persoonlijke vaardigheden en vaardigheden gericht op meer kunnen) en setting van de interventie (intramuraal vs. extramuraal). Bij het trekken van conclusies zijn verschillende wetenschappelijke kanttekeningen te maken. Zo kan de selectie van deelnemers effect hebben op het resultaat, is er niet altijd een controlegroep gebruikt, zijn alleen studies met een positief resultaat opgenomen en

is het aantal deelnemers over het algemeen klein. Daarom laat dit rapport vooral zien dat er verschillende buitenlandse interventies zijn die als inspiratie gebruikt kunnen worden voor toepassing in de Nederlandse langdurige zorg. Voor toepassing in de Nederlandse context is nodig dat aansluitend bij één van de genoemde interventies in een vooronderzoek gekeken wordt op welke wijze het achterliggende idee van de interventie in te zetten is in de langdurige zorg in Nederland.

Schoenmakers, E.C., Van Tilburg, T.G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing*, 12, 153-161.

<http://dx.doi.org/10.1007/s10433-015-0336-1>

We examine the extent to which coping options endorsed by older adults help alleviate loneliness, and experiences with loneliness influence the coping options. Two ways of coping are distinguished: problem-focused, i.e., improving one's relationships, and emotion-focused, i.e., lowering one's expectations about relationships. Loneliness is assessed using three observations over 6 years among 1,033 61- to 99-year-old respondents in the Longitudinal Aging Study Amsterdam. Combining the first two observations yielded four loneliness types: not lonely at T0 and T1, recently lonely, persistently lonely, and recovered from loneliness. Between the second and third observations, respondents were asked to evaluate which coping options lonely peers described in various vignettes had. From this, individual coping scores were calculated. The option to improve relationships did not affect the likelihood of one's own loneliness, and the option to lower expectations even increased it. Compared to non-lonely respondents, recently lonely ones endorsed both ways of coping equally frequently, persistently lonely ones endorsed improving relationships less frequently and lowering expectations more frequently and recovered respondents endorsed improving relationships equally frequently and lowering expectations more frequently. We conclude that considering various ways of coping does not help alleviate loneliness and that persistently lonely and recovered respondents are at risk of a circular process with loneliness experiences resulting in considering lowering expectations more frequently, which results in a greater likelihood of loneliness, thus contributing to sustaining or re-establishing loneliness.

Van Tilburg, T.G. (2015). Sociale netwerken. In M. Visser, D.J.H. Deeg, D.Z.B. van Asselt & R. van der Sande (Red.), *Inleiding in de gerontologie en geriatrie* (pp. 186-187). Houten: Bohn Stafleu van Loghum.

<http://dx.doi.org/10.1007/978-90-368-0444-8>

Van Tilburg, T.G. (2015). Eenzaamheid. In M. Visser, D.J.H. Deeg, D.Z.B. van Asselt & R. van der Sande (Red.), *Inleiding in de gerontologie en geriatrie* (pp. 187-189). Houten: Bohn Stafleu van Loghum.

<http://dx.doi.org/10.1007/978-90-368-0444-8>

Van Tilburg, T.G., Aartsen, M.J., & Van der Pas, S. (2015). Loneliness after divorce: A cohort comparison among Dutch older adults. *European Sociological Review*, 31, 243-252.

<http://dx.doi.org/10.1093/esr/jcu086>

Supplement: <http://esr.oxfordjournals.org/content/31/3/243/suppl/DC1>

Divorce increases the risk of loneliness. With divorce increasingly becoming a normal life event, societal changes are now challenging this idea as regards to current cohorts. We hypothesize that the relative strong feelings of loneliness among divorcees, compared with married people, has diminished over time. Using 1992, 2002, and 2012 data sets of 54–65-year-old people, we examine the impact of divorce on loneliness over 20 years. We compare those who are divorced or remarried to people married for the first time, and differentiate the supportiveness of the partnership. The results show that for both emotional and social loneliness, divorcees were lonelier than respondents in their first marriage; remarried divorcees were socially lonelier than respondents in their first marriage. Respondents with a supportive partnership were less emotionally and socially lonely than respondents without a partnership or with a less supportive partnership. The

main finding is that, compared with 1992, the divorcees are less socially lonely in 2002, with a smaller and non-significant further decrease in loneliness in 2012. This suggests that the social position of divorcees has been improved over the past two decades.

2014

Boot, C.R.L., Deeg, D.J.H., Abma, T., Rijs, K.J., Van der Pas, S., Van Tilburg, T.G., & Van der Beek, A.J. (2014). Predictors of having paid work in older workers with and without chronic disease: A 3-year prospective cohort study. *Journal of Occupational Rehabilitation*, 24, 563–572. <http://dx.doi.org/10.1007/s10926-013-9489-y>

Background. As the prevalence of chronic disease amongst older workers is high and increasing, it is important to know if the large subgroup of older workers with chronic disease has specific needs when it comes to prolonging participation in paid work. Objectives To investigate differences and similarities in predictors of having paid work in workers aged 55+ with and without chronic disease. Methods. Workers aged 55–62 years were selected from the 2002–2003 cohort of the Longitudinal Aging Study Amsterdam (n = 333). Potential predictors were: health, personality, work characteristics, and demographics. Per potential predictor, a logistic regression coefficient for 'having paid work in 2005–2006' was calculated for workers with and without chronic disease. A pooled estimate was computed and differences between the pooled estimate and the coefficients were tested. Results. Follow-up data were available for 95 %, of whom 67 % still had paid work. Predictors of having paid work were similar for workers with and without chronic diseases, except for physical workload ($X^2 = 5.37$; $DF = 1$) and psychosocial resources at work ($X^2 = 5.94$; $DF = 1$). Having more psychosocial resources (OR = 3.57; 95 %CI 1.33–10.0) was predictive for having paid work in workers with chronic disease and not in workers without chronic disease. Lower age, more weekly working hours, no functional limitations, fewer depressive symptoms, lower neuroticism scores, and more sense of mastery were significantly associated with having paid work in all workers. Conclusions. Differences between predictors of having paid work between workers with and without chronic disease should be taken into account when aiming to prevent exit from the workforce. In particular the vulnerable subgroup of older workers with chronic disease and low psychosocial resources at work is more likely to quit working.

Holwerda, T.J., Deeg, D.J.H., Beekman, A.T.F., Van Tilburg, T.G., Stek, M.L., Jonker, C., & Schoevers, R.A. (2014). Feelings of loneliness, but not social isolation, predict dementia onset: Results from the Amsterdam Study of the Elderly (AMSTEL). *Journal of Neurology, Neurosurgery & Psychiatry*, 85, 135-142. <http://dx.doi.org/10.1136/jnnp-2012-302755>

Background. Known risk factors for Alzheimer's disease and other dementias include medical conditions, genetic vulnerability, depression, demographic factors and mild cognitive impairment. The role of feelings of loneliness and social isolation in dementia is less well understood, and prospective studies including these risk factors are scarce. Methods. We tested the association between social isolation (living alone, unmarried, without social support), feelings of loneliness and incident dementia in a cohort study among 2173 non-demented community-living older persons. Participants were followed for three years when a diagnosis of dementia was assessed (Geriatric Mental State (GMS) Automated Geriatric Examination for Computer Assisted Taxonomy (AGECAT)). Logistic regression analysis was used to examine the association between social isolation and feelings of loneliness and the risk of dementia, controlling for sociodemographic factors, medical conditions, depression, cognitive functioning and functional status. Results. After adjustment for other risk factors, older persons with feelings of loneliness were more likely to develop dementia (OR 1.64, 95% CI 1.05 to 2.56) than people without such feelings. Social isolation was not associated with a higher dementia risk in multivariate analysis. Conclusions. Feeling lonely rather than being alone is associated with an increased risk of clinical dementia in later life and can be considered a major risk factor that, independently of vascular disease, depression and other confounding factors, deserves clinical attention. Feelings of loneliness may signal a prodromal stage of dementia. A better understanding of the background of feeling lonely

may help us to identify vulnerable persons and develop interventions to improve outcome in older persons at risk of dementia.

Houtjes, W., Van Meijel, B., Van de Ven, P.M., Deeg, D.J.H., Van Tilburg, T.G., & Beekman, A.T.F. (2014). The impact of an unfavorable depression course on network size and loneliness in older people: A longitudinal study in the community. *International Journal of Geriatric Psychiatry*, 29, 1010-1017.

<http://dx.doi.org/10.1002/gps.4091>

Objective. This work aims to gain insight into the long-term impact of depression course on social network size and perceived loneliness in older people living in the community. **Methods.** Within a large representative sample of older people in the community (Longitudinal Aging Study Amsterdam (LASA)), participants with clinically relevant levels of depressive symptoms (scores >16 on the Center for Epidemiological Studies Depression Scale) were followed up over a period of 13 years of the LASA study (five waves). General estimating equations were used to estimate the impact of depression course on network size and loneliness and the interaction with gender and age. **Results.** An unfavorable course of depression was found to be associated with smaller network sizes and higher levels of loneliness over time, especially in men and older participants. **Conclusions.** The findings of this study stress the importance of clinical attention to the negative consequences of chronicity in depressed older people. Clinicians should assess possible erosion of the social network over time and be aware of increased feelings of loneliness in this patient group.

Pronk, M., Deeg, D.J.H., Smits, C., Twisk, J., Van Tilburg, T.G., Festen, J.M., & Kramer, S.E. (2014). Hearing loss in older persons: Does the rate of decline affect psychosocial health? *Journal of Aging and Health*, 26, 703-723.

<http://dx.doi.org/10.1177/0898264314529329>

Objective: This study investigates whether the rate of decline in older persons' hearing status is associated with the rate of decrease in their psychosocial health and explores moderation by baseline hearing status, health-related factors, and sociodemographic factors. **Method:** Multilevel analyses were applied to data of 1,178 older participants from the Longitudinal Aging Study Amsterdam (LASA), covering 3 to 7 years of followup. **Results:** Faster decrease in speech-in-noise recognition was significantly associated with more increase in loneliness for persons with a moderate baseline speech-in-noise recognition (emotional and social loneliness) and for persons who recently lost their partner (emotional loneliness). No relationship was found with depression. **Discussion:** The results indicate that faster hearing decline results in more increase in loneliness in specific subgroups of older persons: in persons with an already impaired hearing and in widow(er)s. Monitoring older persons' hearing seems important and may be a relevant starting point for targeted loneliness prevention efforts.

Schoenmakers, E.C., Fokkema, T., & Van Tilburg, T.G. (2014). Eenzaamheid is moeilijk op te lossen en treft niet alleen ouderen. *Demos*, 30 (8), 5-7.

<http://hdl.handle.net/1871/51726>

Een op de drie Nederlanders voelt zich eenzaam. Eenzaamheid krijgt veel aandacht in de media en bestrijding ervan is een speerpunt in landelijk en lokaal overheidsbeleid. De nadruk ligt vaak te eenzijdig op eenzaamheid onder ouderen. En hoe kan eenzaamheid het beste worden aangepakt? Of moeten we er mee leren leven?

Schoenmakers, E.C., Van Tilburg, T.G., & Fokkema, T. (2014). Awareness of risk factors for loneliness among third agers. *Ageing & Society*, 34, 1035-1051.

<http://dx.doi.org/10.1017/S0144686X12001419>

<http://hdl.handle.net/1871/51592>

Awareness of risk factors for loneliness is a prerequisite for preventive action. Many risk factors for loneliness have been identified. This paper focuses on two: poor health and widowhood. Preventive action by developing a satisfying social network requires time and effort and thus seems appropriate for people unexposed to risk factors, i.e. third agers and non-lonely persons.

The third age is the period in old age after retirement, before people's social relationships deteriorate. This paper addresses three questions: Are older adults aware of poor health and widowhood as risk factors for loneliness? Are there differences in awareness between third and fourth agers? Are there differences in awareness between lonely and non-lonely older adults? After being introduced to four vignette persons, 920 respondents from the Longitudinal Aging Study Amsterdam were asked whether they expected these persons to be lonely. Older adults, especially third agers, expected peers exposed to the risk factors to be lonely more often than peers who were unexposed. The results indicate that awareness of loneliness-provoking factors is high among third agers, which is a first step towards taking actions to avoid loneliness. Compared to lonely older adults, non-lonely ones expected peers to be lonely less often, suggesting the latter's lower awareness of the risk factors. The results provide evidence for policy makers and practitioners that combating loneliness might require early action.

Tolkacheva, N., Broese van Groenou, M.I., & Van Tilburg, T.G. (2014). Sibling similarities and sharing the care of older parents. *Journal of Family Issues*, 35, 312-330.
<http://dx.doi.org/10.1177/0192513X12470619>

This study examines the degree to which the sharing of parental care, as indicated by the amount of children participating in caregiving and by equality in caregiving intensity, is associated with similarities among sibling characteristics. A selected sample of 186 parents with at least two children was asked to report on the assistance provided by all their children. Results reveal that in most families the care was shared between children. However, there was a large variation in caregiving intensity. Multivariate regression analyses show that similarities in employment status among children predicted a higher chance that the care was shared and a higher degree of equality in caregiving intensity among siblings. Similarities in partner status and emotional support exchanges with parents were associated with the equality among siblings in caregiving intensity. Results from this study suggest that siblings with similar characteristics and opportunities are more likely to share care (equally).

Van Tilburg, T.G. (2014). Over toe- en afname van eenzaamheid onder ouderen. *Gerōn, Tijdschrift over ouder worden en maatschappij*, 16 (2), 46-49.
<http://hdl.handle.net/1871/51593>

Ouderen zijn eenzaam en alleen, is de gangbare opvatting. Door individualisering en andere ontwikkelingen in de samenleving neemt eenzaamheid toe. Tegelijk hebben we door een betere gezondheid en technische ontwikkelingen als ICT meer mogelijkheden tot op hoge leeftijd contact te onderhouden. Toenemende eenzaamheid, waar of niet waar?

Van Tilburg, T.G. (2014). Eenzaamheid komt meer voor dan vroeger: Mythe of realiteit? *Counselling Magazine*, 3, 57-62.
<http://hdl.handle.net/1871/51645>

Ouderen zijn eenzaam en alleen, is de gangbare opvatting. Door individualisering en andere ontwikkelingen in de samenleving neemt eenzaamheid toe. Tegelijk zijn er meer mogelijkheden tot op hoge leeftijd contact te onderhouden. Eenzaamheid komt meer voor dan vroeger, waar of niet waar? [Ten dele gebaseerd op de tekst gepubliceerd in Gerōn, 2014]

2013

Alma, M.A., Van der Mei, S.F., Feitsma, W.N., Groothoff, J.W., Van Tilburg, T.G., & Suurmeijer, T.P.B.M. (2013). Eenzaamheid en zelfmanagementvaardigheden bij visueel beperkte ouderen. *Tijdschrift voor Gerontologie en Geriatrie*, 44, 132-142.
<http://hdl.handle.net/1871/43952>
<http://dx.doi.org/10.1007/s12439-013-0027-3>

Objectives. To describe the degree of loneliness among the visually impaired elderly and to make a comparison with a matched reference group of the normally sighted elderly. In addition, we examined self-management abilities (SMAs) as determinants of loneliness among the visually impaired elderly. Methods. In a cross-sectional study, 173 visually impaired elderly persons

completed telephone interviews. Loneliness and SMAs were assessed with the Loneliness Scale of De Jong Gierveld and the SMAS-30, respectively. Results. The prevalence of loneliness among the visually impaired elderly was higher compared to the reference group (50% vs 29%; $p < .001$). Multivariate hierarchical regression analysis showed that the SMA self-efficacy, partner status, and self-esteem were determinants of loneliness. Severity and duration of visual impairment had no effect on loneliness. Discussion. The relationship between SMAs (i.e., self-efficacy) and loneliness is promising, since SMAs can be learned through training. Consequently, self-management training may reduce feelings of loneliness. An adapted version of this paper was published in *Journal of Aging and Health*, doi:10.1177/0898264311399758.

Doel. Het bepalen van de prevalentie van eenzaamheid onder visueel beperkte ouderen en deze te vergelijken met een gematchte referentiegroep van goedziende ouderen uit de Longitudinal Aging Study Amsterdam. Tevens worden determinanten van eenzaamheid bij de visueel beperkte ouderen onderzocht, waaronder zelfmanagementvaardigheden. Methode. Voor deze cross-sectionele studie zijn 173 visueel beperkte ouderen telefonisch geïnterviewd. De Eenzaamheidschaal van De Jong Gierveld en de SMAS-30 zijn gebruikt voor het meten van respectievelijk eenzaamheid en twee typen van zelfmanagementvaardigheden, namelijk self-efficacy en initiatief nemen. Resultaten. De prevalentie van eenzaamheid onder visueel beperkte ouderen is significant hoger in vergelijking met de referentiegroep van goedziende ouderen (50% versus 29%; $p < 0,001$). De multivariate hiërarchische regressieanalyse toont aan dat de zelfmanagementvaardigheid self-efficacy, partner status en zelfwaardering samenhangen met eenzaamheid. Visusgerelateerde variabelen, zoals de ernst en de duur van de visuele beperking, zijn niet geassocieerd met eenzaamheid. Discussie. Visueel beperkte ouderen zijn een risicogroep als het gaat om eenzaamheid. De samenhang met zelfmanagementvaardigheden biedt mogelijkheden aangezien deze vaardigheden aangeleerd kunnen worden en daarmee eenzaamheidsgevoelens bij visueel beperkte ouderen kunnen verminderen. Een aangepaste versie van dit paper is verschenen in *Journal of Aging and Health*, doi:10.1177/0898264311399758.

Bloem, B.A., Van Tilburg, T.G., & Thomése, G.C.F. (2013). Starting relationships with neighbors after a move later in life: An exploratory study. *Journal of Housing for the Elderly*, 27, 28-47.

<http://dx.doi.org/10.1080/02763893.2012.724374>

<http://hdl.handle.net/1871/41408>

The authors examined eight personal and contextual conditions associated with starting new relationships with neighbors after short- and long-distance moves. A total of 625 Dutch movers and 1,936 non-movers (57–93 years old) were selected from the Longitudinal Aging Study Amsterdam. OLS linear regression analyses showed that short-distance movers mainly started relationships with neighbors when they did volunteer work. Long-distance movers who moved to rural areas and felt safe in their new neighborhood or moved to areas with lower priced homes also started new relationships with neighbors. Contextual conditions appear to play a larger role than personal ones, especially after long-distance moves.

Broese van Groenou, M.I., Hoogendijk, E.O., & Van Tilburg, T.G. (2013). Continued and new personal relationships in later life: Differential effects of health. *Journal of Aging and Health*, 25, 274-295.

<http://dx.doi.org/10.1177/0898264312468033>

Objectives: The aim of this study is to increase our understanding of declining network size with aging by differentiating between processes of loss and gain and studying the associations with various health problems. Methods: Six observations of the Longitudinal Aging Study Amsterdam (LASA) across a time period of 16 years are used to study detailed network changes in a large sample of Dutch older adults aged 55 to 85 at baseline. Results: Results from multilevel regression analyses show that network size declines with aging, in particular for the oldest old. The decline in network size is to a large degree due to a lack of replacement of lost relationships with new relationships. Results show differential effects of health. Discussion: The older old and people in poor health have limited possibilities to compensate for network losses and may have a serious risk of declining network size in later life.

Cozijnsen, R., Stevens, N.L., & Van Tilburg, T.G. (2013). The trend in sport participation among Dutch retirees, 1983-2007. *Ageing & Society*, 33, 698-719.

<http://dx.doi.org/10.1017/S0144686X12000189>

This paper investigates the trend in sport participation among retirees between 1983 and 2007. Sport participation is important for retirees because of its health benefits and the opportunities it offers for social interaction. Factors that influence sport participation such as educational level, physical limitations, and occupational background have changed during the last decades, possibly accounting for changes in sport participation. Data are from the Amenities and Services Utilization Survey (AVO), a nationally representative Dutch survey with seven observations between 1983 and 2007. The trend in sport involvement, sports club membership, and competition was investigated in a sample of 2,497 male and 1,559 female retirees aged 58–67 years. Increases in participation were observed in sport involvement and sports club membership. This trend can partially be explained by increases in educational level, decreases in the number of retirees with physical limitations, and in those retiring from sedentary jobs. Yet, sport participation seems to have increased for all retirees, regardless of their socio-economic background and health status. Alternative explanations for the observed trend are discussed.

Cozijnsen, R., Stevens, N.L., & Van Tilburg, T.G. (2013). Werkgerelateerde persoonlijke relaties na pensionering. In K. Henkens, M. Kalmijn, & G.C.F. Thomése (Red.), *Wegen rond pensionering: Nieuwe transitie en trajecten* (pp. 85-106). Amsterdam: Amsterdam University Press.

Boekaflevering *Mens & Maatschappij*.

www.mensenmaatschappij.nl

ISBN 9789089646422; 9789045823078

<http://en.aup.nl/books/9789089646422-wegen-rond-pensionering.html>

<http://hdl.handle.net/1871/51594>

Work-related personal ties following retirement. The current study examines consequences of retirement for the continuation of work-related relationships. The hypothesis is that their inclusion in personal networks after retirement has become more likely since these relationships have become less role-based in today's social-cultural context. Data are from the Longitudinal Aging Study Amsterdam. Members of two cohorts born 1928-1937 (N = 109) and 1938-1947 (N = 131) were interviewed in 1992 and 2002, respectively, with a follow-up three and six years later. Among retirees the likelihood of having work-related relationships in their personal network after retirement increased by 19% in ten years. This suggests that retirement has become less disruptive. Retirees seem more inclined to form intrinsically rewarding work-related relationships that continue to be important following retirement.

Dit artikel is een uitbreiding van een artikel dat in 2010 verscheen in *Personal Relationships*, 17, 345-356.

Knipscheer, C.P.M., & Van Tilburg, T.G. (2013). Generational contact and support among late adult siblings within a verticalized family. In M. Silverstein & R. Giarrusso (Eds.), *Kinship and cohort in an aging society: From generation to generation* (pp. 59-76). Baltimore, MD: The Johns Hopkins University Press.

ISBN 9781421408934

<http://hdl.handle.net/1871/47945>

About the book: 'Kinship and cohort in an aging society' brings together scholars whose common link is their intellectual intersection with the work of Vern Bengtson, an esteemed family sociologist whose accomplishments include foundational theoretical contributions to the study of families and intergenerational relations as well as the development of the widely used Longitudinal Study of Generations data set. The study began in 1971 and is the basis for Bengtson's highly influential concept and measurement model, the intergenerational solidarity-conflict paradigm. This book serves as an excellent compendium of original research that examines how Bengtson's solidarity model, a theory that informs nearly all intergenerational and gerontology sociology work performed today, continues to be relevant to scholars and practitioners. Written by internationally recognized scholars, the book's fifteen chapters are mapped to five major thematic areas to which Bengtson's research contributed: family connections; grandparents in a changing demographic landscape;

generations and cohorts (micro-macro dialectics); religion and families in the context of continuity, change, and conflict; and global cross-national and cross-ethnic concerns. Some key strengths of the book are the diversity of foci and data sources and the strong attention given to global and international issues. 'Kinship and cohort in an aging society' will appeal to scholars working in sociology, psychology, gerontology, family studies, and social work.

Komp, K., Van Kersbergen, K., & Van Tilburg, T.G. (2013). Policies for older volunteers: A study of Germany and Italy, 1990-2008. *Journal of Aging Studies*, 27, 443-455.

<http://hdl.handle.net/1871/49765>

<http://dx.doi.org/10.1016/j.jaging.2013.10.003>

Older people increase their well-being and contribute to the community when they volunteer. Therefore, policy-makers sometimes consider supporting older volunteers. However, they reach different conclusions on whether they should introduce policies for older volunteers, and on what policy would be the most suitable. This article studies how policies for older volunteers emerged in Germany and Italy, both countries having one of the oldest populations in the world. It explores the political discourse on older volunteers, and how this discourse translates into policies. To do this, the article presents data collected in expert interviews and document analysis. Findings show that German policy-makers stress the contribution of volunteering to older people's well-being and have introduced policies for older volunteers. Italian policy-makers, in contrast, frame older volunteers as social service providers and have decided not to single out specific age groups in their policies for volunteers. Moreover, the policies are influenced by the policy-makers' perceptions and path-dependencies, meaning policies and institutions that were introduced in the past. These findings suggest that whether or not policies for older volunteers emerge depends less on the characteristics of the older population and more on the society and its political traditions.

Korporaal, M., Broese van Groenou, M.I., & Van Tilburg, T.G. (2013). Health problems and marital satisfaction among older couples. *Journal of Aging and Health*, 25, 1279-1298.

<http://dx.doi.org/10.1177/0898264313501387>

<http://jah.sagepub.com/content/25/8/1279>

<http://hdl.handle.net/1871/49686>

Objective: Older couples are likely to be confronted with health problems of both spouses and these health problems may negatively influence their marital satisfaction. The present study examined these possible negative effects using a dyadic perspective. Method: Data from 78 independently living older couples were analyzed using the Actor-Partner Interdependence Model (APIM). Health problems were modeled as a latent factor of functional disability, the number of chronic diseases, and self-rated health. The couple's health context, that is, similarity or dissimilarity, was examined with an actor-partner interaction variable. Results: For wives, spousal health problems were negatively associated with their marital satisfaction, but only under the condition that their own health was relatively good. For husbands, neither own nor spousal health problems were associated with their marital satisfaction. Discussion: Future research focusing on older couples needs to consider the couple's health context next to health at the individual level

Schoenmakers, E.C., Van Tilburg, T.G., & Fokkema, T. (2013). Generic interventions against loneliness: Scope and effectiveness for lonely and non-lonely people. In E.C. Schoenmakers (Ed.), *Coping with Loneliness* (pp. 37-53). PhD Dissertation Vrije Universiteit Amsterdam.

<http://hdl.handle.net/1871/48354>

In this study, we examine the extent to which generic interventions reach lonely people and effectively reduce loneliness. Generic interventions aim at a broad range of individuals with various degrees and types of loneliness. Lonely as well as non-lonely people take part. We expected the loneliness of lonely participants to decrease during the research period. For non-lonely participants we expected their loneliness not to increase. Data were collected among 144 respondents with 373 observations of three generic interventions: a friendly home visiting activity, a holiday activity, and a shopping service. Many of the participants were lonely at baseline, i.e., 18 out of 27 for friendly home visiting, 43 out of 72 for the holiday activity, and 24 out of 45 for the shopping service. No average effects of the interventions on loneliness were found. We did find an interaction effect

between loneliness at baseline and the trajectory of loneliness, which indicates that, on average, respondents with a high level of loneliness at baseline experienced a decrease of loneliness during the intervention period; respondents with a low level of loneliness at baseline experienced an increase of loneliness. We conclude that generic interventions can be effective in reducing loneliness among participants who are severely lonely at the start of the intervention, which should be verified in a study using a Randomized Controlled Trial design. Organisations providing generic interventions are advised to carefully consider whether and how to allow non-lonely people to take part.

Silverstein, M., Van Tilburg, T.G., & Van der Pas, S. (Eds.). (2013). Special section: Stepfamilies in later life. *Journal of Marriage and Family*, 75, 5.
<http://onlinelibrary.wiley.com/doi/10.1111/jomf.2013.75.issue-5/issuetoc>

Sonnenberg, C.M., Deeg, D.J.H., Van Tilburg, T.G., Vink, D., Stek, M.L., & Beekman, A.T.F. (2013). Gender differences in the relation between depression and social support in later life. *International Psychogeriatrics*, 25, 61-70.
<http://dx.doi.org/10.1017/S1041610212001202>

Background: Prevalence of depression is twice as high in women as in men, also in older adults. Lack of social support is a risk factor for late-life depression. The relation between depression and social support may be different for men and women. Methods: Data from the Longitudinal Aging Study Amsterdam were used to investigate gender differences in the relation between social support and depression in a population-based sample aged 55–85 years, with $n = 2,823$ at baseline and using the 13-year follow-up data on onset of depression. Results: Respondents without a partner in the household, with a small network, and with low emotional support were more often depressed, with men showing higher rates of depression than women. A high need for affiliation was associated with depression in women but not in men. Lack of a partner in the household and having a small network predicted onset of depression in men but not in women. In respondents with high affiliation need and low social support, depression rates were higher, with men being more often depressed than women. Conclusions: Low social support and a high need for affiliation were related to depression in later life, with men being more vulnerable for depression than women. Considering the serious consequences of depression, especially in older people, it is important to identify the persons with low social support and a high need for affiliation, and to help them to increase their social support or to adjust their needs.

Suanet, B.A., Van Tilburg, T.G., & Broese van Groenou, M.I. (2013). Non-kin in older adults' personal networks: More important among later cohorts? *Journal of Gerontology: Social Sciences*, 68, 633-643.
<http://dx.doi.org/10.1093/geronb/gbt043>
<http://hdl.handle.net/1871/41435>

Objectives. Research on age-related changes in personal networks has found compelling evidence for socioemotional selectivity theory and exchange theory holding that older adults experience a decline in less emotionally close nonkin relations as they age. However, recent societal developments are likely to have increased the salience of nonkin relations. We hypothesize that age-related decline in the proportion of nonkin in personal networks has been delayed or is slower in late birth cohorts of older adults compared with earlier cohorts. Method. Seven observations by the Longitudinal Aging Study Amsterdam covering a time span of 17 years since 1992 were analyzed using multilevel regression analysis. The sample had 12,949 person-year observations from 3,516 respondents born between 1908 and 1937. Results. Age-related decline in the proportion of nonkin is absent for cohorts born after 1922 and large for cohorts born in 1922 and before. Mediating variables for health and other resources did not explain cohort differences in age-related change. Discussion. The salience of nonkin relationships is likely to have increased due to societal changes, resulting in absence or delay of decline in later cohorts. The findings raise the need for a reevaluation of old age and the creation of new theoretical perspectives.

Suanet, B.A., Van der Pas, S., & Van Tilburg, T.G. (2013). Who is in the stepfamily? Change in stepparents' family boundaries between 1992 and 2009. *Journal of Marriage and Family*, 75, 1070-1083.

<http://hdl.handle.net/1871/41407>

<http://onlinelibrary.wiley.com/doi/10.1111/jomf.12053/abstract>

Guided by trends of increased prevalence and social acceptance of stepfamilies, the authors argue that stepparents are more likely to include stepchildren in their personal network in recent times. Data are from observations by 2 studies: (a) the Living Arrangements and Social Networks of Older Adults Study and (b) the Longitudinal Aging Study Amsterdam in 1992-2009 of 247 Dutch stepparents age 54-91 years. The results revealed that in 1992, 63% of the stepparents had stepchildren in their personal network, and this percentage increased to 85% in 2009. The network membership of stepchildren was less likely for stepparents from living-apart-together partnerships. Stepmothers less often included stepchildren in their personal network than stepfathers. Both effects may be understood in terms of family commitment. Stepfamily boundaries have become more permeable over time, suggesting that there is an increased potential for support exchange and caregiving within stepfamilies.

Van der Pas, S., Van Tilburg, T.G., & Silverstein, M. (2013). Stepfamilies in later life. *Journal of Marriage and Family*, 75, 1065-1069.

<http://onlinelibrary.wiley.com/doi/10.1111/jomf.12054/abstract>

Van Tilburg, T.G., & Broese van Groenou, M.I. (2013). Netwerken en gezondheid. In B. Völker, H. Flap & G. Mollenhorst (Red.), *Sociale netwerken* (pp. 139-151). Groningen: Noordhoff.

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<http://catalogus.noordhoffuitgevers.nl/shop/nu/exact--techniek---onderzoek/onderzoek-78553--34/sociale-netwerken>

<http://hdl.handle.net/1871/48042>

In dit hoofdstuk beschrijven we de samenhang tussen het persoonlijk netwerk en gezondheid. De omvang, samenstelling en steun van het netwerk zijn hierbij belangrijk. Netwerkrelaties beïnvloeden gezondheid op verschillende manieren. We onderscheiden hiertoe vier modellen voor de relatie tussen netwerken en gezondheid: het barrièremodel, het mobilisatiemodel, het stressmodel, en het gedragsbeïnvloedingmodel. Het barrièremiddel richt zich op situaties waar mensen in hun contactmogelijkheden belemmert zijn, bijvoorbeeld omdat ze in een rolstoel zitten. Hierdoor kunnen ze niet deelnemen aan een aantal activiteiten en zal hun netwerk daarom beperkt zijn. Het mobilisatiemodel daarentegen beschrijft dat juist door een ziekte netwerkleden actief worden en steun aanbieden. Het stressmodel richt zich erop dat door relaties stress minder wordt en mensen ook beter kunnen omgaan met de gevolgen van stress. Het gedragsbeïnvloedingsmodel, tot slot, beschrijft de positieve invloed die uit kan gaan van contacten met anderen. Als je een goed functionerend netwerk hebt en er overkomt je iets, dan bekommeren mensen zich om je. Je relaties verbeteren doordat familie en vrienden vaker op bezoek komen, je emotioneel bijstaan en je helpen met het oplossen van praktische problemen. Oppervlakkige relaties verdwijnen echter omdat ziekte het onderhouden van contacten belemmert. Ziekte is het resultaat van een fysiologisch proces en wordt aangejaagd door stress. De kans dat je stress ontwikkelt of niet goed op stress reageert, is groot wanneer je geen of weinig ondersteunende mensen hebt. Je netwerk kan er ook voor zorgen dat je gezonder leeft en op die manier het ontstaan of de gevolgen van ziekten tegengaat. Een netwerk met veel en intensieve contacten is niet altijd goed. Als je een netwerk hebt waar een ongezonde leefstijl de norm is, krijg je eerder gezondheidsproblemen. Over het boek: *Sociale netwerken* is een actuele uitgave over netwerkonderzoek ofwel onderzoek naar en door (fysieke) sociale netwerken. Het boek bevat veel praktijkvoorbeelden en leert de student om zelf een netwerkonderzoek uit te voeren. *Sociale Netwerken* geeft een overzicht van theorieën en belangrijke studies binnen het onderzoek naar sociale netwerken. Het netwerkperspectief in de sociale wetenschappen is de laatste tientallen jaren steeds belangrijker geworden en de interesse in netwerken neemt nog steeds toe. Cruciaal is dat netwerkonderzoekers niet proberen het gedrag van individuen of organisaties te beschrijven en te verklaren vanuit kenmerken van deze individuen, maar vanuit de kenmerken van de relaties die ze hebben met anderen. Deel 1 gaat over de

ontwikkeling en gangbare theorieën in netwerkonderzoek en de verklaringen voor netwerkeffecten. Deel 2 belicht verschillende populaire onderzoeksterreinen. Deel 3 gaat over het verzamelen van netwerkgegevens.

2012

Broese van Groenou, M.I., & Van Tilburg, T.G. (2012). Six-year follow-up on volunteering in later life: A cohort comparison in the Netherlands. *European Sociological Review*, 28, 1-11.

<http://dx.doi.org/10.1093/esr/jcq043>;

<http://hdl.handle.net/1871/38050>

ISSN 0266-7215

Given population aging and the productive potential of older people, it is important to examine how individual and societal developments affect social engagement in later life. The study aimed to disentangle the effects of age, aging, and cohort on volunteering among the young old. Using data from the Longitudinal Aging Study Amsterdam, we examined volunteering rates of young olds (N=2,745) in two decades: those being 55-69 years old in 1992 and their age-peers in 2002. Six-year follow-up on both cohorts allowed for cohort-sequential analyses. Multilevel logistic regression analyses revealed that (i) regardless of age, the 2002 cohort volunteered more often than the 1992 cohort, (ii) in 6 years' time volunteering increased for the 55- to 59-year-olds, stabilized among the 60- to 64-year-olds, and declined among the 65- to 69-year-olds, and (iii) these age-differential changes were observed in both cohorts. These effects remained significant after adjusting for gender, education, religious involvement, health, employment status, network size, and partner status. A higher education, religious involvement, staying in good health, and maintaining a large network increased the likelihood of volunteering. Unobserved factors, such as a more positive view on aging within society, may also account for the large increase in volunteering among the recent cohort of young olds.

Geurts, T., Poortman, A.-R., & Van Tilburg, T.G. (2012). Older parents providing child care for adult children: Does it pay off? *Journal of Marriage and Family*, 74, 239-250.

<http://dx.doi.org/10.1111/j.1741-3737.2011.00952.x>;

<http://hdl.handle.net/1871/39418>

ISSN 0022-2445

This study examined whether past grandparental child care is related to present support from adult children. On the basis of social exchange theory, the authors expected that grandparental child care creates a debt that is repaid in the form of receiving support later in life. Using data from the Longitudinal Aging Study Amsterdam (N = 349 parents, N = 812 adult children), the authors found that grandparents who frequently provided child care for sons in the past more often received instrumental and emotional support from these sons approximately 13 years later than grandparents who less frequently provided child care. Investments in daughters did not pay off. Instrumental support other than child-care provision did not predict receiving support from either sons or daughters, but emotional support did. These results support the notion of long-term reciprocity in parent-child relationships, but its importance depends on the child's gender and the type of earlier investment.

Geurts, T., Van Tilburg, T.G., & Poortman, A.-R. (2012). The grandparent - grandchild relationship in childhood and adulthood: A matter of continuation? *Personal Relationships*, 19, 267-278.

<http://dx.doi.org/10.1111/j.1475-6811.2011.01354.x>;

<http://hdl.handle.net/1871/41236>

ISSN 1350-4126

This study examined whether grandparents perceive adult grandchildren as frequent and important contacts by analyzing network membership. It additionally examined whether this network membership is related to relationship intensity during childhood. Network membership was assessed in 1992 (397 grandparents, 1,594 adult grandchildren) and at the 2005-2006 follow-up (155 grandparents, 429 adult grandchildren) from the Longitudinal Aging Study Amsterdam. Relationship intensity during childhood was assessed in 1992. One out of four grandparents

identified at least one adult grandchild in their personal network. Adult grandchildren who had an intense relationship with their grandparents during childhood were more often in grandparents' network than others. An intense relationship during childhood promotes continuation of the relationship into adulthood and might contribute to grandparent's support potential.

Holwerda, T.J., Beekman, A.T.F., Deeg, D.J.H., Stek, M.L., Van Tilburg, T.G., Visser, P.J., Schmand, B., Jonker, C., & Schoevers, R.A. (2012). Increased risk of mortality associated with social isolation in older men: Only when feeling lonely? Results from the Amsterdam Study of the Elderly (AMSTEL). *Psychological Medicine*, 42, 843-853.

<http://dx.doi.org/10.1017/S0033291711001772>

<http://hdl.handle.net/1871/39419>

Background. Loneliness has a significant influence on both physical and mental health. Few studies have investigated the possible associations of loneliness with mortality risk, impact on men and women and whether this impact concerns the situation of being alone (social isolation), experiencing loneliness (feeling lonely) or both. The current study investigated whether social isolation and feelings of loneliness in older men and women were associated with increased mortality risk, controlling for depression and other potentially confounding factors. Method. In our prospective cohort study of 4004 older persons aged 65–84 years with a 10-year follow-up of mortality data a Cox proportional hazard regression analysis was used to test whether social isolation factors and feelings of loneliness predicted an increased risk of mortality, controlling for psychiatric disorders and medical conditions, cognitive functioning, functional status and sociodemographic factors. Results. At 10 years follow-up, significantly more men than women with feelings of loneliness at baseline had died. After adjustment for explanatory variables including social isolation, the mortality hazard ratio for feelings of loneliness was 1.30 [95% confidence interval (CI) 1.04–1.63] in men and 1.04 (95% CI 0.90–1.24) in women. No higher risk of mortality was found for social isolation. Conclusions. Feelings of loneliness rather than social isolation factors were found to be a major risk factor for increasing mortality in older men. Developing a better understanding of the nature of this association may help us to improve quality of life and longevity, especially in older men.

Koeneman, M.A., Chinapaw, M.J.M., Verheijden, M.W., Van Tilburg, T.G., Visser, M., Deeg, D.J.H., & Hopman-Rock, M. (2012). Do major life events influence physical activity among older adults: The Longitudinal Aging Study Amsterdam. *International Journal of Behavioral Nutrition and Physical Activity*, 9, 147.

<http://dx.doi.org/10.1186/1479-5868-9-147>

ISSN 1479-5868

<http://www.ijbnpa.org/content/9/1/147>

<http://hdl.handle.net/1871/40610>

Background: Major life events are associated with a change in daily routine and could thus also affect habitual levels of physical activity. Major life events remain largely unexplored as determinants of older adults' participation in physical activity and sports. This study focused on two major life events, widowhood and retirement, and asked whether these major life events were associated with leisure time moderate to vigorous physical activity (MVPA) and sports participation. Methods: Data from the first (1992-93) and second (1995-96) wave of the Longitudinal Aging Study Amsterdam (LASA), a prospective cohort study with a representative sample of the Dutch population aged 55 and older, were used. Change in marital status and employment status between baseline and follow-up was assessed by self-report. Time spent in MVPA (min/d) and sports participation (yes/no) was calculated based on the LASA Physical Activity Questionnaire. The association of retirement and widowhood with MVPA and sports participation was assessed in separate multivariate linear and logistic regression analyses, respectively. Results: Widowhood - N=136 versus 1324 stable married- was not associated with MVPA (B= 3.5 [95%CI: -57.9;64.9]) or sports participation (OR= 0.8 [95%CI: 0.5;1.3]). Retired participants (N= 65) significantly increased their time spent in MVPA (B= 32.5 [95% CI: 17.8;47.1]) compared to participants who continued to be employed (N= 121), but not their sports participation. Age was a significant effect modifier (B= 7.5 [90% CI: -1.1;13.8]), indicating a greater increase in MVPA in older retirees. Discussion: Our

results suggest that the association between major life events and MVPA and sports participation varies by type of major life event and age group. MVPA increased after retirement, but no influence of widowhood was seen.

Komp, K., Van Tilburg, T.G., & Broese van Groenou, M.I. (2012). Age, retirement, and health as factors in volunteering in later life. *Nonprofit and Voluntary Sector Quarterly*, 41, 280-299.

<http://dx.doi.org/10.1177/0899764011402697>

<http://hdl.handle.net/1871/38051>

Volunteering in later life attracts attention because its benefits older volunteers, voluntary associations, and society. Unfortunately, researchers and practitioners struggle with the complexity of predicting who volunteers. The authors ask whether a rough identification of older volunteers solely based on age is possible. The authors answer this question by means of structural equation modeling, analyzing international survey data. The findings show that the direct effect of age on the time older people spend volunteering is negligible. Moreover, the age patterns in volunteering created by retirement and declining health are weak. Those findings make age an unsuitable indicator for volunteering in later life. The authors recommend that voluntary organizations and policy makers use personal characteristics, such as health status, when defining their target groups for programs that encourage volunteering. In addition, researchers should not use an age group when referring to the third age, meaning the active and productive part of old age.

Pronk, M., Deeg, D.J.H., Smits, C., Van Tilburg, T.G., Kuik, D.J., Festen, J.M., & Kramer, S.E. (2012). Recent onderzoek: Een slechter gehoor leidt tot meer eenzaamheid, maar niet bij alle ouderen. *Tijdschrift voor Gerontologie en Geriatrie*, 43, 103-104.

http://download.springer.com/static/pdf/370/art%253A10.1007%252Fs12439-012-0013-1.pdf?auth66=1365079673_79e17abab3f7e66d8d729706b8fb273b&ext=.pdf

<http://hdl.handle.net/1871/41409>

Dit is een uitgebreide Nederlandstalige samenvatting van een eerdere publicatie in *International Journal of Audiology*, DOI 10.3109/14992027.2011.599871

Schoenmakers, E.C., Van Tilburg, T.G., & Fokkema, T. (2012). Coping with loneliness: What do older adults suggest? *Aging & Mental Health*, 16, 353-360.

<http://dx.doi.org/10.1080/13607863.2011.630373>

ISSN 1360-7863

<http://hdl.handle.net/1871/39422>

Objectives: A limited amount of information is available on how older adults cope with loneliness. Two ways of coping are distinguished here, i.e., active coping by improving relationships and regulative coping by lowering expectations about relationships. We explore how often older adults suggest these options to their lonely peers in various situations and to what extent individual resources influence their suggestions. Method: After introducing them to four vignettes of lonely individuals, discriminating with regard to age, partner status, and health, 1187 respondents aged 62-100 from the Longitudinal Aging Study Amsterdam were asked whether this loneliness can be alleviated by using various ways of coping. Results: In general, both ways of coping were often suggested. However, regression analyses revealed that active coping was suggested less often to people who are older, in poor health, or lonely and by older adults who were employed in midlife and have high self-esteem. Regulative coping was suggested more often to people who are older and by older adults with a low educational level and with low mastery. Conclusions: Coping with loneliness by actively removing the stressor is less often seen as an option for and by the people who could benefit most from it. This underlines the difficulty of combating loneliness.

Schoenmakers, E.C., Van Tilburg, T.G., & Fokkema, T. (2012). *Zeven activiteiten ter bestrijding van eenzaamheid: Bereik en tevredenheid van deelnemers* [Seven activities to combat loneliness: Reach and satisfaction of participants]. Vrije Universiteit, Amsterdam.

<http://hdl.handle.net/1871/39095>

Stevens, N.L., & Van Tilburg, T.G. (2012). Vriendschap wordt belangrijker. In T. Verlaan & M. de Coole (Red.), *Ouder worden in de 21e eeuw* (pp. 91-97). Amsterdam: SWP. [Herdruk van: *Gerōn, Tijdschrift over ouder worden en maatschappij*, 12 (3), 4-7.]

ISBN 9789088502842

<http://hdl.handle.net/1871/33333>

Het sociale leven van oudere volwassenen is gedurende de laatste twee decennia behoorlijk veranderd als gevolg van maatschappelijke ontwikkelingen. Onderliggende processen bij deze veranderingen zijn individualisering en het loslaten van tradities. Er is meer persoonlijke vrijheid in de keuze van leefstijl en identiteit, en grotere persoonlijke verantwoordelijkheid voor het ontwikkelen en in stand houden van een persoonlijk netwerk van sociale relaties. Vriendschappen worden belangrijker.

Suanet, B.A., Broese van Groenou, M.I., & Van Tilburg, T.G. (2012). Informal and formal home care use among older adults in Europe: Can cross-national differences be explained by societal context and composition? *Ageing and Society*, 23, 491-515.

<http://dx.doi.org/10.1017/S0144686X11000390>

ISSN 0144-686X

<http://hdl.handle.net/1871/33025>

Cross-national comparisons used welfare state regimes to explain differences in care use in the European older population, yet these classifications do not cover all care-related societal characteristics and limit our understanding of which specific societal characteristics are most important. This study explores to the familialistic culture, welfare state context, and socio-economic and demographic composition add to our understanding of informal and formal care use of older adults in 11 European countries. Using the Survey of Ageing, Health and Retirement (2006), multilevel logistic regression analyses show that, in addition to individual determinants, societal determinants are salient for understanding informal and formal care use. In countries with a less familialistic culture, a high availability of home based services, a larger proportion of women in part-time work and a smaller proportion of 65 years and older in the population, older adults are more likely to receive formal home care, particularly when they have functional limitations. In countries with more residential care, more spending in pensions, more women in part-time employment and a more aged population, older adults with functional limitations are less likely to receive informal care. We can tentatively conclude that the incorporation of societal determinants rather than commonly used welfare state classifications yields more insight in factors that determine older adults informal and formal care use.

2010

Aartsen, M.J., Comijs, H.C., & Van Tilburg, T.G. (2010). *Ouderen en verslaving: Een overzichtstudie*. Amsterdam: Vrije Universiteit. Rapport uitgebracht aan ZonMW.

<http://hdl.handle.net/1871/48896>

Aartsen, M.J., Snijders, T.A.B., & Van Tilburg, T.G. (2010). *Voorstel om te komen tot een betrouwbare schatting van het aantal ouderen (55+) in Nederland dat middelen misbruikt of daarvan afhankelijk is*. Amsterdam: Vrije Universiteit. Rapport uitgebracht aan ZonMW.

<http://hdl.handle.net/1871/48906>

Cozijnsen, R., Stevens, N.L., & Van Tilburg, T.G. (2010). Maintaining work-related personal ties following retirement. *Personal Relationships*, 17, 345-356.

<http://dx.doi.org/10.1111/j.1475-6811.2010.01283.x>

ISSN 1350-4126

<http://hdl.handle.net/1871/45538>

This study examines the consequences of retirement for the continuation of work-related personal ties. The hypothesis is that their inclusion in personal networks after retirement has become more likely because these relationships have become less role based in today's social-cultural context. Data are from the Longitudinal Aging Study Amsterdam. Members of two cohorts born during the

periods 1928-1937 (N = 109) and 1938-1947 (N = 131) were interviewed in 1992 and 2002, respectively, with a follow-up 3 years later. Among retirees, the likelihood of having work-related relationships in their personal network after retirement increased by 19% in 10 years. This suggests that retirement has become less disruptive. Retirees seem more inclined to form intrinsically rewarding work-related relationships that continue to be important following retirement.

De Jong Gierveld, J., & Van Tilburg, T.G. (2010). The De Jong Gierveld short scales for emotional and social loneliness: Tested on data from seven countries in the UN Generations and Gender Surveys. *European Journal of Ageing*, 7, 121-130.

<http://dx.doi.org/10.1007/s10433-010-0144-6>

ISSN 1613-9372

<http://hdl.handle.net/1871/34241>

Loneliness concerns the subjective evaluation of the situation individuals are involved in, characterized either by a number of relationships with friends and colleagues which is smaller than is considered desirable (social loneliness), as well as situations where the intimacy in confident relationships one wishes for has not been realized (emotional loneliness). To identify people who are lonely direct questions are not sufficient; loneliness scales are preferred. In this article, the quality of the three-item scale for emotional loneliness and the three-item scale for social loneliness has been investigated for use in the following countries participating in the United Nations Generations and Gender Surveys: France, Germany, the Netherlands, Russia, Bulgaria, Georgia, and Japan. Sample sizes for the 7 countries varied between 8,158 and 12,828. Translations of the De Jong Gierveld Loneliness scale have been tested using reliability and validity tests including a confirmatory factor analysis to test the two-dimensional structure of loneliness. Test outcomes indicated for each of the countries under investigation reliable and valid scales for emotional and social loneliness, respectively.

Kaptijn, R., Thomése, G.C.F., Van Tilburg, T.G., & Liefbroer, A.C. (2010). How grandparents matter: Support for the cooperative breeding hypothesis in a contemporary Dutch population. *Human Nature, an Interdisciplinary Biosocial Perspective*, 21, 393-405.

<http://dx.doi.org/10.1007/s12110-010-9098-9>

ISSN 1045-6767; eISSN 1936-4776

<http://hdl.handle.net/1871/19432>

Low birth rates in developed societies reflect women's difficulties in combining work and motherhood. While demographic research has focused on the role of formal childcare in easing this dilemma, evolutionary theory points to the importance of kin. The cooperative breeding hypothesis states that the wider kin group has facilitated women's reproduction during our evolutionary history. This mechanism has been demonstrated in pre-industrial societies, but there is no direct evidence of beneficial effects of kin's support on parents' reproduction in modern societies. Using three-generation longitudinal data anchored in a sample of grandparents aged 55 and over in 1992 in the Netherlands, we show that childcare support from grandparents increases the probability that parents have additional children in the next 8 to 10 years. Grandparental childcare provided to a nephew or niece of childless children did not significantly increase the probability that those children started a family. These results suggest that childcare support by grandparents can enhance their children's reproductive success in modern societies and is an important factor in people's fertility decisions, along with the availability of formal childcare.

Kaptijn, R., Thomése, G.C.F., Van Tilburg, T.G., Liefbroer, A.C., & Deeg, D.J.H. (2010). Low fertility in contemporary humans and the mate value of their children: Sex specific effects on social status indicators. *Evolution and Human Behavior*, 31, 59-68.

<http://dx.doi.org/10.1016/j.evolhumbehav.2009.07.007>

ISSN 1090-5138

<http://hdl.handle.net/1871/45064>

Evolutionary explanations of low fertility in modern affluent societies commonly state that low fertility is the outcome of high parental investments in the quality of their children. Although the empirical evidence that modern parents do face a quantity-quality trade-off is strong, two issues

that are relevant from an evolutionary perspective have not received much attention. First, sex differences in the proximate aspects of quality have been largely ignored. Second, the relationship between the quantity of children and their reproductive success in contemporary low-fertility societies remains unclear. In this article, we study the quantity–quality trade-off as a trade-off between the number of children and the mate value and reproductive success of those children. We examine the trade-off in two steps. First, a lower number of children is expected to increase the mate value of these children. Second, greater mate value is expected to lead to greater reproductive success. Using sex-specific indicators of mate value, we test these hypotheses in a representative sample of the Dutch population aged 55–85 in 1992 ($n = 3229$). This sample contains information on three successive generations in which the middle generation has completed fertility. We find support for the first hypothesis, but only partial support for the second hypothesis. A higher number of children is traded off against the mate value of the children, but not against their reproductive success. We conclude that the conditions under which the quantity of children is traded off against their reproductive success depend on the social environment.

Komp, K., & Van Tilburg, T.G. (2010). Ageing societies and the welfare state: Where the inter-generational contract is not breached. *International Journal of Ageing and Later Life*, 5, 7-11.
<http://dx.doi.org/10.3384/ijal.1652-8670.10517>

ISSN 1652-8670

<http://hdl.handle.net/1871/24346>

Komp, K., Van Tilburg, T.G., & Broese van Groenou, M.I. (2010). Paid work between age 60 and 70 years in Europe: A matter of socio-economic status? *International Journal of Ageing and Later Life*, 5, 45-75.

<http://dx.doi.org/10.3384/ijal.1652-8670.105145>

ISSN 1652-8670

<http://hdl.handle.net/1871/16275>

Over the past years, older persons' workforce participation has increased and, after years of studying early retirement, the focus has gradually shifted to workforce participation between age 60 and 70 years. Those are the years directly below and above the mandatory retirement age in most of the European countries. We investigate the influence of socio-economic status (SES) on older persons' workforce participation. Moreover, we study whether the importance of private pensions in a country modifies the effect of SES. Survey data from eleven European countries are analysed in multilevel analyses. Results show that paid work in old age is the domain of persons with high SES. Moreover, a high share of private pensions in a country diminishes the influence of occupational prestige on men's workforce participation. This suggests that older persons with low SES deserve particular attention in labour market reforms. Additionally, it suggests that pension reforms be monitored concerning their effects on social inequalities.

Savelkoul, M., & Van Tilburg, T.G. (2010). Eenzaamheid. In *Volksgezondheid Toekomst Verkenning, Nationaal Kompas Volksgezondheid*. Bilthoven: RIVM.

www.nationaalkompas.nl/gezondheid-en-ziekte/functioneren-en-kwaliteit-van-leven/eenzaamheid/

<http://hdl.handle.net/1871/49164>

www.VolksgezondheidEnZorg.info, www.VZinfo.nl

Een update is gepubliceerd op <https://www.volksgezondheidszorg.info/onderwerp/eenzaamheid>.

Stevens, N.L., & Van Tilburg, T.G. (2010). Vriendschap wordt belangrijker. *Gerōn, Tijdschrift over ouder worden en maatschappij*, 12 (3), 4-7.

ISSN 1389-143X

<http://hdl.handle.net/1871/17039>

<http://geron.swptijdschriften.nl/Magazine/Article/930>

Het sociale leven van oudere volwassenen is gedurende de laatste twee decennia behoorlijk veranderd als gevolg van maatschappelijke ontwikkelingen. Onderliggende processen bij deze veranderingen zijn individualisering en het loslaten van tradities. Er is meer persoonlijke vrijheid in de keuze van leefstijl en identiteit, en grotere persoonlijke verantwoordelijkheid voor het

ontwikkelen en in stand houden van een persoonlijk netwerk van sociale relaties. Vriendschappen worden belangrijker.

Tolkacheva, N., Broese van Groenou, M.I., & Van Tilburg, T.G. (2010). Sibling influence on care given by children to older parents. *Research on Aging*, 32, 739-759.

<http://dx.doi.org/10.1177/0164027510383532>

ISSN 0164-0275

<http://hdl.handle.net/1871/45033>

This study examines the degree to which siblings' behaviors and characteristics influence a child's caregiving. A sample of 186 older parents in need of care with at least two adult children reported on characteristics and caregiving of all their children (N = 703). Multilevel regression models show that there is evidence of children's joint caregiving efforts: The more care siblings give, the more care the child gives. Results demonstrate that the more sisters a child has, the less care that child gives. Children also substitute and support each other: The greater the number of siblings with partners and the lower the frequency of sibling emotional support exchanges with a parent, the more care the child gives. The study reflects the various outcomes of sibling solidarity when older parents become dependent.

Van der Pas, S., & Van Tilburg, T.G. (2010). The influence of family structure on the contact between older parents and their adult biological children and stepchildren in the Netherlands. *Journal of Gerontology: Social Sciences*, 65B, 236-245.

<http://dx.doi.org/10.1093/geronb/gbp108>

ISSN 1079-5014; eISSN 079-5014

<http://hdl.handle.net/1871/49163>

This article examines the effect that family structure has on the contact between older adults and their (step)children. A comparison is made among three family structures: biological families, complex stepfamilies, and simple stepfamilies. The sample consists of respondents aged 55 years or older from the "Living Arrangements and Social Networks of Older Adults in the Netherlands" survey of 1992. The contact between biological relationships and steprelationships is measured by means of two items: contact frequency and whether contact is perceived as regular and important. Parents have less contact with their biological children in stepfamilies compared with parents with their children in biological families. The contact with biological children is perceived as more often regular and important in biological families and complex stepfamilies compared with simple stepfamilies. No difference was found in the contact between stepparents and stepchildren in simple and complex stepfamilies. However, the contact with stepchildren is perceived as more often regular and important in simple stepfamilies in comparison to complex stepfamilies. It is not so much the difference between biological children and stepchildren that counts when studying the contact between (step)parents and (step)children, as what the structure of the aging (step)family is.

Van Tilburg, T.G. (2010). Gevoelens van sociale onveiligheid onder ouderen. In *Alcohol, sociale veiligheid, empowerment* (pp. 28-41). Vrije Universiteit Amsterdam, Rapport uitgebracht aan het Ministerie van Volksgezondheid, Welzijn en Sport.

<http://hdl.handle.net/1871/41410>

Van Tilburg, T.G., & Thomése, G.C.F. (2010). Societal dynamics in personal networks. In D. Dannefer & C.R. Phillipson (Eds.), *The Sage handbook of social gerontology* (pp. 215-225). London: Sage.

<http://hdl.handle.net/1871/48897>

ISBN 9781412934640

<http://dx.doi.org/10.4135/978-1-4462-0093-3.n16>

2009

Geurts, T., Poortman, A.-R., Van Tilburg, T.G., & Dykstra, P.A. (2009). Contact between adults and their grandparents in early adulthood. *Journal of Family Issues*, 30, 1698-1713.

<http://dx.doi.org/10.1177/0192513X09336340>

ISSN 0192-513X; eISSN 1552-5481

<http://hdl.handle.net/1871/39708>

Using cross-sectional data from the Netherlands Kinship Panel Study (N = 1,231), this study examines the relationship between grandchildren and their grandparents across early adulthood. age is used as a proxy for change during the grandchild's life course and the influence of major life course characteristics is examined. Results indicate that the majority of young adult grandchildren have contact with their grandparents, but the average frequency is low. age differences in contact frequency suggest a decline in grandparent-grandchild contact across early adulthood. Multilevel analyses show that grandchildren's employment status, partner, and parenthood status do not affect contact frequency with grandparents. Rather, the results point at the importance of the parental home for facilitating grandparent-grandchild contact as age-related differences are accounted for by whether grandchildren left the parental home. Furthermore, most of the variance in grandparent-grandchild contact is attributable to differences between family of the mother's and family of the father's side.

Komp, K., Van Tilburg, T.G., & Broese van Groenou, M.I. (2009). The influence of the welfare state on the number of young old persons. *Ageing and Society*, 29, 609-624.

<http://dx.doi.org/10.1017/S0144686X08007927>

ISSN 0144-686X; eISSN 1469-1779

<http://hdl.handle.net/1871/23392>

Many current discussions of welfare state reforms focus on the 'young old', a group now generally perceived as healthy people past retirement age without a legal responsibility for dependent persons in need of care. For the welfare state, they constitute a resource whose activities are hard to steer. This article focuses on the influence of the welfare state on the number of 'young old' people. It describes different ways in which the welfare state influences the number of young old persons, and investigates whether variations in the regulations for the ages of normal, early and late retirement are the prime cause. The paper also estimates the share of the young old among those aged 50–90 years in 10 European countries in 2004 using comparable survey data. These shares ranged between 36 and 49 per cent for men and between 35 and 52 per cent for women. High shares were found in continental European countries, and low shares in Scandinavian countries and the United Kingdom. The shares in southern European countries varied among the countries and by gender. To explain the variations in the share, country differences in retirement regulations proved helpful but insufficient. When the overall influence of the welfare state on the share of young old persons in the population was analysed, a country-characteristic pattern emerged.

Van Tilburg, T.G. (2009). Retirement: Effects on relationships. In H.T. Reis & S. Sprecher (Eds.), *Encyclopedia of human relationships* (Vol. 3, pp. 1376-1378). Thousand Oaks, CA: Sage.

ISBN 978 1 41295 846 2

[To publisher](#)

<http://hdl.handle.net/1871/17040>

2008

Bloem, B.A., Van Tilburg, T.G., & Thomése, G.C.F. (2008). Changes in older Dutch adults' role networks after moving. *Personal Relationships*, 15, 465-478.

<http://dx.doi.org/10.1111/j.1475-6811.2008.00210.x>

ISSN 1350-4126;; eISSN 1475-6811

<http://hdl.handle.net/1871/18926>

Using the convoy model (Kahn & Antonucci, 1980), this study examined the differential impact of relocation, depending on the distance moved, on the size of three types of role networks. A total of 890 Dutch non-movers and 445 movers (aged 55 - 86) were selected from the Longitudinal Aging Study Amsterdam. Results of analyses of variance showed that the neighbor networks changed most after relocation. Long-distance movers discontinued the largest number of relationships with

fellow club members. As expected, moving did not affect co-worker networks. The findings show that, consistent with the convoy model, role networks proved to be unstable. Older adults, however, restored their partial networks at the second observation by starting new relationships.

Bloem, B.A., Van Tilburg, T.G., & Thomése, G.C.F. (2008). Residential mobility in older Dutch adults: Influence of later life events. *International Journal of Ageing and Later Life*, 3, 21-44.

<http://dx.doi.org/10.3384/ijal.1652-8670.083121>

ISSN 1652-8670

<http://hdl.handle.net/1871/24345>

In this study, we examined life course events of older Dutch adults in relation to three types of moves and the moving distance. Using the frameworks developed by Litwak and Longino (1987) and Mulder and Hooimeijer (1999), we stipulated life events or triggers and conditions in various life domains. We selected a total of 1160 men and 1321 women (aged 54 to 91) from the Longitudinal Aging Study Amsterdam. We conducted multinomial logistic regression analyses to predict moves to a residential care facility, adapted housing or regular housing and to predict the moving distance. Retirement, an empty nest, widowhood and a decline in health each triggered specific moves. In additional analyses, the effects of triggers, especially health changes, were moderated by conditions. There is no indication of a specific trajectory of moves associated with consecutive life events, as suggested by Litwak and Longino. By combining triggers and conditions, however, the framework developed by Mulder and Hooimeijer allows for a more valid analysis.

De Jong Gierveld, J., & Van Tilburg, T.G. (2008). De ingekorte schaal voor algemene, emotionele en sociale eenzaamheid [A shortened scale for overall, emotional and social loneliness]. *Tijdschrift voor Gerontologie en Geriatrie*, 39, 4-15.

<http://dx.doi.org/10.1007/BF03078118>

ISSN 0167-9228

<http://hdl.handle.net/1871/39727>

Loneliness is an indicator of social well-being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness). The 11-item De Jong Gierveld scale has proved to be a valid and reliable measuring instrument for overall, emotional and social loneliness, although its length has sometimes rendered it difficult to use the scale in large surveys. In this study, we empirically tested a shortened version of the scale on data from two surveys (N = 9448). Confirmatory factor analyses confirmed the specification of two latent factors. Congruent validity and the relationship with determinants (partner status, health) proved to be optimal. The 6-item De Jong Gierveld scale is a reliable and valid measuring instrument for overall, emotional and social loneliness, which is suitable for large surveys.

Eenzaamheid wordt algemeen beschouwd als belangrijke indicator van sociaal welbevinden en betreft gevoelens verbonden aan het missen van een intieme relatie (emotionele eenzaamheid) en/of een tekort en gemis betreffende het bredere sociale netwerk (sociale eenzaamheid). De 11-item De Jong Gierveld schaal is uitgebreid getoetst en daarvan is bewezen dat het een valide en betrouwbaar meetinstrument vormt voor eenzaamheid in het algemeen, maar ook voor emotionele en sociale eenzaamheid. De lengte van deze schaal vormde soms een bezwaar voor gebruik in grootschalige surveys. In deze studie wordt de kwaliteit van een verkorte versie van deze schaal getoetst in nieuwe surveys (N = 9448).

Hoogendijk, E.O., Broese van Groenou, M.I., Van Tilburg, T.G., & Deeg, D.J.H. (2008). Educational differences in functional limitations: Comparisons of 55-65-year-olds in the Netherlands in 1992 and 2002. *International Journal of Public Health*, 53, 281-289.

ISSN 1661-8556;; eISSN 1661-8564

<http://dx.doi.org/10.1007/s00038-008-8079-9>

<http://hdl.handle.net/1871/26991>

Objectives: This study compares educational differences in the functional limitations of 55-65-year-olds in the Netherlands in 1992 and 2002 and examines whether changes are explained by cohort lifestyle and psychosocial changes. Methods: Data from two cohorts of 55-65-year-olds (n =

948 in 1992 and n = 980 in 2002) in the Longitudinal Aging Study Amsterdam are analysed. Results: Men's disability ratios are similar in both cohorts. The women's disability ratio is higher in 2002 than in 1992. In 2002 the male and female cohorts both report unhealthier behavior than in 1992. Multivariate logistic regression analyses show that adjusted for age, cohort, lifestyle and psychosocial resources, poorly educated men have higher odds of functional limitations than well-educated men (OR = 2.62, 95% CI = 1.57-4.37). Analyses among women show a significant interaction effect between education and cohort. Poorly educated women have higher odds of functional limitations in 2002 than in 1992 (OR = 3.33, 95% CI = 1.02-10.87). Conclusions: The results underscore the need for policies focused on improving the health and lifestyle of the poorly educated.

Korporaal, M., Broese van Groenou, M.I., & Van Tilburg, T.G. (2008). Effects of own and spousal disability on loneliness among older adults. *Journal of Aging and Health*, 20, 306-325.

<http://dx.doi.org/10.1177/0898264308315431>

ISSN 0898-2643; eISSN 1552-6887

<http://hdl.handle.net/1871/48898>

Objectives: This study examines the effects of own and spousal disability on social and emotional loneliness among married adults aged 65 and older. Method: Data from 710 men and 379 women of a Dutch community sample were analyzed with linear regression analyses. Results: For men, only their wives' disability was related to higher levels of social loneliness, whereas for women mainly their own disability was related to higher levels of social loneliness. Own disability and spousal disability were related to higher levels of emotional loneliness among both men and women. Effects of disability remained unaffected after controlling for characteristics of the social network and the marital relationship. Discussion: Findings underscore the importance of considering effects of both spouses' health on measures of individual well-being. Also, the traditional division of social roles makes older married men relatively vulnerable to social loneliness when their wives suffer from disability.

Thomése, G.C.F., & Van Tilburg, T.G. (2008). Sociale gerontologie tussen toen en straks. *Gerōn, Tijdschrift over ouder worden en maatschappij*, 10(4), 9-12.

ISSN 1389-143X

<http://hdl.handle.net/1871/18928>

Er was eens een tijd dat gerontologen allemaal gerontologen waren en er een sterke band bestond met beleid en praktijk van het gerontologisch onderzoek. Maar in de latere jaren negentig tekenden zich veranderingen af. Specialisatie binnen de gerontologie nam toe en de band tussen wetenschap en praktijk werd losser. Een overzicht van deze ontwikkelingen binnen de sociale gerontologie en van daaruit de blik op de toekomst.

Van Tilburg, T.G. (2008). Social integration/isolation, later life. In D. Carr, R. Crosnoe, M.E. Hughes & A. Pienta (Eds.), *Encyclopedia of the life course and human development* (Vol. 3: Later life, pp. 378-381). Detroit: Macmillan Reference USA.

ISBN-13: 978 002866165 0

[To publisher](#)

<http://hdl.handle.net/1871/39724>

Van Tilburg, T.G., & Dykstra, P.A. (2008). Differences in older adult's loneliness and depression across Europe. In P.A. Dykstra (Ed.), *Ageing, intergenerational solidarity and age-specific vulnerabilities* (pp. 141-153). The Hague: NIDI (NIDI report 77).

[To publisher](#)

ISSN 0922-7210; ISBN 978 90 6984 576 0

<http://hdl.handle.net/1871/48899>

Differences in emotional well-being across several European regions have been observed for both loneliness and depression. These differences can be explained partly by individual characteristics, such as gender, age, marital status and household composition, and the support provided within relationships with kin and other members of the personal network. Previous research into

loneliness adopted the view that variegating cultural values also contribute to the understanding of regional differences. In regions characterized by a family orientation, such as southern Europe, living alone is loneliness-provoking since people without a partner are expected to live with their families. In case of an individualistic orientation, such as in Northern regions, older adults without a partner prefer to live alone. With respect to regional differences in depression, no attempt has been made as yet to explain these from cultural values in society. The present paper presents an overview of regional differences in well-being and related characteristics and attempts to link these differences to societal values.

Van Tilburg, T.G., & Van der Pas, S. (2008). The intergenerational care potential of Dutch older adults in 1992 and 2002. In C. Saraceno (Ed.), *Families, ageing and social policy: Generational solidarity in European welfare states* (pp. 217-235). Cheltenham, UK: Edward Elgar.
ISBN 978 1 84720 648 0 ISBN 978 1 84844 514 7

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[Google Books](#)

<http://hdl.handle.net/1871/39725>

2007

Bras, H., & Van Tilburg, T.G. (2007). Kinship and social networks: A regional analysis of sibling relations in twentieth-century Netherlands. *Journal of Family History*, 32, 296-322.

<http://dx.doi.org/10.1177/0363199007300244>

<http://hdl.handle.net/1871/39466>

Given the paucity of information on historical kin relations, this study uses survey data in order to investigate how family forms influenced the relationships among elderly siblings born in farming families between 1903 and 1937 in three regions of the Netherlands. In the area with stem families, impartible inheritance, and a custom of neighbor help, social networks are largest and contain more siblings. Multilevel analyses show that even when controlling for other factors, this particular family form positively affects contact frequency in sibling relationships. Our results not only show the persistence of differential kinship values. Since respondents' networks were linked back to their families of socialization in the early twentieth century, findings also reflect regional disparities in kin relations in the past.

Broese van Groenou, M.I., & Van Tilburg, T.G. (2007). Network analysis. In J.E. Birren (Ed.), *Encyclopedia of gerontology (Second edition): Age, aging, and the aged* (Vol. 2, pp. 242-250). San Diego, CA: Elsevier.

ISBN-10: 0-12-370530-4; ISBN-13: 978-0-1237-0530-3

<http://hdl.handle.net/1871/18930>

The personal networks of older people reflect their social opportunities and personal choices to maintain a specific set of relationships with relatives, neighbors, friends, acquaintances and so on. Network analysis is the method used to identify and examine the structural and functional features of the network of the older adult. The conceptualization and operationalization of the personal network depend on the subject of research. Five approaches to define personal network membership are presented and discussed. The five approaches differ regarding the part of the personal network that is mapped, and result in networks of different sizes and compositions. Regardless of the type of network delineation, a distinction can be drawn between the star network (data available on relationships with the focal person) and the full network (data available on all the network relationships). Features of the structure and content of both types of personal networks are presented. Finally, network analysis methods are presented and discussed, including ways to analyze hierarchical databases.

Broese van Groenou, M.I., & Van Tilburg, T.G. (2007). Ouder worden in sociaal-relatieel perspectief. In A. Pot, Y. Kuin & M. Vink (Eds.), *Handboek ouderpsychologie* (pp. 51-63). Utrecht: De Tijdstroom.

ISBN 90-5898-110-X

<http://hdl.handle.net/1871/18931>

Ouderen met kleine netwerken van persoonlijke relaties waarin weinig familieleden en buurtgenoten zijn opgenomen, hebben een verhoogd risico voor sociale isolatie en psychische gezondheidsproblemen. Vooral 75-plussers, alleenstaande mannen, ouderen met een laag-economische status, die wonen in een grote stad behoren met name tot deze risicogroep. Ouderen die niet regelmatig steun uitwisselen met leden van hun netwerk, hebben een verhoogd risico op het ontberen van steun op latere leeftijd. Vorming en onderhoud van netwerken vindt tijdens de levensloop continu plaats; op latere leeftijd moet men 'oogsten' wat men eerder in het leven in relaties heeft geïnvesteerd. Informele zorg is een taak voor verschillende leden van het persoonlijk relatienetwerk, waarbij overleg moet plaatsvinden over afstemming en samenwerking. Eenzaamheid is het resultaat van een tekort schietend netwerk; er zijn onvoldoende relaties of men krijgt niet de ondersteuning die men zich wenst. Voorafgaand aan een interventie moet eerst de oorzaak van eenzaamheid achterhaald worden.

Broese van Groenou, M.I., & Van Tilburg, T.G. (2007). Het zorgpotentieel in de netwerken van ouderen. In A. de Boer (Red.), *Toekomstverkenning informele zorg* (pp. 45-64). Den Haag: Sociaal en Cultureel Planbureau.

ISBN 978-90-377-0319-1

www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2007/Toekomstverkenning_informele_zorg

<http://hdl.handle.net/1871/49160>

Hoe zal de informele zorg er in 2020 eruit zien? Wat kan de overheid doen aan eventuele knelpunten in de informele zorg? Vaak wordt aangenomen dat er in de toekomst minder informele zorg zal zijn. Ramingen laten echter zien dat ook in de toekomst het aantal hulpverleners en ontvangers in evenwicht zal blijven. Niettemin zijn er belangrijke sociale en culturele trends die de informele zorgverlening onder druk zetten. De stijgende arbeidsparticipatie van vrouwen en ouderen, de toenemende geografische afstand tussen verwanten en een hoger opleidingsniveau hebben een negatieve invloed op het zorgaanbod. Daarnaast is het zo dat veel hulpbehoevenden juist professionele zorg prefereren omdat zij zich bezwaard voelen om hulp van hun naasten te ontvangen. Er zijn ook positieve ontwikkelingen, zoals de stijging van het aantal potentiële hulpverleners bij ouderen. De balans van aanbod en gebruik hangt niet alleen af van de keuzes die de mensen zelf maken. Het overheidsbeleid is wel degelijk van invloed. Zo combineren steeds meer mensen arbeid en zorg. Dit betekent dat het belang van de verlofregelingen alleen maar groter wordt. In deze uitgave heeft het SCP, op verzoek van het ministerie van Volksgezondheid, Welzijn en Sport, een aantal achtergrondstudies over de toekomst van de informele zorg gebundeld. In juni 2007 is hiervan reeds een samenvatting uitgebracht onder de titel *Blijvend in balans*.

Comijs, H.C., Beekman, A.T.F., Smit, F., Bremmer, M., Van Tilburg, T.G., & Deeg, D.J.H. (2007). Childhood adversity, recent life events and depression in late life. *Journal of Affective Disorders*, 103, 243-246.

<http://dx.doi.org/10.1016/j.jad.2007.01.012>

<http://hdl.handle.net/1871/2705>

Background. The study investigates whether persons who have experienced childhood adversity are more likely to develop depressive symptoms when faced with recent events. Method. Data were used from a population-based sample, aged 55 to 85 years ($n = 1887$), which were not depressed at baseline. Childhood adversities and recent stressful life events were retrospectively assessed. Depressive symptoms were measured with the CES-D. Results. 14.4% of our sample experienced adverse events during childhood (< 18 yrs) and 35.4% experienced recent events. Associations of depressive symptoms were found with both, childhood adversity (OR 1.80, 95% CI 1.21–2.69) and recent life events (OR 1.42, 95% CI 1.01–2.00). The effect of recent events on depressive symptoms was not modified by childhood adversity. Limitations. Underreporting may be present due to unwillingness to report embarrassing events or to disclose painful memories. Conclusions. No evidence was found for the assumption that older persons were more vulnerable for depression in reaction to recent life events when they were exposed to childhood adversity.

Fokkema, T., & Van Tilburg, T.G. (2007). Zin en onzin van eenzaamheidsinterventies bij ouderen [Loneliness interventions among older adults: Sense or nonsense?]. *Tijdschrift voor Gerontologie en Geriatrie*, 38, 185-203 [online: 161-177].

<http://hdl.handle.net/1871/19007>

<http://dx.doi.org/10.1007/BF03074846>

ISSN 0167-9228

Centraal in dit artikel staan de belangrijkste uitkomsten van een uniek evaluatieonderzoek naar eenzaamheidsinterventies bij ouderen. Recent zijn verspreid over Nederland achttien interventies uitgevoerd en van nabij gevolgd. Bij tien van deze interventies was het aantal deelnemers voldoende groot om het effect van de interventie op eenzaamheid kwantitatief vast te stellen. Bestrijding van eenzaamheid blijkt niet eenvoudig te zijn: bij slechts twee van de tien interventies is een daling van eenzaamheid onder de deelnemers waargenomen die zeer waarschijnlijk aan de interventie kan worden toegeschreven. Twee andere interventies hebben wellicht een preventieve werking gehad: terwijl de eenzaamheid toeneemt binnen de controlegroep, blijft de eenzaamheid onder de deelnemers over de tijd nagenoeg constant. Om inzicht te krijgen in de mogelijke oorzaken voor het uitblijven van een eenzaamheidsreductie onder de deelnemers bij de meerderheid van de interventies, is het effectonderzoek gevolgd door procesevaluaties. Dit heeft geresulteerd in een aantal lessen voor de toekomst die gehanteerd kunnen worden als een checklist wanneer een nieuw interventieproject wordt ontworpen.

This article focuses on the most important findings of a unique evaluation study of loneliness interventions among older adults. Eighteen interventions have recently been carried out and closely monitored in various parts of the Netherlands. In ten of these interventions the number of participants was sufficiently large to quantitatively determine the effect of the intervention on loneliness. It does not appear to be easy to overcome loneliness: no more than two of the ten interventions resulted in a reduction in loneliness among participants that may be attributed to the intervention. Two other interventions may have had a preventive effect: whereas loneliness increased among members of the control group, it remained more or less constant over time among participants. The effect measurements were followed by process evaluations in an effort to gain insight into the possible reasons why feelings of loneliness were not alleviated among participants in the case of most of the interventions. This resulted in a number of lessons for the future, which may be used as a checklist when designing new interventions projects.

Guiaux, M., Van Tilburg, T.G., & Broese van Groenou, M.I. (2007). Changes in contact and support exchange in personal networks after widowhood. *Personal Relationships*, 14, 457-473.

<http://dx.doi.org/10.1111/j.1475-6811.2007.00165.x>

<http://hdl.handle.net/1871/39468>

The convoy model conceptualizes older adults' networks of personal relationships as convoys of social support. This prospective study examined how contact and support in several relationships changed due to widowhood. Using observations between 1992 and 2002 from the Longitudinal Aging Study Amsterdam, multilevel models describe change in contact and support of 227 widowed and 408 married older adults. Contact and support were low before widowhood, and increased in all relationships after widowhood, and more so in child and sibling relationships. Around 2.5 years after widowhood, contact and support started to decrease. Our findings increase our understanding of the heterogeneity of network changes in old age and of the instability of the network as a social convoy in late life.

Terhell, E.L., Broese van Groenou, M.I., & Van Tilburg, T.G. (2007). Network contact changes in early and later postseparation years. *Social Networks*, 29, 11-24.

ISSN 0378-8733

<http://dx.doi.org/10.1016/j.socnet.2005.11.006>

<http://hdl.handle.net/1871/39477>

This study explains changes in contact frequency in relationships of the preseparation personal network in the early and later years after partners separate. The explanation includes general and separation-related characteristics of the network relationship and the individual. Personal interviews were conducted in three waves of a 12-year longitudinal study with 40 men and 64

women who separated in 1987 or 1988. Multilevel analyses on 1639 network ties showed that multiplex and kin relationships remained over the long term. Contact changes depended on network relationship characteristics, structural conditions, perceived restrictions, and alternative network relationships. Separation-related characteristics were more important in the early years, general characteristics in the later years after the separation.

Van der Pas, S., Van Tilburg, T.G., & Knipscheer, C.P.M. (2007). Changes in contact and support within intergenerational relationships in the Netherlands: A cohort and time-sequential perspective. *Advances in Life Course Research*, 12, 243-274.

ISSN 1040-2608; ISBN-13: 978-0-7623-1292-4; ISBN-10: 0-7623-1292-0

<http://hdl.handle.net/1871/18929>

[http://dx.doi.org/10.1016/S1040-2608\(07\)12009-8](http://dx.doi.org/10.1016/S1040-2608(07)12009-8)

This study investigates whether the frequency of contact and support exchanged in relationships between parents and adult children declines over successive cohorts and over individual time in the Netherlands. Respondents included a birth cohort from 1928 - 1937 with data collected in 1992 (N = 941) and in 2002 (N = 574) and a birth cohort from 1938 - 1947 with data collected in 2002 (N = 884). We assessed cohort and time-sequential changes. Parents of the later cohort had more contact and support exchanges with their children than the earlier cohort, revealing that families have not declined in importance. Furthermore, longitudinally, contact and supportive exchanges with adult children decreased, suggesting that parents and children devote less time to intergenerational relationships during this 'empty nest' phase.

Van Tilburg, T.G. (2007). Eenzaamheid: Een overzicht. *Zin in zorg*, 9 (4), 5-7.

ISSN 1389-6490

<http://hdl.handle.net/1871/49162>

Eenzaamheid komt onder alle geledingen van de bevolking voor, bij jong en oud, zowel binnen als buiten de zorg. Het artikel geeft een overzicht van wat onder eenzaamheid verstaan wordt, wat er tegen te doen valt. De bijdrage is toegespitst op de zorg.

Van Tilburg, T.G., & De Jong Gierveld, J. (Red.) (2007). *Zicht op eenzaamheid: Achtergronden, oorzaken en aanpak*. Assen: Van Gorcum.

ISBN 978 90 232 4344 1

<http://hdl.handle.net/1871/55577>

[Google Books](#)

Dit boek neemt de lezer in begrijpelijke taal mee langs de verschillende aspecten van eenzaamheid en levert duidelijke antwoorden op veel gestelde vragen. In deel 1 staat de begripsvorming centraal: Wat is eenzaamheid? Welke vormen kunnen we onderscheiden en hoe vaak komen die in ons land voor? Deel 2 behandelt de mogelijke verklaringen voor het feit dat mensen zich eenzaam voelen. Heeft dat te maken met het aantal vrienden en kennissen dat men heeft? Heeft dat te maken met de buurt waarin ze wonen? Welke risicogroepen zijn er? In deel 3 is er aandacht voor het voorkómen, oplossen en/of verwerken van eenzaamheid, waarbij nadrukkelijk wordt gekeken naar de bijdrage die mensen daaraan zélf kunnen leveren. Natuurlijk komen ook de mogelijke betekenis en invloed van de omgeving – familieleden, vrienden en kennissen – aan de orde, evenals de mogelijkheden van eenzaamheidsinterventies.

Hoofdstukken:

De Jong Gierveld, J., & Van Tilburg, T.G. Inleiding (pp. 1-3)

De Jong Gierveld, J., & Van Tilburg, T.G. Uitwerking en definitie van het begrip eenzaamheid (pp. 7-14)

Van Tilburg, T.G., & De Jong Gierveld, J. Het vaststellen van eenzaamheid (pp. 15-23)

Van Tilburg, T.G. Prevalentie (pp. 24-30)

Van Tilburg, T.G. Typen van eenzaamheid (pp. 31-37)

Van Tilburg, T.G. De partner (pp. 41-50)

Broese van Groenou, M.I., & Van Tilburg, T.G. Andere persoonlijke relaties (pp. 51-59)

Broese van Groenou, M.I. Deelname aan activiteiten (pp. 60-64)

Thomése, G.C.F. Woonomgeving (pp. 65-73)

Dykstra, P.A. Relatiestandaards (pp. 74-80)
De Jong Gierveld, J. Persoonlijke banden – maatschappelijke randvoorwaarden (pp. 81-86)
Stevens, N.L. Verwerking van eenzaamheid (pp. 89-94)
Fokkema, T., & Stevens, N.L. Typen van interventies (pp. 95-99)
Fokkema, T., & Stevens, N.L. Interventieprojecten uitgelicht (pp. 100-104)
Fokkema, T. Werken aan verwerking (pp. 105-109)
De Jong Gierveld, J. Tot slot (p. 110)

2006

Bloem, B.A., & Van Tilburg, T.G. (2006). Minder eenzaam na verhuizing? *Rooilijn, Tijdschrift voor wetenschap en beleid in de ruimtelijke ordening*, 39, 221-226.

ISSN 1380-2860

<http://www.rooilijn.nl/pix/artikel/478.pdf>

<http://hdl.handle.net/1871/19008>

'Oude bomen moet je niet verplanten' luidt een bekend spreekwoord en ook het ouderenbeleid voor wonen is op deze wijsheid geënt. Maar zijn ouderen die zelfstandig blijven wonen wel altijd beter af dan hun leeftijdsgenoten die naar voor ouderen bestemde woningen of woonvormen verhuizen? Bij een kleine groep ouderen met ernstige gezondheidsproblemen vermindert juist de eenzaamheid na een verhuizing naar een verzorgings- of verpleeghuis. Sommige oude bomen bloeien weer op.

Braam, A.W., Bramsen, I., Van Tilburg, T.G., Van der Ploeg, H.M., & Deeg, D.J.H. (2006). Cosmic transcendence and framework of meaning in life: Patterns among older adults in The Netherlands. *Journal of Gerontology: Social Sciences*, 61B, S121-S128.

<http://psychsocgerontology.oxfordjournals.org/content/61/3/S121.full.pdf+html>

ISSN 1079-5014

<http://hdl.handle.net/1871/39723>

Objectives. Gerotranscendence has been conceptualized as a potential development accompanying normal aging. Gerotranscendence is defined as a shift in metaperspective from a materialistic and pragmatic world view to a more cosmic and transcendent one. In the past decade, population-based studies have tested Tornstam's Gerotranscendence Scale. Its Cosmic Transcendence subscale, in particular, emerged as consistent. The aim of the present study was to examine (a) how cosmic transcendence relates to having a framework of meaning in life and (b) whether religiousness and demographic characteristics influence possible relationships. Methods. Participants were 928 older Dutch adults who responded to a questionnaire that included the Cosmic Transcendence scale, aspects of religiousness, and the Framework of Meaning in Life subscale of the Life Regard Index. Results. A substantial, positive association between cosmic transcendence and framework of meaning in life was observed. This association was much more pronounced among participants who were less involved in religion, who were women, who were age 75 or older, or who were widowed. Discussion. The current study indicates that the personal relevance of cosmic transcendence depends on cultural factors such as secularization. Furthermore, cosmic transcendence seems to unfold as an important domain in the life view of women, the older old, and the widowed.

De Jong Gierveld, J., Van Tilburg, T.G., & Dykstra, P.A. (2006). Loneliness and social isolation. In D. Perlman & A. Vangelisti (Eds.), *The Cambridge handbook of personal relationships* (pp. 485-500). Cambridge, UK: Cambridge University Press.

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[To publisher](#)

<http://hdl.handle.net/1871/18934>

De Jong Gierveld, J., & Van Tilburg, T.G. (2006). A 6-item scale for overall, emotional, and social loneliness: Confirmatory tests on survey data. *Research on Aging*, 28, 582-598.

<http://dx.doi.org/10.1177/0164027506289723>

ISSN 0164-0275

<http://hdl.handle.net/1871/49161>

Loneliness is an indicator of social well-being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness). The 11-item De Jong Gierveld Loneliness Scale has proved to be a valid and reliable measurement instrument for overall, emotional, and social loneliness, although its length has sometimes rendered it difficult to use in large surveys. In this study, the authors empirically tested a shortened version of the scale on data from two surveys (N = 9,448). Confirmatory factor analyses confirmed the specification of two latent factors. Congruent validity and the relationship with determinants (partner status, health) proved to be optimal. The 6-item De Jong Gierveld Loneliness Scale is a reliable and valid measurement instrument for overall, emotional, and social loneliness that is suitable for large surveys.

Fokkema, T., & Van Tilburg, T.G. (2006). Een panacee voor eenzaamheid bestaat niet: Bestrijding en preventie vereist zeer gerichte aanpak. *Gerōn, Tijdschrift over ouder worden en maatschappij*, 8, 43-47.

ISSN 1389-143X

<http://hdl.handle.net/1871/18935>

Vanaf 2001 heeft de Stichting Sluyterman van Loo – *Stimuleringsfonds ouderenprojecten* via het thematisch subsidieprogramma: *Eenzaamheid onder ouderen* – de uitvoering en het onderzoek van achttien verschillende interventieprojecten gefinancierd. Het onderzoek door het Nederlands Interdisciplinair Demografisch Instituut (NIDI) en de Vrije Universiteit – Sociale Gerontologie – Amsterdam richtte zich op de effectiviteit van de projecten. Inmiddels is het onderzoek afgerond. Tijd om de eindbalans op te maken.

Fokkema, T., & Van Tilburg, T.G. (2006). *Aanpak van eenzaamheid: Helpt het? Een vergelijkend effect- en procesevaluatieonderzoek naar interventies ter voorkoming en vermindering van eenzaamheid onder ouderen* [Addressing loneliness: Does it work? A comparative evaluation of loneliness interventions among older adults]. Den Haag, Nederlands Interdisciplinair Demografisch Instituut, rapport no. 69.

ISSN 0922-7210; ISBN 90-70990-98-9

www.nidi.knaw.nl/content/nidi/output/reports/nidi-report-69.pdf

<http://hdl.handle.net/1871/18932>

Van Tilburg, T.G. (2006). Sociaal kapitaal in de derde en vierde levensfase. *Gerōn, Tijdschrift over ouder worden en maatschappij*, 8, 15-18.

ISSN 1389-143X

<http://hdl.handle.net/1871/18936>

Het onderscheid tussen jonge en oude ouderen wordt vaak gemaakt. In deze bijdrage wordt het verschil tussen deze twee levensfasen ter discussie gesteld. Betoogd wordt dat het onderscheid teveel verabsoluteerd wordt: beide fasen worden gekenmerkt door verlies aan sociaal kapitaal. Wel is het zo dat verliezen zich opstapelen, zodat strategieën voor aanpassing aan verliezen moeten verschillen tussen de beide levensfasen.

2005

Aartsen, M.J., Van Tilburg, T.G., Smits, C.H.M., Comijs, H.C., & Knipscheer, C.P.M. (2005). Does widowhood affect memory performance of older persons? *Psychological Medicine*, 35, 217-226.

<http://dx.doi.org/10.1017/S0033291704002831>

<http://hdl.handle.net/1871/23224>

Background. The loss of a spouse has been found to have a negative effect on physical and mental health and leads to increased mortality. Whether conjugal bereavement also affects memory functioning has largely been unexamined. The present study investigates the effect of widowhood on memory functioning in older persons. Method. The sample consisted of 474 married

women and 690 married men aged 60–85 years in 1992, followed up in 1995 and 1998. During the study 135 (28%) of the women and 69 (10%) of the men lost their spouse. Linear regression analysis was used to examine whether widowed men and women differed from those who had not been widowed in rate of memory change over 6 years. Cross-domain latent-change models were subsequently used to evaluate the extent to which changes in memory are related to changes in other domains of functioning that may be affected by widowhood. Results. Older adults who lost a spouse during follow-up showed a greater decline in memory over 6 years than those who remained married. A higher level of depressive symptoms at baseline was related to lower levels of memory functioning and a greater decline. Memory decline was unrelated to changes in depressive symptoms and physical health. Conclusions. Loss of the spouse is related to a greater decline in memory in older adults. The absence of an association with physical functioning and the weak association with mental functioning suggest that losing a spouse has an independent effect on memory functioning.

Dykstra, P.A., Van Tilburg, T.G., & De Jong Gierveld, J. (2005). Changes in older adult loneliness: Results from a seven-year longitudinal study. *Research on Aging*, 26, 725-747.

<http://dx.doi.org/10.1177/0164027505279712>

<http://hdl.handle.net/1871/39722>

This study examines loneliness and its correlates – health, residential care, partner status, and network size – over a seven-year period among adults born between 1908 and 1937. The four waves of data are from the Dutch ‘Living Arrangements and Social Networks of Older Adults’ and the ‘Longitudinal Aging Study of Amsterdam’ programs. Data from at least two waves are available for 2925 respondents. Results show that older adults generally become lonelier as time passes. The increase is greater for the oldest, the partnered, and those with a better functional capacity at baseline. Older adults who lose their partner by death show the greatest increase in loneliness. Not all older adults become more lonely: improvement in functional capacity and network expansion lead to less loneliness. Entry into residential care does not affect loneliness. The longitudinal design provides new insights into factors that protect against loneliness compared to cross-sectional studies.

Fokkema, T., & Van Tilburg, T.G. (2005). Eenzaamheidsinterventies in woonzorgcentra: Helpen ze echt? *Gerōn, Tijdschrift over ouder worden en maatschappij*, 7, 72-75.

<http://hdl.handle.net/1871/18938>

In toenemende mate worden in woonzorgcentra initiatieven ondernomen om de eenzaamheid van bewoners aan te pakken. Of deze interventies ook echt effectief zijn, is niet duidelijk. Reinoud Adviesgroep en WoonZorgAdvies zijn in 2002 met het project ‘Aanpak van eenzaamheid onder ouderen in woonzorgcentra’ begonnen, met financiële ondersteuning van Stichting Sluyster van Loo. In een eerder nummer van *Gerōn* is ingegaan op de opzet van het project. In dit artikel komen de belangrijkste uitkomsten van de evaluatie en het effectonderzoek aan bod.

Fokkema, T., & Van Tilburg, T.G. (2005). *Eenzaam en dan? De (on-)mogelijkheden van interventies bij ouderen*. Nederlands Interdisciplinair Demografisch Instituut, Den Haag / Vrije Universiteit Amsterdam.

ISBN 90-810191-1-2

<http://hdl.handle.net/1871/18937>

Eindrapportage aan de Stichting Sluyster van Loo van een vergelijkend effect- en procesevaluatieonderzoek naar interventies ter voorkoming en vermindering van eenzaamheid onder ouderen.

Poortman, A., & Van Tilburg, T.G. (2005). Past experiences and older adults' attitudes: A lifecourse perspective. *Ageing and Society*, 25, 19-39.

<http://dx.doi.org/10.1017/S0144686X04002557>

<http://hdl.handle.net/1871/23216>

In this study we apply a lifecourse perspective to an examination of older adults' attitudes about gender roles and moral issues. The study goes beyond previous research in that it examines the

relationships between older adults' attitudes and: (a) experiences in the parental home, (b) people's own marital and work experiences through the entire lifecourse, and (c) the marital and work experiences of their children. The sample consists of respondents aged 55 or more years from the 'Living Arrangements and Social Networks of Older Adults in The Netherlands' survey of 1992 and the 'Longitudinal Ageing Study Amsterdam'. It is shown that a large majority of older adults subscribe to the view that people have the freedom to make their own choices about the issues of voluntary childlessness, abortion and euthanasia. Similarly, most older adults favour equality between men and women. Multivariate analyses show that people's attitudes are generally consistent with their lifecourse experiences. It is found that unconventional lifecourse experiences, particularly with respect to childbearing, associate with more progressive attitudes in late life. The behaviour and lifecourse experiences of their children are also related to older adults' attitudes. Particularly, if their children co-habited, older adults tend to be more progressive. These findings suggest that an important mechanism by which societal change may have affected older adults is through their children's experiences.

Roorda, L.D., Roebroek, M.E., Van Tilburg, T.G., Molenaar, I.W., Lankhorst, G.J., & Bouter, L.M. (2005). Measuring activity limitations in walking: Development of a hierarchical scale for patients with lower-extremity disorders who live at home. *Archives of Physical Medicine and Rehabilitation*, 86, 2277-2283.

<http://dx.doi.org/10.1016/j.apmr.2005.06.014>

<http://hdl.handle.net/1871/26421>

Objective: To develop a hierarchical scale that measures activity limitations in walking in patients with lower-extremity disorders who live at home. Design: Cross-sectional study. Setting: Orthopedic workshops and outpatient clinics of secondary and tertiary care centers. Participants: Patients (N=981; mean +/- age standard deviation, 58.6 +/- 15.4y; 46% men) living at home, with different lower-extremity disorders: stroke, poliomyelitis, osteoarthritis, amputation, complex regional pain syndrome type 1, and diabetic and degenerative foot disorders. Interventions: Not applicable. Main Outcome Measures: (1) Fit of the monotone homogeneity model, indicating whether items can be used for measuring patients; (2) fit of the double monotonicity model, indicating invariant (hierarchical) item ordering; (3) intratest reliability, indicating repeatability of the sum score; (4) robustness, addressing the clinimetric properties within subgroups of patients; and (5) differential item functioning, addressing the validity of comparisons between subgroups of patients. Results: Thirty-five of 41 dichotomous items had (1) good fit of the monotone homogeneity model (coefficient H=.50), (2) good fit of the double monotonicity model (coefficient $H^T=.33$), (3) good intratest reliability (coefficient $\rho=.95$), (4) satisfactory robustness (within subgroups of patients defined by age, sex, and diagnosis), and (5) some differential item functioning (6 items in amputees compared with nonamputees). Conclusions: A hierarchical scale, with excellent scaling characteristics, was developed to measure activity limitations in walking in patients with lower-extremity disorders who live at home. The measurements should be interpreted cautiously when making comparisons between amputees and nonamputees.

Thomése, G.C.F., Van Tilburg, T.G., Broese van Groenou, M.I., & Knipscheer, C.P.M. (2005). Network dynamics in later life. In M.L. Johnson (Ed.), *The Cambridge handbook of age and ageing* (pp. 463-468). Cambridge, UK: Cambridge University Press.

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[To publisher](#)

<http://hdl.handle.net/1871/19009>

Van der Pas, S., Van Tilburg, T.G., & Knipscheer, C.P.M. (2005). Measuring older adults' filial responsibility expectations: Exploring the application of a vignette technique and an item scale. *Educational and Psychological Measurement*, 65, 1026-1045.

<http://dx.doi.org/10.1177/0013164405278559>

<http://hdl.handle.net/1871/33728>

This study focused on two conceptually distinct measures of the filial responsibility expectations of older adults: a vignette technique and an attitude item scale. Data were based on 1,553

respondents aged 61 to 92 years who participated in the Longitudinal Aging Study Amsterdam in 1998 to 1999. The results showed that the item scale had multiple dimensions of filial expectations. Older adults distinguished between emotional-, instrumental-, contact-, and information-oriented expectations. The vignette technique resulted in a unidimensional measurement of expectations. The intercorrelation between the scores of the item scale and vignette technique was modest, indicating a certain amount of overlap. Child characteristics incorporated into the vignettes added to the specificity of measurements of the filial expectations. The authors observed that older adults were more likely to have expectations for care from an adult child who is not employed and does not have children. Minor differences between sons and daughters were observed.

Van Tilburg, T.G. (2005). *Gesloten uitbreiding: Sociaal kapitaal in de derde en vierde levensfase*. Rede uitgesproken bij de aanvaarding van het ambt van hoogleraar Sociale Gerontologie aan de faculteit der Sociale Wetenschappen van de Vrije Universiteit op 8 december 2005.

ISBN-10: 90-81019-1-20; ISBN-13: 978-90-81019-1-25

<http://hdl.handle.net/1871/18939>

Tegenwoordig onderscheidt men vier levensfasen, waarvan twee binnen de ouderdom. In de derde levensfase is men niet meer productief via arbeid, maar is men over het algemeen goed gezond. De vierde levensfase kent een problematische gezondheid. Er is achtereenvolgens een optimistische, positieve ouderdom en een melancholieke, negatieve ouderdom. Ondanks deze verschillen staat in beide fasen het verlies centraal. Maatschappelijke uitsluiting als gevolg van rolverlies en rolbeperking zijn karakteristiek voor de ouderdom. In dit proces wordt sociaal kapitaal verloren. Dit kapitaal betreft sociale hulpbronnen die aangewend worden om allerlei doelen te verwezenlijken. Men heeft sociaal kapitaal als men emotionele en instrumentele bindingen met mensen om zich heen heeft; ook voelt men zich deel van een gemeenschap. Met een tweede soort sociaal kapitaal heeft men toegang tot mensen buiten de eigen kring en tot maatschappelijke organisaties waarin vertrouwen bestaat dat zij iets voor je kunnen betekenen. Onderzoeksgegevens laten zien dat beide vormen van sociaal kapitaal zowel in de derde als in de vierde levensfase sterk verminderen als gevolg van verlies van arbeid en gezondheid. Men kan zich in eerste instantie aan dit verlies aanpassen. Belangrijke levensdoelen worden dan nog gehandhaafd. Op den duur blijkt dit niet meer vol te houden. Oplopende verliezen in de vierde levensfase noodzaken tot steeds meer inspanningen en aanwending van meer bronnen, die steeds minder beschikbaar zijn. Doelen moeten worden losgelaten. Geconcludeerd wordt dat de ouderdom met de uitbreiding met een derde levensfase nog niet wezenlijk is veranderd.

Van Tilburg, T.G. (2005). Het belang van aantallen en het beklimmen van een berg. In *Over de toekomst van de sociale gerontologie* (pp. 19-20). Album amicorum ter gelegenheid van het emeritaat van prof. dr. C.P.M. Knipscheer. Amsterdam, Vrije Universiteit, Faculteit der Sociale Wetenschappen.

2004

Aartsen, M.J., Van Tilburg, T.G., Smits, C.H.M., & Knipscheer, C.P.M. (2004). A longitudinal study on the impact of physical and cognitive decline on the personal network in old age. *Journal of Social and Personal Relationships*, 21, 249-266.

<http://dx.doi.org/10.1177/0265407504041386>

<http://hdl.handle.net/1871/33752>

The effects of cognitive and physical decline on changes in the size and composition of four types of personal networks over a period of six years were investigated in a Dutch sample of 1552 older adults, aged 55–85 years. The effects of age and a decline in cognitive and physical functioning on the probability of changes in all possible network types were investigated. Transitions related to age and to cognitive and physical decline were observed for about one-third of the study sample. Greater age was associated with an increase in the number of family members in the network. Physical decline was associated with a replacement of friends and neighbors by family members only if the network was large. In small networks, no such association occurred. Cognitive decline was associated with a loss of relationships, most likely friends and neighbors, who were not found

to be replaced by family members. Physical decline appears to be associated with an increase in the potential number of supporters in the network, whereas cognitive decline is associated with a decrease in the number of potential supporters.

Comijs, H.C., Van Tilburg, T.G., Geerlings, S.W., Jonker, C., Deeg, D.J.H., Van Tilburg, W., & Beekman, A.T.F. (2004). Do severity and duration of depressive symptoms predict cognitive decline in older persons? Results of the Longitudinal Aging Study Amsterdam. *Aging, Clinical and Experimental Research*, 16, 226-232.

<http://hdl.handle.net/1871/39721>

Background and Aims: Some prospective studies show that depression is a risk factor for cognitive decline. Thus far, the explanation for the background of this association remained unclear. In the present study it is investigated (1) whether depression is etiologically linked to cognitive decline; (2) whether depression and cognitive decline may be the consequence of the same underlying subcortical pathology, or (3) whether depression is a reaction to global cognitive deterioration.

Methods: A cohort of 133 depressed and 144 non-depressed older persons, was followed at eight successive observations during three years. All subjects were participants of the Longitudinal Aging Study Amsterdam (LASA). Depression symptoms were measured by means of the CES-D at eight successive waves. Cognitive function (memory function, information processing speed and global cognitive functioning) was assessed at baseline and at the last CES-D measurement.

Results: Our results show that the severity and duration of depressive symptoms were not associated with subsequent decline in memory functioning or global cognitive decline. There was an association between both chronic mild depression and chronic depression, and decline in speed of information processing. **Conclusions:** These results support the hypothesis that in older persons chronic depression as well as cognitive decline may be the consequence of the same underlying subcortical pathology.

Roorda, L.D., Roebroek, M.E., Van Tilburg, T.G., Lankhorst, G.J., & Bouter, L.M. (2004). Measuring activity limitations in climbing stairs: Development of a hierarchical scale for patients with lower-extremity disorders living at home. *Archives of Physical Medicine and Rehabilitation*, 85, 967-971.

<http://dx.doi.org/10.1016/j.apmr.2003.11.018>

<http://hdl.handle.net/1871/26143>

Objective. To develop a hierarchical scale that measures activity limitations in climbing stairs in patients with lower-extremity disorders living at home. **Design.** Cross-sectional study with Mokken scale analysis of 15 dichotomous items. **Setting.** Outpatient clinics of secondary and tertiary care centers. **Participants.** Patients (N = 759; mean age +/- standard deviation, 59.8 +/- 15.0y; 48% men) living at home, with different lower-extremity disorders: stroke, poliomyelitis, osteoarthritis, amputation, complex regional pain syndrome type I, and diabetic foot problems. **Interventions.** Not applicable. **Main outcome measures** (1) Fit of the monotone homogeneity model, indicating whether items can be used for measuring patients; (2) fit of the double monotonicity model, indicating invariant (hierarchical) item ordering; (3) intratest reliability, indicating repeatability of the sum score; and (4) differential item functioning, addressing the validity of comparisons between subgroups of patients. **Results.** There was (1) good fit of the monotone homogeneity model (coefficient H = .50) for all items for all patients, and for subgroups defined by age, gender, and diagnosis; (2) good fit of the double monotonicity model (coefficient HT = .58); (3) good intratest reliability (coefficient [rho] = .90); and (4) no differential item functioning with respect to age and gender, but differential item functioning for 4 items in amputees compared with nonamputees. **Conclusions.** A hierarchical scale, with excellent scaling characteristics, has been developed for measuring activity limitations in climbing stairs in patients with lower-extremity disorders who live at home. However, measurements should be interpreted with caution when comparisons are made between patients with and without amputation.

Terhell, E.L., Broese van Groenou, M.I., & Van Tilburg, T.G. (2004). Network dynamics in the long-term period after divorce. *Journal of Social and Personal Relationships*, 21, 719-738.

<http://dx.doi.org/10.1177/0265407504047833>

<http://hdl.handle.net/1871/33717>

This study first identified types of change in the size of the personal network over a period of 12 years following divorce. Second, differences in network change were explained by taking into account divorce characteristics, personal capacities, and structural conditions. Personal interviews were conducted in three waves of a 12-year longitudinal study with 40 men and 64 women who divorced in 1987 or 1988. Most divorcees experienced network losses shortly after the divorce and in half of the cases these losses were not compensated for in the later years after divorce. For some, divorce brought merely network gains, albeit in the longer term. Personal capacities and structural conditions did not differ significantly across participants in different types of network change. Characteristics of the divorce (attitude toward divorce and conflicts with the ex-partner after divorce) partly explained differences in network change after divorce.

Van Tilburg, T.G., Havens, B., & De Jong Gierveld, J. (2004). Loneliness among older adults in the Netherlands, Italy and Canada: A multifaceted comparison. *Canadian Journal on Aging*, 23, 169-180.

<http://dx.doi.org/10.1353/cja.2004.0026>

<http://hdl.handle.net/1871/39720>

Loneliness is experienced in many cultures. To properly assess cross-cultural differences, attention should be paid to the level, determinants and measurement of loneliness. However, cross-cultural studies have rarely taken into account more than one of these. Differences in the level of loneliness were hypothesized on the basis of national differences in partnership, kinship and friendship, which were assumed to be related to cultural standards within a society. Differences were examined among married and widowed older adults aged 70 to 89 years living independently in the Netherlands (N = 1847), Tuscany, Italy (N = 562) and Manitoba, Canada (N = 1134). Loneliness was measured with an 11-item scale. The Manitobans were high on emotional loneliness and the Tuscans were high on social loneliness. Partner status excepted, the determinants were nearly the same across the three locations. Differential item functioning (DIF) related to the three locations was observed for most items. Interactions with gender and the availability of a partner relationship were observed.

2003

Bisschop, M.I., Kriegsman, D.M.W., Van Tilburg, T.G., Penninx, B.W.J.H., Van Eijk, J.T.M., & Deeg, D.J.H. (2003). The influence of differing social ties on decline in physical functioning among older people with and without chronic diseases: The Longitudinal Aging Study Amsterdam. *Aging, Clinical and Experimental Research*, 15, 164-173.

ISSN 1594-0667

<http://hdl.handle.net/1871/39718>

Objectives. Global social support measures have been shown to be related to several health outcomes, but little is known about the effects of different social ties and their support on the risk for decline in physical functioning among older people without as compared to those with chronic diseases. This study examines whether different types of social ties and support differentially mitigate the negative effects of chronic diseases on decline in physical functioning. **Methods.** Using data from two cycles of the Longitudinal Aging Study Amsterdam (N = 2357), logistic regression analyses adjusted for baseline functioning, age, gender, and incidence of chronic diseases were conducted to assess the effect of different social ties for subgroups with different numbers of chronic diseases. Information about presence of different social ties included partner status and numbers of daughters, sons, other family members and non-kin relationships. Social support included instrumental and emotional support and the experience of loneliness. Decline in physical functioning was determined by substantial change after three years on a 6-item self-report scale. **Results.** Having a partner had a protective effect on decline in physical functioning in people without chronic diseases at baseline, but this was not found for those with chronic diseases. Total network size had an adverse effect in older people without chronic diseases, but a positive effect when chronic diseases were present. This was mainly due to a positive effect for the number of daughters and non-kin relationships. **Discussion.** Our results provide evidence that different types

of social relationships and the support they provide differentially influence the risk for decline in physical functioning in older people with or without a chronic disease.

Broese van Groenou, M.I., & Van Tilburg, T.G. (2003). Network size and support in old age: Differentials by socio-economic status in childhood and adulthood. *Ageing and Society*, 23, 625-635.

<http://dx.doi.org/10.1017/S0144686X0300134X>

<http://hdl.handle.net/1871/23165>

This paper examines the impact of childhood and adulthood socio-economic status (SES) on personal network characteristics in later life. Data are derived from 2,285 married older adults (born between 1903 and 1937) who participated in face-to-face interviews for the Dutch survey on 'Living arrangements and social networks of older adults' conducted in 1992. Childhood and adulthood SES were indicated by the father's and own level of education and occupation. Multivariate analyses showed that SES in adulthood has more impact on network features in old age than father's SES. People with lifetime low SES or with downward SES mobility had small networks, low instrumental and emotional support from non kin, but high instrumental support from kin when compared with the upwardly mobile or those with high lifetime SES. The level of education was a better indicator of network differences than occupational prestige. It is concluded that obtaining a high SES during life pays off in terms of having more supportive non kin relationships in old age. The small networks and less supportive non-kin relationships of low status older adults make them more vulnerable to situations in which kin are unavailable or less willing to provide support. This study underscores the distinction between types of support and types of relationships in the SES – network association. Further research on the social pathways of socio-economic inequality of health and wellbeing should take these distinctions into account.

Fokkema, T., & Van Tilburg, T.G. (2003). *Een vergelijkend effectonderzoek naar interventies ter voorkoming en vermindering van eenzaamheid onder ouderen: Tussenrapportage*. Nederlands Interdisciplinair Demografisch Instituut, Den Haag / Vrije Universiteit Amsterdam, Rapport uitgebracht aan de stichting Sluyterman van Loo.

<http://hdl.handle.net/1871/18940>

Knipscheer, C.P.M., & Van Tilburg, T.G. (2003). Family characteristics and loneliness among older parents. In V.L. Bengtson & A. Lowenstein (Eds.), *Global aging and challenges to families* (pp. 143-158). Hawthorne, NY: Aldine de Gruyter.

ISBN 9780202306872

<http://hdl.handle.net/1871/19006>

Thomése, G.C.F., Van Tilburg, T.G., & Knipscheer, C.P.M. (2003). Continuation of exchange with neighbors in later life: The importance of the neighborhood context. *Personal Relationships*, 10, 535-550.

<http://dx.doi.org/10.1046/j.1475-6811.2003.00064.x>

<http://hdl.handle.net/1871/33815>

Relationships with neighbors are considered exchange relationships, in which the continuation of exchanges depends on balance in previous exchanges. Our study tested whether this is the case. An exchange relationship implies that neighbor relationships are isolated units. We expected, however, that neighborhood integration also affects the continuation of exchange among neighbors. Data were from a longitudinal study among 1,692 independently living Dutch adults of ages 55 to 85 years at baseline and their 7,415 relationships with proximate network members. At a four-year follow-up, both perceived balance and neighborhood integration at baseline increased the chance of instrumental support exchange occurring. We concluded that it is too limited to view relationships between neighbors as exchange relationships, as these relationships are embedded in larger communities, where such communities exist.

Van Tilburg, T.G. (2003). Consequences of men's retirement for the continuation of work-related personal relationships. *Ageing International*, 28, 345-358.

<http://dx.doi.org/10.1007/s12126-003-1008-6>

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<http://hdl.handle.net/1871/39719>

Retirement is an important life cycle marker and has a major impact on an individual's functioning. Based upon the social convoy model, it is hypothesized that retirement decreases the likelihood of continuation of coworker relationships. Socio-emotional selectivity theory predicts a decline in the number of peripheral relationships with aging and thereby in network size and number of coworker relationships among working and retired people. Data comes from the Longitudinal Aging Study Amsterdam with five observations between 1992 and 2002. At baseline 226 men aged 54-81 years were employed; 166 men retired in the course of the study. The results of multilevel regression analyses showed a stable network size both for working and retired men. Among all men the number of work-related network members declined, but more strongly among retirees. It is concluded that the convoy model fits better with the data than socio-emotional selectivity theory.

2002

Aartsen, M.J., Smits, C.H.M., Van Tilburg, T.G., Knipscheer, C.P.M., & Deeg, D.J.H. (2002). Activity in older adults: Cause or consequence of cognitive functioning? A longitudinal study on everyday activities and cognitive performance in older adults. *Journal of Gerontology: Psychological Sciences*, 57B, P153-P162.

<http://dx.doi.org/10.1093/geronb/57.2.P153>

<http://hdl.handle.net/1871/39717>

The impact of three types of everyday activities (i.e., social, experiential, and developmental) on four cognitive functions (i.e., immediate recall, learning, fluid intelligence, and information-processing speed) and one global indicator of cognitive functioning (Mini-Mental State Exam score) over a period of 6 years was studied in a large 55-85 year-old population-based sample (N = 2,076). A cross-lagged regression model with latent variables was applied to each combination of 1 cognitive function and 1 type of activity, resulting in 15 (3 x 5) different models. None of the activities were found to enhance cognitive functioning 6 years later when controlling for age, gender, level of education, and health, as well as for unknown confounding variables. Conversely, one cognitive function (i.e., information-processing speed) appeared to affect developmental activity. It is suggested that no specific activity, but rather socioeconomic status to which activities are closely connected, contributes to maintenance of cognitive functions.

Van Tilburg, T.G., & Bloem, B.A. (2002). Kenmerken van wonen, woning en verhuizen. In D.J.H. Deeg & L.M. Horn (Red.), *Ouderen in de toekomst* (pp. 14-17). Vrije Universiteit Amsterdam, Rapport uitgebracht aan de Directie Verpleging, Verzorging en Ouderen, Ministerie van Volksgezondheid, Welzijn en Sport.

<http://hdl.handle.net/1871/19011>

Deeg, D.J.H., Van Tilburg, T.G., Smit, J.H., & De Leeuw, E.D. (2002). Attrition in the Longitudinal Aging Study Amsterdam: The effect of differential inclusion in side studies. *Journal of Clinical Epidemiology*, 55, 319-328.

[http://dx.doi.org/10.1016/S0895-4356\(01\)00475-9](http://dx.doi.org/10.1016/S0895-4356(01)00475-9)

<http://hdl.handle.net/1871/39716>

This study addresses the relation between attrition and characteristics of the study protocol, specifically contact frequency, and respondent burden. The study is based on data from a longitudinal study with side studies on various topics, so that respondents have differential exposure to these study characteristics. Attrition outcomes are refusal and ineligibility through frailty. The effect of side study contact frequency and respondent burden on these outcomes is examined in two analytical samples: (1) baseline participants surviving to the first follow-up after 10 months (sample I), and (2) first follow-up participants surviving to the second follow-up after 3 years (sample II). Attrition during the first study interval was higher than during the second study interval, 15.5 and 5.4%, respectively. In sample I, the request to participate in a side study on social network implied an increased risk of refusal to participate at first follow-up if subjects refused

the request (RR 8.34). However, if subjects participated in the network study, their risk of refusal was decreased (RR 0.42). In sample II, requests to participate in one to four side study cycles increased the risk of refusal to participate at second follow-up if subjects participated in fewer cycles than requested (RR 9.21). If subjects participated in all side study cycles that they were approached for, even if the number of cycles was five or more, this had an opposite effect: it decreased the risk of refusal (RR 0.18). Ineligibility was not significantly associated with contact frequency or respondent burden. Furthermore, neither contact frequency nor respondent burden related refusal was selective with respect to socio-demographic characteristics and physical and mental health indicators. It is concluded that contact frequency is nonlinearly associated with attrition. The findings further suggest that designing a series of side studies within the "longitudinal paradigm" does not severely damage the study's validity in terms of selective attrition.

Van Tilburg, T.G. (2002). Commentary: Heterogeneity in late life. *Newsletter of the International Society for the Study of Behavioural Development*, 41, 1, 19.
<http://hdl.handle.net/1871/18941>

Van Tilburg, T.G., & Broese van Groenou, M.I. (2002). Network and health changes among older Dutch adults. *Journal of Social Issues*, 58, 697-713.
<http://dx.doi.org/10.1111/1540-4560.00041>
<http://hdl.handle.net/1871/33530>

A negative effect of good health on the instrumental support received can be viewed as an effect of the mobilization of helpers. A positive effect of good health on the personal network size and the instrumental support given demonstrates that people in poor health have difficulty actively maintaining their relationships. Furthermore, the support received and given is positively related to the support given and received in the past. In four waves of a seven-year longitudinal study, personal interviews were conducted with 2,302 older Dutch adults (aged 60 to 85) who live on their own. The hypotheses have been confirmed. An implication is that investing in relationships by giving support might pay off in times of need.

2001

Terhell, E.L., Broese van Groenou, M.I., & Van Tilburg, T.G. (2001). Verschillen in het steunnetwerk en de sociale participatie van gescheiden mannen en vrouwen [Differences in the support network and social participation of divorced men and women]. *Sociale Wetenschappen*, 44, 2, 93-114.
<http://hdl.handle.net/1871/18950>

In dit onderzoek worden verschillen in het steunnetwerk en de sociale participatie van (ooit) gescheidenen verklaard vanuit partnerstatus, kenmerken van de huidige leefsituatie, het (verbroken) huwelijk, en persoonlijkheid. In 1998 werden in het kader van het survey 'Scheiden in Nederland' 722 mannen en 1073 vrouwen, gescheiden tussen 1947 en 1997, ondervraagd. Steunnetwerken van alleenstaande vrouwen omvatten het grootste aandeel familieleden en het kleinste aandeel nieuwe relaties. Alleenstaande mannen hadden de minste familieleden en mannen die samenwonen met een partner hadden de meeste nieuwe steunrelaties. Degenen die samenwonen met een partner scoorden hoger op aspecten van sociale participatie dan alleenstaanden. Multivariate regressieanalyses toonden aan dat voor zowel mannen als vrouwen verschillen in het steunnetwerk en sociale participatie vooral verklaard worden door structurele condities in het heden (beschikbaarheid van een partner, opleidingsniveau, betaald werk en zorg voor thuiswonende kinderen) en in mindere mate door kenmerken van het verbroken huwelijk (overlap huwelijksnetwerken) en persoonlijkheid (extraversie).

The study explains differences in the support network and social participation of divorced men and women by taking into account partner status, current living conditions, characteristics of the disrupted marriage, and personality. A sample of 722 men and 1073 women, divorced between 1947 and 1997 in the Netherlands, participated in a survey conducted in 1998. Support networks of single women contained the largest proportion of kin and the smallest proportion of post-divorce contacts. Single men had the least kin and men living with a new partner had the most post-divorce

contacts. Compared to single men and women those living with a partner had higher rates of social participation. Multivariate regression analyses indicated that, for both men and women, differences in network features and social participation after divorce were best explained by current structural conditions (availability of a partner, level of education, employment and child care), and to a lesser degree by characteristics of the disrupted marriage (overlap in marital networks) and by one's personality (extraversion).

Terhell, E.L., Broese van Groenou, M.I., & Van Tilburg, T.G. (2001). Steun na scheiding: Een kwestie van persoonlijkheid? [Support after divorce: A matter of personality?] *Nederlands Tijdschrift voor de Psychologie*, 56, 166-176.

<http://hdl.handle.net/1871/18949>

Divorce is a life transition that is attended by major changes in the structure of the personal network. This study is aimed at (1) describing differences in the number of emotional and instrumental supportive relations between married, divorced, and remarried men and women in the Netherlands, and (2) explaining these differences by taking into account differences in extraversion and emotional stability. Cross-sectional data were analyzed on supportive relations of a representative sample of 2346 married and divorced (single as well as remarried) men and women who participated in a large survey conducted in the Netherlands in 1998-1999. Results show that the divorced who remained single had the largest support networks. Networks of the married and remarried comprised equal numbers of supporters. Personality characteristics offered a relatively small though unique contribution to the explanation of differences in the number of supporters. Respondents high in extraversion had a relatively large number of emotional and instrumental supporters. The emotionally stable had relatively small numbers of emotional supporters and the emotionally stable divorced relatively large numbers of instrumental supporters.

Scheiding is een ingrijpende gebeurtenis met een grote impact op het aantal persoonlijke relaties. Dit artikel richt zich op het verklaren van verschillen in aantal steunrelaties vanuit scheiding c.q. hertrouw, sekse, en persoonlijkheid. In 1998 zijn in het kader van het survey 'Scheiden in Nederland' 2346 gehuwde en (ooit) gescheiden mannen en vrouwen ondervraagd. Multivariate analyses laten zien dat alleen staan na een scheiding, afzonderlijk en in combinatie met sekse en persoonlijkheid, van belang is voor het aantal steunrelaties. Verschillen tussen hertrouwen en gehuwden werden niet gevonden. Persoonlijkheid levert kleine unieke bijdrage aan de verklaring van verschillen in het aantal steunrelaties. Extraversie draagt bij, voor zowel gescheidenen als gehuwden en hertrouwen, aan een groter aantal emotionele en instrumentele steunrelaties. Emotionele stabiliteit draagt voor een ieder bij aan een kleiner aantal emotionele steunrelaties. Alleen voor alleenstaande gescheidenen draagt emotionele stabiliteit bij aan een groter aantal emotionele steunrelaties. Steun blijkt deels een kwestie van persoonlijkheid, ook na scheiding.

Van der Zouwen, J., & Van Tilburg, T.G. (2001). Reactivity in panel studies and its consequences for testing causal hypotheses. *Sociological Methods & Research*, 30, 35-56.

<http://dx.doi.org/10.1177/0049124101030001003>

<http://hdl.handle.net/1871/33621>

The procedure of standardized repeated measurement, as used in panel studies, may hamper the quality of the data, due to the potential 'reactivity' of survey interviewing on respondents' attitudes and behavior. In case respondents are interviewed in subsequent waves by different interviewers, differential interviewer effects may occur. These threats to data quality are illustrated with data from a longitudinal study among 2,819 older adults, conducted in The Netherlands. From an analysis of 100 interview protocols it appears that the behavior of the interviewers has a significant impact on the data obtained. Interviewers seem to adjust their interviewing strategy, on the one hand to a norm regarding a 'normal' personal network, and on the other hand to a norm about the appropriate interviewing time. Suggestions are formulated to prevent misestimating of actual change within respondents over time leading to incorrect conclusions about causal relationships.

2000

Aartsen, M.J., Van Tilburg, T.G., & Smits, C.H.M. (2000). Cognitieve achteruitgang: Ook verlies van het persoonlijk netwerk? In D.J.H. Deeg, R.J. Bosscher, M.I. Broese van Groenou, L.M. Horn, & C. Jonker (Eds.), *Ouder worden in Nederland: Tien jaar Longitudinal Aging Study Amsterdam* (pp. 183-191). Amsterdam: Thela-thesis.

<http://hdl.handle.net/1871/18952>

Stevens, N.L., & Van Tilburg, T.G. (2000). Stimulating friendship in later life: A strategy for reducing loneliness among older women. *Educational Gerontology*, 26, 15-35.

<http://dx.doi.org/10.1080/036012700267376>

<http://hdl.handle.net/1871/33677>

In order to promote well-being and alleviate loneliness among older women, a course was developed to help them improve or develop new friendships. Thirty-two participants in the course were interviewed on their friendships and loneliness at two points in time, immediately following the course and a year later. Loneliness scores were compared to those of a matched control group. Both groups were very lonely initially and demonstrated a significant reduction in loneliness a year later. However, more women in the friendship course were successful in reducing their loneliness; a majority had made new friends, slightly less than half had improved existing friendships. There was a significant increase in the complexity of their friendship networks following the course.

Thomése, G.C.F., & Van Tilburg, T.G. (2000). Neighbouring networks and environmental dependency: Differential effects of neighbourhood characteristics on the relative size and composition of neighbouring networks of older adults in The Netherlands. *Ageing and Society*, 20, 55-78.

<http://dx.doi.org/10.1017/S0144686X9900762X>

<http://hdl.handle.net/1871/21733>

The effects of four social-structural neighbourhood characteristics on the relative size and the composition of neighbouring networks are tested in a sample of 3,504 older adults born between 1908 and 1937 and living in three regions in the Netherlands. Interactions with individual income and ADL capacity are included in multilevel regression analyses, to test effects of older adults' environmental dependency. Population density and residential mobility both have a negative effect on the relative size of neighbouring networks, and the effect of urbanisation is strongest among poorer respondents. These findings suggest first that the structural effects of urbanisation work at the level of concentration vs. dispersion of personal networks, and second that there is no general mechanism of environmental dependency.

Van Tilburg, T.G. (2000). Persoonlijke relatienetwerken van ouderen: Een inleiding. In D.J.H. Deeg, R.J. Bosscher, M.I. Broese van Groenou, L.M. Horn, & C. Jonker (Eds.), *Ouder worden in Nederland: Tien jaar Longitudinal Aging Study Amsterdam* (pp. 131-136). Amsterdam: Thela.

<http://hdl.handle.net/1871/18953>

Van Tilburg, T.G., Aartsen, M.J., & Knipscheer, C.P.M. (2000). Gevolgen van veranderingen in fysiek functioneren voor het persoonlijk relatienetwerk bij het ouder worden [Effects of a change in physical capacity on the personal network among older adults]. *Tijdschrift voor Gerontologie en Geriatrie*, 31, 190-197.

<http://hdl.handle.net/1871/18951>

The aim of the research is to assess whether there is change in the size and composition of older adults' personal network. Furthermore, change in contact frequency and received instrumental support within the relationships is studied. Five relationship types are distinguished: children, other kin, friends, neighbors and acquaintances. Older adults with a decline in physical capacity are compared with those with stable and increased capacities. Furthermore, differences according to (change in) partner status and age are investigated. Data are from the Longitudinal Aging Study Amsterdam, including the first and fourth observation of 1634 older adults living independently. The observation interval is 7 years. A decline in physical capacities is observed for 35% of the older

adults, the capacities are stable for 60% and an increase is observed for 5%. In general, network size and composition did not change. The frequency of contact within the relationships decreased. Decline was high for parent - child relationships, but relatively low among older adults who faced a moderate to strong physical decline. Among older adults who did not have a partner at the fourth observation and among the oldest the frequency of contact with children increased independent from the degree of physical decline. The decline in contact with neighbors was nearly absent for older adults who faced a moderate to strong physical decline; the contact increased when there was no partner at the fourth observation. The instrumental support received increased within all relationship types, independent from the degree of physical decline. It is concluded that research into determinants of the decline in parent-child contacts is needed and that the meaning of neighbors should receive attention.

1999

Broese van Groenou, M.I., Van Tilburg, T.G., & De Jong Gierveld, J. (1999). Eenzaamheid bij ouderen en kenmerken van de omgeving [Loneliness among older adults: Geographical and neighborhood characteristics]. *Mens & Maatschappij*, 74, 235-249.

<http://hdl.handle.net/1871/39714>

<http://rjh.ub.rug.nl/index.php/MenM/article/view/18580>

The question of interest is whether differences between regions, rural and urban communities and neighbourhoods contribute to older adult loneliness, when their health and social circumstances are also taken into account. The data are from nine research projects involving older persons in several regions in the Netherlands. Six were carried out by Community Health Departments (GGD's) in 's-Hertogenbosch, Oss, Drenthe, Nijmegen, the Achterhoek and in the city triangle Apeldoorn-Deventer-Zutphen. Three other data sets are from the NESTOR-program 'Living arrangements and social networks of older adults' (LSN), in which older adults in Amsterdam and surroundings, Zwolle and surroundings and Oss and surroundings, participated. The LSN-respondents were distinguished by region, leading to three sub-populations (LSN-West, LSN-East and LSN-South). Multivariate multilevel regression analysis show that, controlling for the health and social circumstances of the older adults, regional differences in loneliness are small, and that living in an urbanised area and in a neighbourhood with relatively few older people, contributes to more intense feelings of loneliness.

De Jong Gierveld, J., & Van Tilburg, T.G. (1999). Living arrangements of older adults in the Netherlands and Italy: Coresidence values and behaviour and their consequences for loneliness. *Journal of Cross-Cultural Gerontology*, 14, 1-24.

<http://dx.doi.org/10.1023/A:1006600825693>

<http://hdl.handle.net/1871/39715>

<http://hdl.handle.net/1871/48900>

Value studies indicate that the process of individualization in Europe started in Sweden and Norway, and continued via France and the Netherlands; the southern European countries lag behind, and are still characterized by more traditional family orientations. Starting from this point of view, this paper investigates the effects of differences between the Netherlands and Italy in the field of living arrangements of older adults with and without partners. The consequence of living alone and of coresidence with adult children have been further investigated, using loneliness as the dependent variable. The size and support functions of the network of social relationships, socioeconomic resources, health, sex and age are also taken into account. Data come from face-to-face surveys among a random sample of older adults (55 to 89 year old women and men) in the Netherlands (N = 4,494) and in Italy (N = 1,570), using the same research design and questionnaire. The data show country-specific differences in household types of older adults: The proportion living alone is much higher among older people without partners in the Netherlands; the proportion coresiding with their adult children is higher in Italy than in the Netherlands. Controlling for age, health, sex, size and support of the network, and for differences in socioeconomic resources, household composition is still the most important determinant of loneliness. Living without a partner in the same household as one's adult children yields country-specific correlations

that correspond with differences in value orientations: less loneliness in Italy, more loneliness in the Netherlands.

De Jong Gierveld, J., & Van Tilburg, T.G. (1999). *Manual of the Loneliness Scale*. Dept. of Social Research Methodology, Vrije Universiteit Amsterdam.

ISBN 90-9012523-X

http://home.fsw.vu.nl/TG.van.Tilburg/manual_loneliness_scale_1999.html

<http://hdl.handle.net/1871/18954>

Klein Ikkink, C.E., & Van Tilburg, T.G. (1999). Broken ties: Reciprocity and other effects on the ending of older adult's relationships. *Social Networks*, 21, 131-146.

[http://dx.doi.org/10.1016/S0378-8733\(99\)00005-2](http://dx.doi.org/10.1016/S0378-8733(99)00005-2)

<http://hdl.handle.net/1871/33628>

Exchange theory assumes that people prefer balanced support exchanges in their relationships. If there is an imbalance and no expectation of change in the future, a relationship might be terminated. The question is which relationships are discontinued. The data are from a longitudinal study of 2,057 older adults who identify 18,915 relationships at T1. A relationship is regarded as discontinued if it is not identified by the older adult at the second and third measurement moments. Of the T1 relationships, 4,042 have since been discontinued. The results of a multilevel logistic regression analysis show that the more intensive the support exchanges are at T1, the more likely it is for relationships to be continued. Relationships where older adults are overbenefited with instrumental support, i.e. receive more than they give, have a higher chance of being continued. However, if older adults are overbenefited with emotional support, this decreases the chance of the relationships continuing. The type of relationship has a significant effect on whether or not it is continued. Close kin relationships are most likely to be continued, and relationships with less close kin, friends and neighbors have a higher chance of being discontinued. The costs of the relationship are also decisive; the higher the contact frequency and the lower the traveling time to the network member, the higher the chance of the relationship being continued. Furthermore, the larger the network of the older adult, the more likely it is for an unbalanced relationship to be discontinued.

Klein Ikkink, C.E., Van Tilburg, T.G., & Knipscheer, C.P.M. (1999). Perceived instrumental support exchanges in relationships between elderly parents and their adult children: Normative and structural explanations. *Journal of Marriage and the Family*, 61, 831-844.

<http://dx.doi.org/10.2307/354006>

<http://hdl.handle.net/1871/39712>

If the norm of filial responsibility is apparent, children should give relatively much instrumental support to their parents. Structural circumstances of adult children such as being employed or having young children, and of their parents such as having small families influence the amount of instrumental support the elderly parents receive. Data are from a sample of 365 elderly adults and 634 of their children. The higher the filial responsibility of both parent and children, the more support the parent receives. Mothers, old parents, parents in need of support and without a partner receive relatively much support. The structural circumstances of the children do not have any effect on parent's receipts. Reciprocity is an important determinant of the support the parent receives.

Penninx, B.W.J.H., Van Tilburg, T.G., Kriegsman, D.M.W., Boeke, A.J.P., Deeg, D.J.H., & Van Eijk, J.T.M. (1999). Social network, social support, and loneliness in older persons with different chronic diseases. *Journal of Aging and Health*, 11, 151-168.

<http://jah.sagepub.com/cgi/reprint/11/2/151>

<http://dx.doi.org/10.1177/089826439901100202>

<http://hdl.handle.net/1871/49166>

Objective: This study examines whether patterns of social network size, functional social support and loneliness are different for older persons with different types of chronic diseases. Methods: In a community-based sample of 2,788 men and women aged 55 to 85 years participating in the Longitudinal Aging Study Amsterdam, chronic diseases status, social network size, support

exchanges and loneliness were assessed. Results: Social network size and emotional support exchanges were not associated with disease status. The only differences between healthy and chronically ill people were found for receipt of instrumental support and loneliness. Disease characteristics played a differential role: higher feelings of loneliness was mainly found for persons with lung disease or arthritis, and receiving more instrumental support was mainly found for persons with arthritis or stroke. Discussion: The specifics of a disease appear to play a (small) role in the receipt of instrumental support and feelings of loneliness of chronically ill older persons.

Van Tilburg, T.G. (1999). Changes over time in the personal networks and health of older adults. *Gedrag & Gezondheid*, 27, 61-66.

<http://hdl.handle.net/1871/49167>

Changes in the networks and the health of a general sample of 2,903 Dutch older adults were studied, based on three observations with a total time span of four years. The better the functional capacity and the self-rated health of the old people, the larger their network was, the less instrumental support was received from their network members, and the more instrumental support was given. The positive effect of poor health on instrumental support received can be considered as an effect of the mobilization of helpers. The negative effect of poor health on instrumental support given, reflects the fact that people in poor health have difficulty in actively maintaining their relationships. Both tendencies affect the network size in different directions, which might be a reason for the relatively small effect of health on the network size. An extended version is published as: Van Tilburg, T.G. (1998). Changes over time in the personal networks and health of older adults. In D.J.H. Deeg, A.T.F. Beekman, D.M.W. Kriegsman, & M. Westendorp-de Serière (Eds.), *Autonomy and well-being in the aging population II: Report from the Longitudinal Aging Study Amsterdam 1992-1996* (pp. 123-140). Amsterdam: VU University Press.

Van Tilburg, T.G., & De Jong Gierveld, J. (1999). Cesuurbepaling van de eenzaamheidsschaal [Cutting scores on the De Jong Gierveld Loneliness Scale]. *Tijdschrift voor Gerontologie en Geriatrie*, 30, 158-163.

<http://hdl.handle.net/1871/39713>

Deze bijdrage is gericht op een cesuurbepaling van de meting van eenzaamheid met de schaal van De Jong Gierveld. Gegevens van 3823 zelfstandig wonende mondeling ondervraagden (54-89 jaar) zijn geanalyseerd. Gebruik is gemaakt van een zelfindicatie van eenzaamheid. Daarmee is, meer dan het geval is bij een willekeurige cesuurbepaling, aangesloten bij de beleving van individuen. Van de ouderen in Nederland is 68% niet, 28% matig en 4% sterk eenzaam. In eerder onderzoek werd een veel lagere cesuur gehanteerd en werd derhalve een veel groter aantal eenzamen gevonden.

This article focuses on the cutting scores for the measurement of loneliness on the Loneliness Scale (De Jong Gierveld & Kamphuis, 1985). A cutting score is used to distinguish the lonely from the not lonely. Data have been analyzed relating to interviews with 3,823 respondents (54-89 years old) who live independently. Use has been made of the individuals' self-assessed level of loneliness. More than would be the case with arbitrary cutting scores, this is in keeping with the individuals' own perception. The figures show that 68% of the elderly persons in the Netherlands are not lonely, 28% are moderately lonely, and 4% are quite lonely. Previous research used a lower cutting score and, consequently, observed that much more people are lonely.

1998

Braam, A.W., Deeg, D.J.H., Van Tilburg, T.G., Beekman, A.T.F., & Van Tilburg, W. (1998). Gerotranscendentie en het competentie-model: Eerste verkenningen in Nederland. In P.W. Huijbers & M.M. van Santvoort, *Ouder worden '98*. Utrecht: Nederlands Instituut voor Gerontologie. ISBN 90-70911-39-5

Braam, A.W., Deeg, D.J.H., Van Tilburg, T.G., Beekman, A.T.F., & Van Tilburg, W. (1998). Gerotranscendentie als levensperspectief: Een eerste empirische benadering bij ouderen in Nederland [Gerotranscendence as a life cycle perspective: A first empirical approach among older

adults in the Netherlands]. *Tijdschrift voor Gerontologie en Geriatrie*, 29, 24-32.

<http://hdl.handle.net/1871/18956>

Gerotranscendence has been defined as a shift in meta-perspective, from a materialistic and rationalistic perspective to a more cosmic and transcendent one that accompanies the process of aging. The present study describes scale characteristics of the Dutch translation of Tornstam's gerotranscendence scale, using data from a sample among adults aged 56-76 years (N=556). Two subscales evolve from scale analysis, similar to those found by Tornstam: cosmic transcendence and egotranscendence. Scores on both subscales are higher for the older old, as well as for the unmarried, divorced or widowed respondents who suffer from physical impairments. Scale scores are also higher for respondents with depressive complaints. On the subscale cosmic transcendence Roman Catholics have higher scores than Protestants and non-church members. On the subscale egotranscendence well educated respondents and those with few social contacts have higher scores than persons with less education and those with many contacts. The strength of the associations is modest and the variance explained is small. The findings warrant further research into the question whether gerotranscendence adds to competence in later life.

Deeg, D.J.H., Smits, C.H.M., Van Tilburg, T.G., & Beekman, A.T.F. (1998). Empirische dimensies van autonomie bij ouderen. In P.W. Huijbers & M.M. van Santvoort, *Ouder worden '98*. Utrecht: Nederlands Instituut voor Gerontologie. ISBN 90-70911-39-5

Klein Ikkink, C.E., & Van Tilburg, T.G. (1998). Do older adults' network members continue to provide instrumental support in unbalanced relationships? *Journal of Personal and Social Relationships*, 15, 59-75.

<http://dx.doi.org/10.1177/0265407598151004>

<http://hdl.handle.net/1871/33520>

Exchange theory assumes that people strive towards a balance in their personal relationships. The question is why the balance is not restored in unbalanced relationships where older adults receive more instrumental support than they give. The data are from a longitudinal study of 408 older adults and 2044 of their network members. At T1, the older adults received more instrumental support than they gave in 335 (17%) of their relationships. The instrumental support balance in these relationships at T1 was also assessed. The results of a multilevel regression analysis show that network members continue giving support to older adults who are in poor health. If the network member is in poor health, the balance is likely to be restored. Four other reasons for continuing the imbalance were also examined. No evidence was found to back the idea that a lack of instrumental reciprocity could be compensated by the older adults giving more emotional support. The second hypothesis (that close relationships often involve social norms that make it difficult to withdraw from unreciprocated support giving) was confirmed: in kin relationships and friendships, the imbalance persisted over time, while neighbor and other non-kin relationships returned to balance. Thirdly, it was hypothesized that if there were a small number of alternative supporters, it would be hard to withdraw from unreciprocated support giving. However, it was found that if the network was small, the imbalance was not likely to endure. Finally, as predicted, if there was generalized network reciprocity, the balance in particular relationships was not restored.

Klein Ikkink, C.E., Van Tilburg, T.G., & Knipscheer, C.P.M. (1998). Instrumentele steunuitwisselingen tussen ouderen en hun volwassen kinderen: Normatieve en structurele verklaringen. In P.W. Huijbers & M.M. van Santvoort (Eds.), *Ouder worden '98*. Utrecht: Nederlands Instituut voor Gerontologie. ISBN 90-70911-39-5

Knipscheer, C.P.M., Dykstra, P.A., Van Tilburg, T.G., & De Jong Gierveld, J. (1998). Leefvormen en sociale netwerken van ouderen: Een selectie van bevindingen uit een NESTOR-studie [Living arrangements and social networks of older adults: A selection of findings from a NESTOR-study]. *Tijdschrift voor Gerontologie en Geriatrie*, 29, 110-119.

<http://hdl.handle.net/1871/18957>

This article presents an overview of the design and results of the NESTOR survey 'Living Arrangements and Social Networks of Older Adults', an empirical study, started in 1992, among a representative sample of 4494 people, aged 55-89, selected from the population registers of 11 municipalities in the Netherlands. Questions were asked about living arrangements, the composition and functions of social networks, and important transitions in the marital, parental and occupational careers. The results indicated a wide diversity in living arrangements and social networks, a diversity which is particularly visible among the young old. They not only have larger networks, but are also more likely to live alone, to be divorced and to participate in shared housing arrangements. The networks vary considerably in size, from 0 to more than 40 important relationships. The decrease in network size with age appears to be directly related to specific life events such as widowhood, physical handicaps, residential moves etc. About 2/3 of the relationships are family relationships: parents, children (in law), grandchildren (in law), brothers and sisters (in law), uncles and aunts. Older people tend to be in touch at least once a month with the majority of close family members. The intensity of supportive exchanges (giving and receiving instrumental and emotional support in the twelve relationships with the highest levels of contact) is moderate, however mostly in balance. Only the very old receive somewhat more instrumental support and give considerably less than the 'young-old'. We studied the shift in balance between giving and receiving over a period of 12 months among a small proportion of the sample, checking a central hypothesis of exchange theory. In some cases a new balance evolves. In others the relationship continues to exist for a number of reasons, despite the imbalance. Early life experiences appear to be important for later life outcomes. Those who experienced the divorce of their parents before the age of 15 or those whose parents lived apart permanently (e.g. unmarried mothers) have a smaller social network and feel more lonely. Marital history has an impact on patterns of informal and formal care. E.g., those respondents without a partner who have children are less likely to use formal care than those who are childless. Among divorced elderly the use of formal care not only varies between men and women but also differs according to the marriage in which the children are born, first or second marriage. Occupational history is strongly related to the income level of older women living alone.

Knipscheer, C.P.M., Van Tilburg, T.G., & Broese van Groenou, M.I. (1998). Scenario: Social involvement and aging. In D.J.H. Deeg, A.T.F. Beekman, D.M.W. Kriegsman, & M. Westendorp-De Serière (Eds.), *Autonomy and well-being in the aging population II: Report from the Longitudinal Aging Study Amsterdam 1992-1996* (pp. 117-121). Amsterdam: VU University Press. ISBN 90-50383622-5

Penninx, B.W.J.H., Van Tilburg, T.G., Boeke, A.J.P., Deeg, D.J.H., Kriegsman, D.M.W., & Van Eijk, J.T.M. (1998). Effects of social support and personal coping resources on depressive symptoms: Different for various chronic diseases? *Health Psychology, 17*, 551-558.

<http://dx.doi.org/10.1037/0278-6133.17.6.551>

<http://hdl.handle.net/1871/39710>

Effects of psychosocial coping resources on depressive symptoms were examined and compared in older persons with no chronic disease or with recently symptomatic diabetes mellitus, lung disease, cardiac disease, arthritis, or cancer. The 719 persons without diseases reported less depressive symptoms than the chronically ill. Direct favorable effects on depressive symptoms were found for having a partner, having many close relationships, greater feelings of mastery, greater self-efficacy expectations, and high self-esteem. Buffer effects were observed for feelings of mastery, having many diffuse relationships, and receiving emotional support. Buffer effects were differential across diseases for emotional support (in cardiac disease and arthritis only) and for diffuse relationships (in lung disease). Receiving instrumental support was associated with more depressive symptoms, especially in diabetes patients.

Van Tilburg, T.G. (1998). Losing and gaining in old age: Changes in personal network size and social support in a four-year longitudinal study. *Journal of Gerontology: Social Sciences, 53B*, S313-S323.

<http://hdl.handle.net/1871/43299>

<http://dx.doi.org/10.1093/geronb/53B.6.S313>

Objectives. Previous studies have shown that most older people have a significant number of relationships. However, the question of whether the aging of old people produces losses in their personal network remains open for discussion. This study models the individual variability of the changes affecting multiple personal network characteristics. Methods. Personal interviews were conducted with 2,903 older Dutch adults (aged 55-85) in three waves of a four-year longitudinal study. Results. A stable total network size was observed, with an increasing number of close relatives and a decreasing number of friends. Contact frequency decreased in relationships, and the instrumental support received and emotional support given increased. Age moderated the effect of time for some of the network characteristics and for many of them, effects of regression towards the mean were detected. Furthermore, major variations in the direction and the speed of the changes were detected among individual respondents, and non-linear trends were observed. Discussion. The widely varying patterns of losses and gains among the respondents squares with the focus on the heterogeneity of developments among aging people. The instability of the network composition might reflect the natural circulation in the membership of networks.

Van Tilburg, T.G. (1998). Changes over time in the personal networks and health of older adults. In D.J.H. Deeg, A.T.F. Beekman, D.M.W. Kriegsman & M. Westendorp-De Serière (Eds.), *Autonomy and well-being in the aging population II: Report from the Longitudinal Aging Study Amsterdam 1992-1996* (pp. 123-140). Amsterdam: VU University Press.

ISBN 90-50383622-5

<http://hdl.handle.net/1871/18955>

Changes in the networks and the health of a general sample of 2,903 Dutch older adults were studied, based on three observations with a total time span of four years. The better the functional capacity and the self-rated health of the old people, the larger their network was, the less instrumental support was received from their network members, and the more instrumental support was given. The positive effect of poor health on instrumental support received can be considered as an effect of the mobilization of helpers. The negative effect of poor health on instrumental support given, reflects the fact that people in poor health have difficulty in actively maintaining their relationships. Both tendencies affect the network size in different directions, which might be a reason for the relatively small effect of health on the network size.

Van Tilburg, T.G. (1998). Interviewer effects in the measurement of personal network size: A nonexperimental study. *Sociological Methods & Research*, 26, 300-328.

<http://dx.doi.org/10.1177/0049124198026003002>

<http://hdl.handle.net/1871/48901>

Methods for delineating personal networks in surveys contain complex instructions for the interviewers. It is assumed that the interviewers' experience and education influence their ability to follow these instructions. The magnitude of the interviewer effects on the personal network size has been investigated, and differences among interviewers have been explained on the basis of their experience and education. The data are from a survey among 4,059 older adults in the Netherlands interviewed in 1992 by 87 interviewers. A strong interviewer effect was observed. Furthermore, the results of a multilevel regression analysis showed that, controlled for respondent characteristics, well-educated interviewers with minor experience prior to the project and major experience within the project (i.e. the high sequence number of the interview) generated relatively large networks.

Van Tilburg, T.G. (1998). Reciprociteit in intergenerationele relaties van ouderen. In P. W. Huijbers & M. M. van Santvoort (Eds.), *Ouder worden '98*. Utrecht: Nederlands Instituut voor Gerontologie. ISBN 90-70911-39-5

<http://hdl.handle.net/1871/18958>

Van Tilburg, T.G., De Jong Gierveld, J., Lecchini, L., & Marsiglia, D. (1998). Social integration and loneliness: A comparative study among older adults in the Netherlands and Tuscany, Italy. *Journal of Personal and Social Relationships*, 15, 740-754.

<http://dx.doi.org/10.1177/0265407598156002>

<http://hdl.handle.net/1871/33619>

On the average, older adults in Italy are lonelier than those in the Netherlands. The results of a study by Jylhä & Jokela (1990) showed that loneliness was more prevalent in regions of Europe where living alone was rarest and where community bonds were strongest. This inverse macro-level association, an increasing proportion of lonely older people and a decreasing proportion of older people who live alone from northern to southern Europe, could not be explained by differences in individual social integration. The aim of the current study was to reinvestigate this association. The data were from surveys conducted in the Netherlands (N = 3,750) and northwestern Tuscany, Italy (N = 1,543). Fewer older adults lived alone in Tuscany than in the Netherlands, indicating that the Dutch were less integrated. As regards their participation in social organizations and personal networks, the Tuscan older adults were less integrated. To a large extent, loneliness among the Dutch and Tuscans based on differences in social integration could be similarly explained, and regional loneliness differences could be attributed to individual situations and characteristics.

1997

Beekman, A.T.F., Deeg, D.J.H., Van Tilburg, T.G., Schoevers, R.A., Smit, J.H., Hooijer, C., & Van Tilburg, W. (1997). Depressie bij ouderen in de Nederlandse bevolking: Een onderzoek naar de prevalentie en risicofactoren [The prevalence and risk factors associated with major and minor depression in later life]. *Tijdschrift voor Psychiatrie*, 39, 294-308.

<http://hdl.handle.net/1871/18942>

Studied depression at the syndrome level and at the diagnostic level in a large random sample of older adults as part of the Longitudinal Aging Study Amsterdam (Deeg et al, 1993). Human Ss: 3,056 male and female Dutch middle-age, old, and very old adults (aged 55-85 yrs) (major depression in some Ss) (residents of 3 regions of the Netherlands). Ss were interviewed. A 2-stage screening procedure was used to diagnose depression. The Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III) criteria for major depression were used. Tests used: The Center for Epidemiologic Studies Depression Scale, the Diagnostic Interview Schedule; National Institute of Mental Health and the Mini-Mental State Examination.

Braam, A.W., Beekman, A.T.F., Van Tilburg, T.G., Deeg, D.J.H., & Van Tilburg, W. (1997). Religious involvement and depression in older Dutch citizens. *Social Psychiatry and Psychiatric Epidemiology*, 32, 284-291.

<http://dx.doi.org/10.1007/BF00789041>

<http://hdl.handle.net/1871/24754>

Examined the association between religious involvement and depression in older Dutch citizens, focusing on models of the mechanism in which religious involvement impacts other factors related to depression. Ss were 2,817 older adults aged 55-85 years living in the community who participated in the Longitudinal Aging Study Amsterdam. Depressive symptoms were assessed using the Center for Epidemiologic Studies Depression Scale, and religious involvement was assessed using items on frequency of church attendance and strength of church affiliation. Further data were collected on physical health, size of social network, social support, sense of mastery, and self-esteem. As in North American studies, religious involvement appeared to be inversely associated with depression, both on symptom and syndrome levels. Controlling for sociodemographics, physical impairment and network support did not substantially affect this association, particularly among 75-85 year old Ss. The inverse association between religious involvement and depression was not selectively more pronounced among older people with physical impairments. However, the association appeared to be most specific for Ss with a small social network and those with a low sense of mastery.

Broese van Groenou, M.I., & Van Tilburg, T.G. (1997). Changes in the support networks of older adults in the Netherlands. *Journal of Cross-Cultural Gerontology*, 12, 23-44.

<http://dx.doi.org/10.1023/A:1006580708223>

<http://hdl.handle.net/1871/39709>

Examined the type and stability of social support networks providing instrumental and/or emotional support to a sample of 2,709 older Dutch adults aged 55-89 yrs. Results show that the hierarchy of instrumental support differs by partner status of the older adult, but the hierarchy in emotional support does not vary with the availability of partner or children. Multi-level regression analyses using data at an 11 month follow-up indicate that 46 bereaved older adults received increased instrumental support from their network, while their receipt of emotional support remained unchanged. Shifts in the hierarchy of instrumental support were observed, but not in the hierarchy of emotional support. Older people who suffered a decrease in physical mobility received more instrumental and emotional support, but the ranking of supporter types changed little. It is concluded that despite changes in intensity of support, the hierarchies of types of supporters have generally remained stable over time.

De Jong Gierveld, J., Van Tilburg, T.G., & Lecchini, L. (1997). Socio-economic resources, household composition, and the social network as determinants of well-being among Dutch and Tuscan older adults. *Genus, Rivista Internazionale di Demografia*, *LIII*, 75-100.

<http://hdl.handle.net/1871/18944>

De Jong Gierveld, J., Van Tilburg, T.G., & Plomp, R. (1997). Feminisering van de armoede onder ouderen in Nederland [Feminization of poverty among older adults in the Netherlands]. *Mens & Maatschappij*, *72*, 248-262.

<http://hdl.handle.net/1871/18943>

<http://rijh.ub.rug.nl/index.php/MenM/article/view/18473>

The financial position of older adults in the Netherlands is a heterogeneous one. Gender, living arrangement and age are among the most important determinants of household income levels, as has been illustrated with macro level data. However, the interconnectedness of current characteristics of older males and females with life-course experiences in the field of labor market participation and partner relationships, is hypothesized to be of crucial importance to explain the differences in financial opportunities and resources older adults are confronted with. To investigate the financial position of older men and women, data from the NESTOR 'Living Arrangement and Social Networks' program, based on 4494 face-to-face interviews, have been used.

De Jong Gierveld, J., Plomp, R., & Van Tilburg, T.G. (1997). Intimacy, but at a distance: De relatie tussen ouders en hun volwassen kinderen in Nederland en Italië. In *Afstand en betrokkenheid* (pp. 10-21). Amsterdam: Koninklijke Nederlandse Academie van Wetenschappen.

<http://hdl.handle.net/1871/19010>

Penninx, B.W.J.H., Van Tilburg, T.G., Deeg, D.J.H., Kriegsman, D.M.W., Boeke, A.J.P., & Van Eijk, J.T.M. (1997). Direct and buffer effects of social support and personal coping resources in individuals with arthritis. *Social Science & Medicine*, *44*, 393-402.

[http://dx.doi.org/10.1016/S0277-9536\(96\)00156-6](http://dx.doi.org/10.1016/S0277-9536(96)00156-6)

<http://hdl.handle.net/1871/49168>

Examined the direct and buffer effects of various aspects of social support and personal coping resources on depressive symptoms in a community-based sample of 1,690 55-85 yr olds, of whom 719 had no chronic disease, 612 had mild arthritis and 359 had severe arthritis. Results showed that persons with arthritis had more depressive symptoms than persons with no chronic diseases. Irrespective of arthritis, the presence of partner, having many close social relationships, feelings of mastery and a high self-esteem were found to have direct, favorable effects on psychological functioning. Mastery, having many diffuse social relationships, and receiving emotional support seem to mitigate the influence of arthritis on depressive symptoms, which is in conformity with the buffer hypothesis. Favorable effects of these variables on depressive symptomatology were only, or more strongly, found in persons with severe arthritis.

Penninx, B.W.J.H., Van Tilburg, T.G., Kriegsman, D.M.W., Deeg, D.J.H., Boeke, A.J.P., & Van Eijk, J.T.M. (1997). Effects of social support and personal coping resources on mortality in older age: The Longitudinal Aging Study Amsterdam. *American Journal of Epidemiology*, 146, 510-519.
<http://aje.oxfordjournals.org/cgi/reprint/146/6/510>

<http://hdl.handle.net/1871/39710>

This study focuses on the role of social support and personal coping resources in relation to mortality among older persons in the Netherlands. Data are from a sample of 2,829 noninstitutionalized people aged between 55 and 85 years who took part in the Longitudinal Aging Study Amsterdam in 1992-1995. Social support was operationally defined by structural, functional, and perceived aspects, and personal coping resources included measures of mastery, self-efficacy, and self-esteem. Mortality data were obtained during a follow-up of 29 months, on average. Cox proportional hazards regression models revealed that having fewer feelings of loneliness and greater feelings of mastery are directly associated with a reduced mortality risk when age, sex, chronic diseases, use of alcohol, smoking, self-rated health, and functional limitations are controlled for. In addition, persons who received a moderate level of emotional support (odds ratio (OR) = 0.49, 95% confidence interval (CI) 0.33-0.72) and those who received a high level of support (OR = 0.68, 95% CI 0.47-0.98) had reduced mortality risks when compared with persons who received a low level of emotional support. Receipt of a high level of instrumental support was related to a higher risk of death (OR = 1.74, 95% CI 1.12-2.69). Interaction between disease status and social support or personal coping resources on mortality could not be demonstrated.

Van Tilburg, T.G. (1997). There is more to the network than relationships. *ISSPR Bulletin*, 13, 11-13.

<http://hdl.handle.net/1871/18945>

1996

Broese van Groenou, M.I., & Van Tilburg, T.G. (1996). Network analysis. In J.E. Birren (Ed.), *Encyclopedia of gerontology: Age, aging, and the aged* (Vol. 2, pp. 197-210). San Diego: Academic Press.

ISBN 0-12-226862-8

<http://hdl.handle.net/1871/18947>

The personal networks of elderly people reflect their social opportunities and personal choices to maintain a specific set of relationships with relatives, neighbors, friends, acquaintances, and so on. Network analysis is the method used to identify and examine the structural and functional features of the network of the older adult. The conceptualization and operationalization of the personal network depend on the subject of research. Five approaches to define personal network membership are presented and discussed. The five approaches differ regarding the part of the personal network that is mapped, and result in networks of different sizes and compositions. Regardless of the type of network delineation, a distinction can be drawn between the star network (data available on relationships with the focal person) and the full network (data available on all the network relationships). Features of the structure and content of both types of networks are presented. Finally, network analysis methods are presented and discussed, including ways to analyze hierarchical databases.

Broese van Groenou, M.I., & Van Tilburg, T.G. (1996). The personal network of Dutch older adults: A source of social contact and instrumental support. In H. Litwin (Ed.), *The social networks of older people: A cross-national analysis* (pp. 163-182). London: Praeger.

ISBN 0-275-95327-0

<http://hdl.handle.net/1871/18948>

Mehciz, M., & Van Tilburg, T.G. (1996). De indicatiestelling voor het verzorgingshuis: Evaluatie van de vragenlijst indicatie Alkmaar [Assessment of indications for admission to a nursing home: Evaluation of the questionnaire indication Alkmaar]. *Tijdschrift voor Gerontologie en Geriatrie*, 27,

243-249.

<http://hdl.handle.net/1871/49169>

This article aims at testing an assessment schedule which is generally applied in order to determine the necessity and urgency of admission into a home for the aged. The central question concerns the extent to which this schedule contributes to (1) objectivity, implying that applicants with similar 'needs' will have an equal opportunity of being admitted to the requested provision, and (2) efficiency, meaning that a clear distinction in the urgency of admission is being made according to the seriousness of 'needs'. The research therefore concentrates on two topics. First, the homogeneity and statistical reliability of the assessment schedule, i.e. the questionnaire which is used for measuring the need for (institutional) care. Second, the statistical association between the measured need and the urgency of admission into a home for the aged. The research rests upon data on 164 older adults who have requested for admission; this data were obtained by a local agency responsible for need-assessment in relation to institutional care. The findings are as follows: (1) the homogeneity of the instrument can be improved, (2) the reliability is fairly good, (3) the association between 'need' and 'urgency of admission' is not very strong, notwithstanding the fact that (4) persons with lower scores on ADL- and IADL-capacities, with more psycho-social problems and with stronger feelings of anxiety have significantly better opportunities of being admitted to a residential facility. It is concluded that the association between 'need' and 'urgency of admission' might be improved by refining the assessment schedule and standardizing its application.

Roorda, L.D., Roebroek, M.E., Lankhorst, G.J., & Van Tilburg, T.G. (1996). De vragenlijst loopvaardigheid: Hiërarchische schalen om beperkingen in het opstaan en lopen te meten. *Revalidata*, 73, 34-38.

<http://hdl.handle.net/1871/18946>

Roorda, L.D., Roebroek, M.E., Lankhorst, G.J., Van Tilburg, T.G., & Bouter, L.M. (1996). Measuring functional limitations in rising and sitting down: Development of a questionnaire. *Archives of Physical Medicine and Rehabilitation*, 77, 663-669.

<http://dx.doi.org/10.1016/S0003-9993%2896%2990005-2>

<http://hdl.handle.net/1871/3778>

Objective: Develop and test a self-administered questionnaire that measures perceived and actual functional limitations in rising and sitting down. Setting: Private practices for physical therapy and outpatient clinics of hospitals and rehabilitation centers. Patients: 345 outpatients (43% male, aged 14 to 92 years) with different grades of functional limitations and different types of lower extremity orthopedic or rheumatologic disorders. Methods: The Questionnaire Rising and Sitting Down (QR&S) was developed on the basis of a literature review and careful operationalization of functional limitations. Five dimensions concerning different objects (high chair, low chair, toilet, bed, and car) and one global dimension were postulated to be contained in the instrument. Mokken scale analysis was used to test the postulated dimensions (scalability coefficient H). Furthermore, robustness with respect to patient characteristics was determined, as well as intratest reliability (reliability coefficient Rho), test-retest reliability (intraclass correlation coefficient [ICC]), content validity (coverage of operationalized aspects), and construct validity (testing of seven hypotheses). Results: Mokken scale analysis confirmed the existence of 5 object dimensions (N = .53-.59). However, two global dimensions were found (H = .50-.54). The resulting hierarchical scales, consisting of subsets of the 32 final QR&S items, are robust and measure functional limitations in a reliable (Rho .77-.91; ICC .72-.90) and valid (3 out of 4 aspects covered, 2 hypotheses rejected for 3 out of 7 scales) manner. Conclusion The QR&S is a reliable and valid self-administered questionnaire. It consists of hierarchical scales and measures perceived and actual functional limitations in rising and sitting down.

1995

Beekman, A.T.F., Deeg, D.J.H., Van Tilburg, T.G., Smit, J.H., Hooijer, C., & Van Tilburg, W. (1995). Major and minor depression in later life: A study of prevalence and risk factors. *Journal of*

Affective Disorders, 36, 65-75.

[http://dx.doi.org/10.1016/0165-0327\(95\)00061-5](http://dx.doi.org/10.1016/0165-0327(95)00061-5)

<http://hdl.handle.net/1871/49170>

Presents results from the Longitudinal Aging Study Amsterdam regarding the prevalence of both major (MaD) and minor depression (MiD) and age-related shifts in the patterns of associations with both vulnerability and stress. A random sample of 3,056 adults (aged 55-85 yrs) was obtained from 3 regions in the Netherlands. The prevalence of MaD was 2.02% and that of MiD, 12.9%. 14.9% had clinically relevant levels of depressive symptoms. Except in the youngest age group, women had higher prevalence rates for both MaD and MiD. Rising rates of depression with age were only found for women. Bivariate associations of both MaD and MiD with a broad range of risk factors did not differ dramatically between the sexes or age groups. Results suggest that MaD in the elderly is more often the exacerbation of a chronic mood disturbance, with roots in long-standing vulnerability, while MiD is more often a reaction to the stress encountered in later life.

Klein Ikkink, C.E., & Van Tilburg, T.G. (1995). The continuation of non-reciprocity within relationships of the elderly. In M.G. Everett & K. Rennolls (Eds.), *International conference on social networks, Vol. 3: Organizations and psychology* (pp. 79-96). Greenwich: University Press. ISBN 1874529-736

Klein Ikkink, C.E., Van Tilburg, T.G., & Broese van Groenou, M.I. (1995). Strategieën bij wederkerigheid in onderlinge steun. In B.C.M. Nitsche (Red.), *Ouderen, wetenschap en beleid II* (pp. 79-96). Utrecht: NIG.

ISBN 90-70911-27-2

<http://hdl.handle.net/1871/18959>

Het geven van steun aan anderen kan in het perspectief van ruil gezien worden. Mensen die steun geven, verwachten (later) ook weer steun terug te ontvangen. De relaties waarbinnen steun gegeven worden, komen dan, als die steun wordt terug gegeven, in balans. Deze balans noemen we ook wel wederkerigheid. In het algemeen trachten mensen hun onderlinge relaties in balans te houden. Als men echter verwacht dat men later steun nodig heeft, zou de relatie nu juist uit balans gebracht kunnen worden door meer steun te geven dan men zelf ontvangt. Dit noemen we investeren. Men hoopt dan dat die investering zich later, wanneer men zelf steun nodig heeft, uitbetaalt. Voor ouderen is het belangrijk te investeren omdat er kans is dat zij later, bijvoorbeeld als gevolg van een verslechterende gezondheid, steun nodig hebben. Investeren in sommige relaties, bijvoorbeeld in de relaties met de kinderen of met goede vrienden, kunnen beter zijn dan in andere relaties, bijvoorbeeld relaties met kennissen. Zo is het minder zeker dat de aan kennissen gegeven steun later teruggegeven wordt dan dat men steun van kinderen of vrienden terugkrijgt. Het investeren in relaties waarbij een grote kans bestaat dat men ook steun terugkrijgt, noemen we strategisch investeren. Deze theorie wordt bevestigd in een onderzoek onder 413 ouderen, waarin gemiddeld vijf van hun persoonlijke relaties betrokken zijn. Dit zijn relaties met de partner, met kinderen en met andere familieleden, maar ook relaties met burens, vrienden, kennissen en mensen die men van een vereniging kent.

Knipscheer, C.P.M., De Jong Gierveld, J., Van Tilburg, T.G., & Dykstra, P.A. (Eds.) (1995). *Living arrangements and social networks of older adults*. Amsterdam: VU University Press.

ISBN 90-5383-404-4

<http://hdl.handle.net/1871/49185>

With chapters:

Knipscheer, C.P.M., Dykstra, P.A., De Jong Gierveld, J., & Van Tilburg, T.G. Living arrangements and social networks as interlocking mediating structures. (pp. 1-14).

Van Tilburg, T.G. Delineation of the social network and differences in network size. (pp. 83-96).

Van Tilburg, T.G., Broese van Groenou, M.I., & Thomése, G.C.F. Flow of support. (pp. 131-154).

De Jong Gierveld, J., & Van Tilburg, T.G. Social relationships, integration, and loneliness. (pp. 155-172).

Broese van Groenou, M.I., Van Tilburg, T.G., De Leeuw, E.D., & Liefbroer, A.C. Data collection. (pp. 185-197).

Van Tilburg, T.G. (1995). Interviewer effects on the determination of personal network size. In M.G. Everett & K. Rennolls (Eds.), *International conference on social networks, Vol. 2: Sociology and large networks* (pp. 69-76). Greenwich: University Press.
ISBN 1874529-728

Methods for delineating personal networks in surveys contain complex instructions for the interviewers. We investigate the magnitude of interviewer effects on the network size in a large longitudinal survey among the elderly, and try to explain differences between interviewers by their prior experience with surveys and their level of education. The results show that interviewers with minor experience and with low education generate relatively large networks. A revised version is published as: Van Tilburg, T.G. (1998). Interviewer effects in the measurement of personal network size: A non-experimental study. *Sociological Methods & Research*, 26, 300-328.

Van Tilburg, T.G., & Dykstra, P.A. (1995). Geografische spreiding van het sociale netwerk van ouderen [Geographical dispersion of older adults' personal network members]. *Rooilijn, Tijdschrift voor wetenschap en beleid in de ruimtelijke ordening*, 28, 140-146.

<http://hdl.handle.net/1871/49171>

Met de toenemende vergrijzing is er ook een toenemende aandacht voor ouderen. Representatieve beschrijvende en verklarende gegevens over de samenstelling, kwaliteit en andere kenmerken van de sociale netwerken van ouderen in Nederland waren tot voor kort slechts in beperkte mate voorhanden. Antwoorden op vragen als 'Hoe groot zijn de netwerken van ouderen?', 'Wat is de omvang en de aard van de informele ondersteuning die ouderen krijgen?', en 'Welke factoren veroorzaken verschillen in de omvang van netwerken en de daarbinnen verkregen steun?' zijn van belang voor de overheid bij het voorbereiden van beleid op ondermeer de terreinen van huisvesting en zorg. In het onderzoeksprogramma 'Leefvormen en sociale netwerken van ouderen' worden deze vragen beantwoord. In dit artikel gaan we specifiek in op de geografische spreiding van netwerken.

Van Tilburg, T.G., Dykstra, P.A., Liefbroer, A.C., & Broese van Groenou, M.I. (1995). *Sourcebook of living arrangements and social networks of older adults in the Netherlands: Questionnaire and data documentation of the NESTOR-program, main study 1992 and network study 1992-1995*. Amsterdam/Den Haag: Departments of Sociology and Social Gerontology & Social Research Methodology, Vrije Universiteit; Netherlands Interdisciplinary Demographic Institute.

<http://hdl.handle.net/1871/49172>

1994

Dykstra, P.A., & Van Tilburg, T.G. (1994). Steun van ouderen [Older adult support]. In N. van Nimwegen & G. Beets (Eds.), *Bevolkingsvraagstukken in Nederland anno 1994* (pp. 189-208). Den Haag: Netherlands Interdisciplinary Demographic Institute.

Van Tilburg, T.G. (1994). Social network size and support. In D.J.H. Deeg & M. Westendorp-de Serière (Eds.), *Autonomy and well-being in the aging population I: Report from the Longitudinal Aging Study Amsterdam* (pp. 79-88). Amsterdam: VU University Press.
ISBN 90-5383-336-6

Older adults' personal network size and the intensity of the instrumental and emotional support received and given within their personal relationships are described, based on data from 2,891 respondents (aged 55-85) of the LASA study. Differences in network size were observed according to differences in sex, age, the availability of a partner, the strength of church affiliation, education, income and financial status. For instrumental support received and emotional support given and received most of the variance is explained by network size only. For instrumental support given, the addition of the variables sex, availability of a partner and age contributed clearly to the explained variance: males, respondents with a partner and younger respondents gave more.

1993

Deeg, D.J.H., Jonker, C., Launer, L.J., Schellevis, F.G., Smits, C.H.M., Van Tilburg, T.G., Knipscheer, C.P.M., & Van Tilburg, W. (1993). Change in autonomy and well-being: Background and preliminary proposal for the Longitudinal Aging Study Amsterdam. In D.J.H. Deeg, C.P.M. Knipscheer, & W. van Tilburg (Eds.), *Autonomy and well-being in the aging population: Concepts and design of the Longitudinal Aging Study Amsterdam* (pp. 19-87). Bunnik: NIG. ISBN 90-70911-24-8

Thomése, G.C.F., & Van Tilburg, T.G. (1993). Normatieve verwachtingen van oudere echtparen in de uitwisseling van steun: Een vergelijking van partners en paren. In M.M. Blom, Y. Kuin, & H.F.J. Hendriks (Eds.), *Ouder worden '93* (pp. 485-489). Utrecht: NIZW. ISBN 90-5050-199-0

Van Tilburg, T.G., & Broese van Groenou, M.I. (1993). Instrumentele en emotionele reciprociteit: Het bewaren van evenwicht binnen het ondersteunend netwerk. In M.M. Blom, Y. Kuin, & H.F.J. Hendriks (Eds.), *Ouder worden '93* (pp. 148-155). Utrecht: NIZW. ISBN 90-5050-199-0

Van Tilburg, T.G., & Knipscheer, C.P.M. (1993). The Nestor research program 'Living arrangements and social networks of older adults'. In D.J.H. Deeg, C.P.M. Knipscheer, & W. van Tilburg (Eds.), *Autonomy and well-being in the aging population: Concepts and design of the Longitudinal Aging Study Amsterdam* (pp. 253-264). Bunnik: NIG. ISBN 90-70911-24-8

1992

De Jong Gierveld, J., & Van Tilburg, T.G. (1992). Triangulatie in operationaliseringsmethoden. In G.J.N. Bruinsma & M.A. Zwanenburg (Eds.), *Methodologie voor bestuurskundigen: Stromingen en methoden* (pp. 273-298). Muiderberg: Coutinho.

This is a slightly revised version of: De Jong Gierveld, J., & Van Tilburg, T.G. (1991). Kwaliteitsbepaling van meetinstrumenten via triangulatie. In P.G. Swanborn, J. de Jong Gierveld, T.G. van Tilburg, A.E. Bronner & G.W. Meijnen (Eds.), *Aspecten van onderzoek: Theorie, variabelen en praktijk* (pp. 29-64). Rijksuniversiteit Utrecht, Vakgroepen Planning, Organisatie en Beleid & Empirisch Theoretische Sociologie.

<http://hdl.handle.net/1871/49173>

Van Tilburg, T.G. (1992). De operationalisering van wederkerigheid in het ondersteunend relatienetwerk: Vergelijking van instrumenten [The operationalization of reciprocity within the supportive network: Comparison of instruments]. In W. Jansen & G.L.H. van den Wittenboer (Eds.), *Sociale netwerken en hun invloed* (pp. 72-89). Meppel: Boom. ISBN 9053520279

<http://hdl.handle.net/1871/49174>

Bepalingen van subjectieve en intersubjectieve wederkerigheid komen in grote mate overeen: beide laten zien dat de netwerken van ouderen gemiddeld ongeveer wederkerig zijn. Het verschil in gemiddelde is te verwaarlozen en de onderlinge samenhangen zijn redelijk sterk. Er zijn echter ook verschillen: de gegevens over de uitwisselingen verkregen van de ouderen komen niet geheel overeen met die van de netwerkleden. Vanwege het ontbreken van een criterium variabele kunnen geen conclusies getrokken worden over wat de beste bepaling van wederkerigheid is. Er zijn echter wel aanwijzingen voor een systematisch methode-effect. Het kan zijn dat de ouderen de gegeven emotionele steun relatief overschatten en de instrumentele steun onderschatten, dat wil zeggen een tekort in instrumentele wederkerigheid (te weinig steun geven) compenseren met een overschot aan emotionele wederkerigheid (meer steun geven).

Van Tilburg, T.G. (1992). Question sequence effects in the measurement of reciprocity. *Quality & Quantity*, 26, 395-408.

<http://dx.doi.org/10.1007/BF00170451>

<http://hdl.handle.net/1871/49175>

Sequence effects are discussed as a methodological problem in the measurement of reciprocity of social support. It is hypothesized that the likelihood that a relationship is reciprocal will be greater if the pairs of questions on receiving & giving support immediately succeed each other in the interview than if an entire set of questions on receiving support precedes the entire set of reversed questions. Analysis of responses to a survey conducted with an experimental design among 179 elderly in the Netherlands does not refute this hypothesis; a method effect of approximately 10% was observed in the expected direction. The method effect was also evident in results regarding the exchange orientation: under the pairwise condition, no significant associations were observed between exchange orientation & reciprocity, whereas significant associations in the expected direction were observed under the blockwise condition.

Van Tilburg, T.G. (1992). Support networks before and after retirement. *Journal of Social and Personal Relationships*, 9, 433-445.

<http://dx.doi.org/10.1177/0265407592093006>

<http://hdl.handle.net/1871/49176>

Changes in one's personal network can be expected to follow after retirement. A certain loss of relationships, for example with colleagues, is inevitable. How do people who are either about to retire or have recently done so react to this life event? Do they form new relationships or deepen their existing ones? Which type of relationships are most likely to be terminated? Is over benefiting or under benefiting in support a significant aspect in the termination of relationships? This article addresses these questions on how retirement affects support networks. The data were obtained from 50 men, interviewed before and after retirement. At T2 approximately a third of the personal relationships were no longer part of the network. The average size of the networks had not changed. A larger proportion of network members was unemployed and most of the relationships with colleagues were terminated. The relationships were evaluated as being more pleasant and the frequency of the contact was higher. On average, the relationships at T2 were with older persons and tended to be more frequently with an acquaintance than those at T1. More exchanges were carried out at T2 than at T1. They were mainly exchanges in which support was given by the respondents to network members, so that there was a small reduction in the overall reciprocity. The results confirm the hypothesis concerning the significance of reciprocity for the stability of exchange relationships.

Van Tilburg, T.G., & Dykstra, P.A., Broese van Groenou, M.I., & Knipscheer, C.P.M. (1992). *The primary social network in the NESTOR Program: Living arrangements and social networks of older adults*. VU University, Amsterdam.

1991

De Jong Gierveld, J., & Van Tilburg, T.G. (1991). Kwaliteitsbepaling van meetinstrumenten via triangulatie. In P.G. Swanborn, J. de Jong Gierveld, T.G. van Tilburg, A.E. Bronner & G.W. Meijnen (Eds.), *Aspecten van onderzoek: Theorie, variabelen en praktijk* (pp. 29-64). Rijksuniversiteit Utrecht, Vakgroepen Planning, Organisatie en Beleid & Empirisch Theoretische Sociologie.

<http://hdl.handle.net/1871/49177>

Van Tilburg, T.G., Van Sonderen, F.L.P., & Ormel, J. (1991). The measurement of reciprocity in ego-centered networks of personal relationships: A comparison of different indices. *Social Psychology Quarterly*, 54, 54-66.

<http://dx.doi.org/10.2307/2786788>

<http://hdl.handle.net/1871/49178>

Deals with the reciprocity of social support in personal relationships and with its connection to well-being, particularly loneliness. Four methods for constructing indices of the reciprocity of social

support were developed based on data on ego-centered networks of personal relationships. Self-administered questionnaires were given to 82 pregnant women with paid jobs, 105 recent movers, and 52 males nearing retirement. The 4 indices showed that the respondents' relationship networks were strongly reciprocal. The results did not make it unequivocally clear whether overbenefiting (vs underbenefiting) and loneliness were linked via a U-shaped association or via a linear or inverse U-shaped association.

Van Tilburg, T.G., & De Leeuw, E.D. (1991). Stability of scale quality under various data collection procedures: A mode comparison on the 'de Jong Gierveld Loneliness Scale'. *International Journal of Public Opinion Research*, 3, 69-85.

<http://dx.doi.org/10.1093/ijpor/3.1.69>

<http://hdl.handle.net/1871/49179>

The robustness of J. de Jong-Gierveld's loneliness scale was examined through analysis of data from six Dutch surveys using different modes of data collection (three using self-administered paper questionnaires, two using face-to-face interviews, and one using telephone interviews). Among the findings are: collection mode did not affect robustness; questionnaires did not lead to higher item nonresponse; questionnaires and telephone interviews resulted in better interitem homogeneity and person scalability than face-to-face interviews; and absence of an interviewer did not result in greater self-disclosure and higher scale means. The robustness of the scale is discussed as questionable, however, in regard to interitem homogeneity and person scalability.

1990

Van Tilburg, T.G. (1990). Eenzaamheid onder met partner samenwonende mannen en vrouwen in verschillende gezinsfasen [Loneliness among men and women living with a partner in different stages of the life cycle]. *Gezin, Tijdschrift voor Primaire Leefvormen*, 2, 17-31.

ISSN 0921-9684

<http://hdl.handle.net/1871/49564>

It has been suggested that differences in loneliness among those living with a partner are associated with gender and stages of the life cycle. The present study examines whether or not such an association exists, and if this is found to be the case, whether it can be interpreted in terms of differences in the supportive network and differences in the importance attached to relationships. Data from 165 respondents show that men are, on average, more lonely than women, and that parents with older children living at home are, on average, most lonely. The networks of the males are generally less supportive than those of females, and men tend to attach greater importance to the partner relationship than do women. The findings that parents with older children are generally most lonely cannot be explained in terms of the importance attached to relationships, and only partially in terms of networks characteristics. These respondents receive relatively much support from the children who are members of their household, and relatively little from relationships outside their household. It is put forward that family nuclearization may be an underlying process.

Van Tilburg, T.G. (1990). The size of the supportive network in association with the degree of loneliness. In C.P.M. Knipscheer & T.C. Antonucci (Eds.), *Social network research: Substantive issues and methodological questions* (pp. 137-150). Lisse: Swets & Zeitlinger.

ISBN-13: 978-9026510687

<http://hdl.handle.net/1871/49565>

(from the chapter) deals with the implications of distinguishing between the mechanisms (operating within social relationships) of dominance (a single dominant confidant), compensations (others who compensate for needs not met by the confidant), and additivity (different persons providing different elements that add to the total necessary support) for designing survey research on the impact of the supportive network of relationships on individual well-being /// we prefer a procedure that first identifies the appropriate relationships in the network and then assesses whether or not the relationships are characterized by each of a number of aspects of support / the quantity of information respondents must provide increases in proportion to the number of relationships under

consideration and to the number of aspects of support that are distinguished / the central question addressed is whether such an intensive examination of the supportive network of relationships produces enough additional information to justify the extra effort required of both the respondent and the researcher /// the data are from a survey that focused on the association between the supportive network and loneliness / a first research question to be dealt with is: do people in fact often have several supportive relationships at their disposal / a second research problem: does an intensive examination of the network of relationships, with the help of a procedure based on the idea of additivity in relationships, produce a stronger association with loneliness than an examination that starts from the relationship with the confidant (assuming dominance, respectively compensation).

Van Tilburg, T.G. (1990). Support in close relationships: Is it better to assess the content or the type of relationships? In C.P.M. Knipscheer & T.C. Antonucci (Eds.), *Social network research: Substantive issues and methodological questions* (pp. 151-160). Lisse: Swets & Zeitlinger. ISBN-13: 978-9026510687

<http://hdl.handle.net/1871/49566>

(from the chapter) compare the type and content (i.e., actual emotional and instrumental exchanges) of primary relationships as indicators of support in relationships / if the relationship type is a valid indicator of support, then differences in support should vary systematically with differences in relationship type / if the relationship type and the relationship content are valid indicators, both measures should be strongly associated with a straightforward measure of the intensity of support / examine these assumptions using results from an empirical survey /// the leading question will be: which operationalization of support is adequate -- the one based on the type of a relationship, or the one starting from the content of a relationship / the hypothesis to be rejected is: the assessment of relationship type is sufficient for the assessment of the intensity of the support in the relationship.

1989

Van Tilburg, T.G. (1989). Een gevarieerd en uitgebreid relatienetwerk: Vroege determinanten van succesvolle 'coping' met scheiding [A variegated and extended network of personal relationships: Early determinants of successful coping with divorce]. *Mens & Maatschappij*, 64, 58-70.

<http://hdl.handle.net/1871/49180>

<http://rjh.ub.rug.nl/index.php/MenM/article/view/12535>

Interview data collected in 1985/86 from divorced men and women (N = 127) in Purmerend and Haarlemmermeer, the Netherlands, are used to investigate the effects of the loss of the partner relationship and the loss of support from other relationships on loneliness. It is found that such loss increases loneliness, but that if nonkin relationships are among the strongest remaining supportive relationships, the chance of experiencing loneliness decreases. These results indicate that if marriage is disrupted when an individual has few supportive relationships outside the nuclear family, the chance of severe loneliness is high. It is therefore desirable from the point of view of prevention to stimulate the development & maintenance of a varied relationship network.

De Jong Gierveld, J., & Van Tilburg, T.G. (1989). The partner as source of social support in problem and non-problem situations. In M. Hojat & R. Crandell (Eds.), *Loneliness: Theory, research, and applications* (pp. 191-200). London: Sage.

Reprinted from: De Jong Gierveld, J., & Van Tilburg, T.G. (1987). The partner as source of social support in problem and non-problem situations. *Journal of Social Behavior and Personality*, 2, 191-200.

ISBN 9780803936195, ISBN 9780803936201

<http://hdl.handle.net/1871/49563>

A Rasch-type loneliness scale was administered in two studies. The first involved 708 unemployed, occupationally disabled, and employed men and women. The second involved 412 married, unmarried, divorced, and widowed women and men. The effects of being with or without a partner, the S's evaluation of the supportive function of the partner, and different types of problem

situations were examined. Results reveal a decrease in loneliness scores as a function of the positive evaluation of partner support. A buffer effect for partner support was not found. However, the effect of the partner's support varied with the type of problems. It is concluded that in the event of externally caused problems, the support provided by the partner is of some use but falls short in dealing with the problem. The support from other individuals in the network seems indispensable.

1988

Van Tilburg, T.G. (1988). *Verkregen en gewenste ondersteuning in het licht van eenzaamheidservaringen* [Obtained and desired social support in association with loneliness]. Dissertatie, Vrije Universiteit Amsterdam.

<http://hdl.handle.net/1871/17014>

1987

De Jong Gierveld, J., & Van Tilburg, T.G. (1987). Het meten van persoonlijke ervaringen en gevoelens in vragenlijst-onderzoek: Een studie naar het functioneren van de eenzaamheidsschaal in verschillende onderzoeken [Measuring personal experiences and emotions with questionnaires: A study of the properties of the Loneliness-scale in different research projects]. In J. de Jong Gierveld & J. van der Zouwen (Eds.), *De vragenlijst in sociaal onderzoek: Een confrontatie van onderzoekspraktijk en -methodiek* (pp. 67-83). Deventer: Van Loghum Slaterus.

<http://hdl.handle.net/1871/49567>

Van Tilburg, T.G. (1987). Sociaal-emotionele ondersteuning: Een vergelijking van twee meetinstrumenten [Social support: A comparison of two methods of measurement]. *Mens & Maatschappij*, 62, 5-16.

<http://hdl.handle.net/1871/49181>

<http://rjh.ub.rug.nl/index.php/MenM/article/view/12749>

Summation of support received from individual relationships produces a figure reflecting the total support received from the respondent's personal network. Support received from respondent's personal network can also be assessed globally by asking questions about the respondent's network as one whole. A survey with 419 adults used both measurements. A comparison of the two instruments demonstrated that global assessment corresponds to a greater degree with a summation derived from eight relationships than with one derived from seven or fewer relationships. However, the correlation was too small ($r = .461$) to allow the conclusion that both instruments measure the same. The results of global assessment deviated in the case of some respondents from what might be expected on the basis of data derived from all the respondents. These deviations were bound up with evaluative factors. This indicates that global assessment of support can lead to confounding of social support with loneliness.

De Jong Gierveld, J., & Van Tilburg, T.G. (1987). The partner as source of social support in problem and non-problem situations. *Journal of Social Behavior and Personality*, 2, 191-200. ISSN 0886-1641

<http://hdl.handle.net/1871/49182>

A Rasch-type loneliness scale was administered in two studies. The first involved 708 unemployed, occupationally disabled, and employed men and women. The second involved 412 married, unmarried, divorced, and widowed women and men. The effects of being with or without a partner, the S's evaluation of the supportive function of the partner, and different types of problem situations were examined. Results reveal a decrease in loneliness scores as a function of the positive evaluation of partner support. A buffer effect for partner support was not found. However, the effect of the partner's support varied with the type of problems. It is concluded that in the event of externally caused problems, the support provided by the partner is of some use but falls short in dealing with the problem. The support from other individuals in the network seems indispensable.

1985

Van Tilburg, T.G. (1985). *De betekenis van ondersteuning in primaire sociale relaties: Uitwerking ten behoeve van een onderzoek naar de ervaren ondersteuning, de gewenste verbondenheid, en eenzaamheid* [The significance of social support in primary relationships in the context of experienced support, need for social affiliation, and loneliness]. Amsterdam: VU-uitgeverij.

ISBN 9062561977

<http://hdl.handle.net/1871/49183>

Van Tilburg, T.G. (1985). Supportive relationships and loneliness: Suggestions for the improvement of support networks as guidelines for research and policy. In J.A. Yoder, J.M.L. Jonker, & R.A.B. Leaper (Eds.), *Support networks in a caring community* (pp. 215-225). Dordrecht: Nijhoff.

ISBN 90-247-3200-X

<http://hdl.handle.net/1871/49568>

1984

Bouman, A., Goede, H.P., Van der Berg, H., Leene, G.J.F., Schuyt, Th.N.M., Van Tilburg, T.G., & Verburg, A. (1984). *Samenhang in de maatschappelijke dienstverlening: Een onderzoek naar de ontwikkeling van hulpverleningsnetwerken in tien Nederlandse gemeenten*. Amsterdam: VU-uitgeverij.

ISBN 90-6256-056-3

<http://hdl.handle.net/1871/49786>

Bijdrage aan: De Jong Gierveld, J. (1984). *Eenzaamheid: Een meersporig onderzoek*. Deventer: Loghum Slaterus.

ISBN 90-6001-759-5

<http://hdl.handle.net/1871/55576>

Data sets

Huisman, M., Poppelaars, J., van der Horst, M., Beekman, A.T.F., Van Tilburg, T.G., & Deeg, D.J.H. (2014). *Longitudinal Aging Study Amsterdam: Public use file data collection 1992 to 2006*. DANS.

<https://doi.org/10.17026/dans-287-pkwn>

VU University - Amsterdam; VU University Medical Centre - Amsterdam (1991). Verwijzing naar de data van: Longitudinal Aging Study Amsterdam - LASA 1991 - ongoing. DANS.

<https://doi.org/10.17026/dans-xsy-nsbz>

Knipscheer, C.P.M., De Jong Gierveld, J., Van Tilburg, T.G., Dykstra, P.A. Leefvormen en sociale netwerken van ouderen 1992: Hoofdstudie. DANS.

<https://doi.org/10.17026/dans-x53-ta72>

Van Tilburg, T.G. Leefvormen en sociale netwerken van ouderen 1992-1995: Netwerkstudie. DANS.

<https://doi.org/10.17026/dans-xxr-h6dv>

Van Tilburg, T.G. Ondersteuning door primaire sociale relaties 1985-1986. DANS.

<https://doi.org/10.17026/dans-x8y-bmr9>

Van Tilburg, T.G. Betekenis van ondersteuning in primaire sociale relaties 1984. DANS.

<https://doi.org/10.17026/dans-xmf-m3nz>

Updated November 5, 2021

Van Campen, C., Vonk, F., & Van Tilburg, T.G. (2018). *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking* [Vulnerable and lonely? Risk and protective factors in an ageing society]. Den Haag: Sociaal en Cultureel Planbureau.
https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/Kwetsbaar_en_eenzaam

Summary

Loneliness has a negative impact on personal health and social participation and is regarded both as a problem for individuals and an issue for society. There is also a taboo surrounding loneliness and it is difficult to identify. Loneliness seems to emerge through a gradual and almost imperceptible process of accumulating risk factors, such as a shrinking social network, poor health and a perception of less control over one's life. The way to safeguard against loneliness is to tackle these risk factors.

The aim of this study is to provide an insight into the factors that play a role in the occurrence of loneliness in the course of people's lives, particularly during the second half of life, and to show how loneliness is related to quality of life.

After presenting an overview of what we already know from previous research, we present a number of studies conducted among various populations regarding which risk factors are related to loneliness in an ageing population. We examine both cohorts and the individual lives of older persons. In addition, we focus on two vulnerable groups who receive long-term care and support: nursing home residents and people who receive support as part of the Social Support Act (Wet maatschappelijke ondersteuning – Wmo). Finally, we examine the association between loneliness and quality of life among these vulnerable members of society.

There are various approaches to investigating loneliness. In this report, we adopt the cognitive discrepancy approach as a starting point. This states that loneliness is the result of an evaluation of the perceived discrepancy between the social relationships that an individual would like and their real-life social relationships. We define loneliness as a perceived lack of social relationships, or a perceived lack of quality in those relations. Perceptions of loneliness can range from moderate or unpleasant to strong or unbearable. Loneliness was measured using the original or abbreviated loneliness intensity scale (eleven and six questions, respectively) (De Jong Gierveld and Kamphuis 1985, De Jong Gierveld and Van Tilburg 1999). On the basis of the respondents' scores on this scale, they were divided into three categories: no loneliness, moderate loneliness or severe loneliness.

Results

The likelihood of loneliness among older persons is decreasing; however the number of lonely older persons is rising

It is often assumed that loneliness among older persons in the Netherlands is increasing. Chapter 3 examines the following questions: Has the prevalence of loneliness among older persons changed in the last twenty years? And which factors have been responsible for this trend? In the period from 1996 to 2016, average levels of loneliness among people aged 55 and older fell by 0.2 to 0.8 points on a scale of 0 to 11. The average individual older person is therefore less lonely than its contemporary twenty years ago. A lot has changed over those twenty years. An 80 year old of today is different from an 80 year old then. Improvements in social contact have contributed to a decline in loneliness. On average, more older people have a partner and their social network is wider and more diverse. Older people also feel in control of their own lives. In short, because the situation of older people improved, the average likelihood of feelings of loneliness has fallen. At the same time, the number of older persons has increased. For this reason, there were more lonely older persons in real terms in 2016 than there were in 1996.

Loneliness among older persons increases with age due to the loss of a partner and social relationships

Chapter 4 explores how feelings of loneliness develop in the lives of older persons. Many over-55s become more lonely as they get older. Between the ages of 55 and 95 years, the proportion of

those experiencing moderate loneliness increases from 18% to 53%, and the proportion of very lonely people increases from 2% to 9%. This increase can be explained by the changes that often occur during this phase of life. The loss of social relationships raises the average level of loneliness on a scale of 0 to 11. The loss of a partner (+1.1 point), a smaller and less varied social network (+0.1 point) and the loss of daily social contact (+0.3 point) are the most common factors. There is also the perceived loss of control over life (+0.4 points), and older people are more likely to have to rely on professional care and support (+0.3 points). Health issues (+0.1 point) and loss of income (+0.1 point) play a limited role in the rise in loneliness as people become older. There is one important exception to this increase. This concerns older persons with serious health problems. Following relocation to a nursing home or residential care centre, people experience less loneliness (-0.6 points) than when they lived independently.

People aged over 85 who live in a nursing home are less lonely

Nursing homes do not have a good image. They are often seen as lonely places. Chapter 5 investigates which nursing home residents experience loneliness. Approximately five out of ten respondents in nursing homes experience loneliness: one in ten feel very lonely and four in ten feel moderately lonely. Loneliness among the over-85s in nursing homes is lower than loneliness among younger residents. But loneliness among nursing home residents aged 85 and above is lower than loneliness among people of the same age who are living independently. This corresponds with the findings presented in chapter 4. Loneliness among older persons living independently increases as they become older. Among older persons who are admitted to a nursing home due to poor health, loneliness decreases. Nursing home residents who experience less loneliness are older, have a partner, perceive more control over their own life and have more social contacts. They are more likely to feel lonely if they have poor mental health and if they are highly educated. People are less lonely when they receive more visits and when children and other family members call them often (or if they keep in touch using a video chat program). Residents who go to visit someone outside the nursing home are also less lonely.

Those receiving support under the Wmo feel more lonely because they live alone and have health problems

More and more people who need support are living independently up to a higher age. Chapter 6 investigates which people receiving support under the Wmo experience loneliness, and which factors play a role.

More than half of those living alone and receiving Wmo support (aged over 18 years) report feelings of loneliness. Almost one in five experience severe feelings of loneliness. That share is higher than in the adult population as a whole. Those receiving support under the Wmo are more often lonely if they live alone, have motor and/or visual impairments, have experienced variable or deteriorated health in the past year, and/or experience fatigue and/or psychological and/or psychosocial problems. Those between the ages of 55 and 74 are also feeling more lonely than those aged between 35 and 54 years. They are less often lonely when there are enough opportunities to maintain social contacts independently or with help, when they have weekly contact with family members, friends, neighbours and/or club members, and when they are more resilient, self-reliant and able to participate socially. The involvement of a caregiver and receiving customised services under the Wmo also reduce the chance of loneliness.

Lonely, but happy

Are lonely people necessarily always unhappy? In chapter 7 we investigate the extent to which loneliness is associated with happiness among those with long-term support needs. We define loneliness as the degree to which a person perceives a lack of (meaningful) social relationships, and happiness as their degree of satisfaction with life in general.

We found that both among those living independently and receiving support under the Wmo, and those living in nursing homes, there was no linear association between feelings of loneliness and lower levels of overall happiness. We found both people who were 'lonely and unhappy' and people who were 'lonely but happy'. The lonely and unhappy group was characterised by poorer health, both among the Wmo group and among nursing home residents. Only a small group of 2%

to 4% felt very lonely and very unhappy. A group of around 10-15% felt very lonely and yet reasonably happy. It is also interesting to note that approximately half of nursing home residents and the Wmo group felt happy and not lonely.

Insights from this study

Which insights do the results of this study provide, and which gaps in our knowledge can be identified? In Chapter 8, we consider these concluding questions.

Combating loneliness among the elderly

Reducing loneliness is challenging because the number of older persons is rising steadily.

Although the individual likelihood of loneliness has fallen over the past twenty years, this fall is too small to stop the number of lonely people from rising in absolute terms.

This study identifies specific trends that could help reduce the chance of loneliness at the individual level. For example, as we have explained, the social networks of older persons have become wider and more diverse over the past twenty years. Another important trend is the increase in both the number of older persons living independently and their sense of control over their own life. This has reduced the likelihood that an individual will experience loneliness.

In addition, there will always be life events that cannot be prevented, such as the loss of a partner or a serious illness. These dramatic life events increase the risk of loneliness. Although these life events are difficult to predict and it is not always clear whether, and how, they will result in loneliness, they are an integral part of old age, a life phase in which people are already more likely to experience loneliness.

Living independently or in a nursing home

This study finds that living in a care home or nursing home can help to protect people with serious health problems from feelings of loneliness. After being admitted to a care home or nursing home, the risk of loneliness decreases. This has implications for the government's policy ambition of enabling older persons to live independently for longer. On the one hand, this reflects what many older persons themselves prefer, but on the other hand tighter requirements have made it more difficult for older persons to move to sheltered accommodation in the form of a care home or nursing home. However, moving to a care institution provides the oldest and most vulnerable people with some degree of protection against loneliness.

Improving quality of life

The assumption that combating loneliness is a way to make people happier does not seem to hold true entirely, according to this study. The situation is more nuanced than this. Tackling loneliness often involves focusing on increased social contact. However, the perceived quality of life (or happiness) of frail people invariably involves more than just a lack of social contact, and also relates to health, finding a purpose in life, activities and other issues. Promoting better mental health, for example, contributes directly to people's perceived levels of happiness. Social-cultural activities that involve both socialising and cognitive activities can help give meaning to people's lives. Participating in artistic or sporting activities, for instance, can both contribute to overall happiness and help to prevent loneliness in different ways.

Knowledge gaps

This study explores various aspects of loneliness. The dynamics between these factors have not yet been studied. In order to develop a more coherent approach to tackling loneliness, greater insight is needed into these dynamics and interaction between the factors involved in loneliness. Loneliness does not have one single cause. It has multiple causes, and these can reinforce or counteract one another. This study shows that people who are at increased risk (and where there are no counteracting factors) are more susceptible to loneliness. The interplay of the factors involved in loneliness is complex and we have yet to understand this fully. Theories and models may help us to do this. Many different factors can play a role in the development of feelings of loneliness, as this study shows. According to the theory used in this study, for example, loneliness arises when there is a mismatch between the life that a person would like to live and the reality of

their life with respect to social relationships; this mismatch can become more severe and longer-lasting over time. It is therefore important to check what people actually want first, before deciding on a solution or approach. Loneliness is a persistent problem and combating it has no simple solutions.

Van Campen, C., Vonk, F., & Van Tilburg, T.G. (2018). *Kwetsbaar en eenzaam? Risico's en bescherming in de ouder wordende bevolking*. Den Haag: Sociaal en Cultureel Planbureau. https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/Kwetsbaar_en_eenzaam

Samenvatting

Ouderen steeds minder eenzaam

Kwetsbare ouderen beter af in verpleeghuis

- Individuele kans op eenzaamheid van ouderen neemt af maar aantal eenzame ouderen stijgt
- Eenzaamheid van ouderen neemt toe met leeftijd door verlies van partner, sociale relaties en regie over het leven
- Kwetsbare 85-plussers zijn in verpleeghuizen minder eenzaam
- Zelfstandige wonende Wmo-melders zijn vaker eenzaam wanneer ze alleen wonen, moeite hebben met onderhouden van contacten en fysieke- en psychosociale problemen ervaren
- Slechts klein deel van de kwetsbare eenzamen ook ongelukkig.
- Eenzaamheid kent niet één oorzaak

Dit onderzoek combineert drie deelstudies van een panel van 5.000 ouderen, 2.300 zelfstandig wonende Wmo-melders en 950 verpleeghuisbewoners.

Eenzaamheid van ouderen neemt af

In de periode van 1996 tot 2016 daalde de gemiddelde eenzaamheid van mensen van 55 jaar en ouder met 0,2 tot 0,8 punten op een schaal van 0 tot 11. Dat komt onder meer omdat ouderen vaker een partner hebben, een groter en diverser netwerk en een groter gevoel van regie over het leven in vergelijking met twintig jaar geleden. Tegelijkertijd groeit de oudere bevolking en daarom zijn er in 2016 meer ouderen eenzaam dan in 1996.

Eenzaamheid van ouderen neemt toe met leeftijd

Dat veel ouderen eenzamer worden is te verklaren door verliezen in deze levensfase. Verlies van sociale relaties verhoogt de kans op eenzaamheid. Partnerverlies, een kleiner en minder gevarieerd netwerk, en verlies van het dagelijks netwerkcontact zijn veelvoorkomende veranderingen. Ook is er verlies van ervaren regie over het leven en is men vaker afhankelijk van professionele zorg en ondersteuning. Gezondheidsverlies en verlies van inkomen spelen een beperkte rol bij de toename van eenzaamheid.

Kwetsbare 85-plussers in verpleeghuizen minder eenzaam

85-plussers met ernstige gezondheidsproblemen zijn na verhuizing naar een verpleeghuis minder eenzaam dan toen zij nog zelfstandig woonden. Ongeveer vijf van de tien ondervraagde bewoners in verpleeghuizen voelt zich eenzaam, waarvan één bewoner sterk eenzaam en vier bewoners matig eenzaam. De eenzaamheid onder de 85-plussers in verpleeghuizen is lager (10% versus 22% sterk eenzaam) dan onder de jongere bewoners (55 – 74 jaar) van een verpleeghuis. De eenzaamheid onder de verpleeghuisbewoners van 85 jaar en ouder is ook lager (10% versus 14% sterk eenzaam) dan onder hun leeftijdsgenoten die zelfstandig wonen.

Zelfstandige wonende Wmo-melders zijn eenzamer

Ruim de helft van de Wmo-melders van 18 jaar en ouder voelt zich eenzaam. Bijna een op de vijf voelt zich sterk eenzaam. Dat aantal is hoger dan in de algemene bevolking van 18 jaar en ouder. Wmo-melders zijn vaker eenzaam wanneer ze alleen wonen, verslechterde of wisselende fysieke en psychosociale gezondheidsproblemen hebben. Wmo-melders zijn minder eenzaam naarmate

ze mogelijkheden hebben om contacten te onderhouden, meer contact met familie, vrienden, burens en/of clubleden hebben, veerkrachtiger en zelfredzamer zijn en meer meedoen aan sociale activiteiten. Ook de aanwezigheid van een mantelzorger en ontvangen van een maatwerkvoorziening vanuit de Wmo verlaagt de kans op eenzaamheid.

Deel kwetsbare eenzamen toch gelukkig

Zowel bij zelfstandig wonende Wmo-melders als bij bewoners van verzorgings- en verpleeghuizen betekent eenzaamheid niet vanzelfsprekend dat men zich ook ongelukkig voelt. Slechts 2% tot 4% van deze groep voelt zich sterk eenzaam en zeer ongelukkig. De eenzaam ongelukkigen onderscheiden zich door een slechtere gezondheid, zowel onder Wmo-melders als onder verpleeghuisbewoners. Ongeveer de helft van de verpleeghuisbewoners en van de Wmo-melders voelt zich overigens niet eenzaam en wel gelukkig.

Eenzaamheid kent niet één oorzaak

Eenzaamheid heeft meerdere oorzaken, die elkaar kunnen versterken of afzwakken. Deze studie toont dat mensen bij wie de risicofactoren, zoals partnerverlies en minder ervaren regie toenemen (en de bescherming afneemt), vatbaarder zijn voor eenzaamheid. Eenzaamheid is een ervaren verschil tussen wens en werkelijkheid ten aanzien van sociale relaties, die geleidelijk sterker en langduriger kan worden. Het is dus van belang om eerst na te gaan wat de wensen zijn van mensen, voordat men een oplossing of aanpak bedenkt.