

INTRODUCTION

Social relationships in old age are associated with better physical health, improved life satisfaction, less loneliness, and lower depression risks (Kahn, Hessling & Russel, 2003). There is an increasing evidence that social relationships help aged individuals to cope with many of the exigencies of life associated with aging (Antonucci, 2001). In literature this positive link between social relationships and both physical and mental health are studied from mainly two perspectives. Indeed, we can consider social relationships either through the social integration approach or through the configuration approach. Both will be discussed.

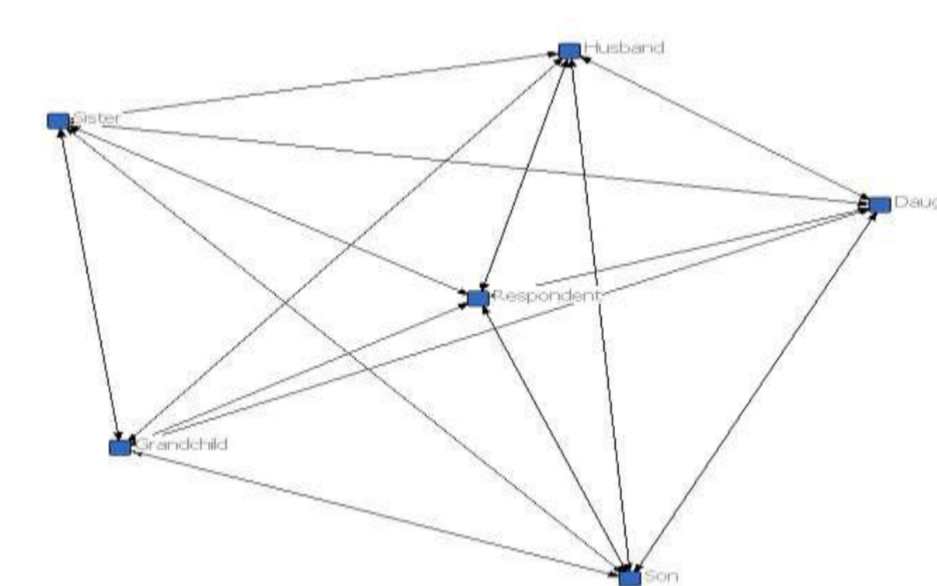
SOCIAL INTEGRATION APPROACH

Description: SIP is concerned by the embeddedness of people in more or less institutionalized ties, for example those with relatives, friends, neighbors and fellow members of organizations (van Tilburg, Thomése, 2010). It focuses on the extent to which and the ways persons belong to different circles and participate to the social and political lives.

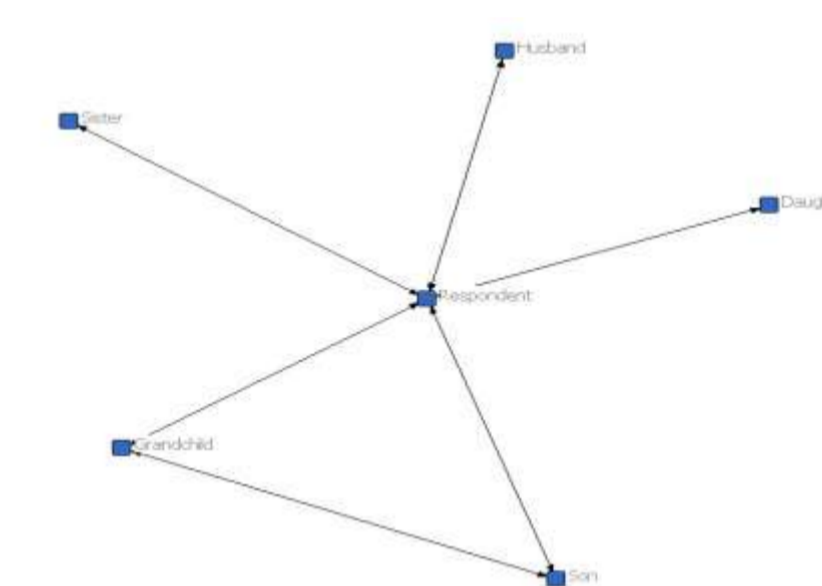
Hypothesis: Being included in a set of interdependencies and playing an active role within them protect against anomia and despair and boost physical and mental health.

CONFIGURATION APPROACH

Description: CA considers that social relationships are organized as complex patterns of interdependencies between significant others (partner, children, friends, etc) in which the elderly are embedded. These interdependencies are built up on the exchanges of various resources of different nature which are meaningful for individuals' identity (Widmer, 2010).



High density
versus
Low density



Hypothesis: The density of connections – i.e. the type of social capital - is supposed to influence physical and mental health.

« VIVRE / LEBEN / VIVERE »

« Vivre / Leben / Vivere » (VLV) is a large interdisciplinary survey addressing the life and health conditions of individuals aged 65 and above living in Switzerland. The sample is stratified by age and sex and will be composed of 4'200 individuals living in five different cantons (Geneva, Wallis, Bern, Ticino and Basel). Data are collected by means of one self-assessed questionnaire and one questionnaire administered during an interview, addressing multiple spheres of the individuals' life, including physical and mental health, life conditions and values (Ludwig, Cavalli, Oris, 2011).

VLV also includes various questions on social participation, social and family relationships, allowing to consider the two approaches of social relationships:

Questions (social integration approach):

- Frequency of contacts with family members, friends and acquaintances; frequency of services, aids rendered to and received from family members, friends and acquaintances.
- Frequency of social activities (as participation in parlor games, visits to cafés or restaurants, excursions or travel, and participation in local festivals or events, etc).
- Organization's membership.
- Political participation.

Measures: Social participation's modalities; heterogeneities and inequalities; changes which occurred in social relations through comparison with similar data from 1979 and 1994.

Questions (configuration approach):

- List of persons considered by respondents as significant family members (no more than 5).
- Evaluation of exchanges (support, aid, influence, but also conflicts) not only between respondents and their significant family members, but also among all the latter.

Measures: Typology of family configurations and network analysis measurements in terms of size, composition, density, transitivity, connectivity, centrality, etc.

CONCLUSION

These two approaches emphasize different aspects of social relationships. The social integration approach focuses on the institutionalized role relationships implying norms, status and obligations, reflecting the respondent's position in different spheres of society. The configuration approach focuses on the affective interdependencies between the respondent and his/her significant others who are perceived as potentially important sources of support.

These two approaches in old age are both necessary to better understand the effects of social relationships on health and well-being. However, most studies in gerontology consider these two approaches separately. They focus either on social integration or on configuration. Data collected in VLV will allow us to take into account these two perspectives and better clarify the complex links between social relationships on one side, physical and mental health and ultimately well-being on the other side.