

A RELATIONAL SOCIOLOGICAL APPROACH TO ACTIVE AGEING: THE ROLE OF INTERGENERATIONAL RELATIONS AND SOCIAL GENERATIVITY

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/// Defining Active Ageing

“Active ageing” indicates an attitude toward ageing that promotes lifestyles able to maintain acceptable levels of well-being, satisfaction, and social participation in later life. “Active ageing” is a recent concept developed by the European Commission and also used in Human Resources management, and it evokes the idea of a longer period of activity.

In the concept of “activity” applied to the condition of the elderly there is both an individual and a social component. The origin of the propensity for activity is therefore to be sought in the individual motivations and personal resources resulting from the experiences of a lifetime. This personal choice assumes, however, a specific social significance because, through activity, it is possible for the individual to experience an inter-subjective and associative dimension that contributes to the perception of playing a satisfactory social role. In this perspective, the past, the expertise, and the experience of the elderly shed light on the social dimension of activity, becoming actual resources for everyone.

Both the World Health Organization (WHO) and the European Union (EU)¹ have been emphasizing the importance of being active. However,

¹ See Decision No. 940/2011/UE of the European Parliament and of the Council of 14 September 2011 on the European Year for Active Ageing and Solidarity Between Generations (2012) www.eur-lex.europa.eu.

there are limits to both approaches. The WHO conceives active ageing as a process of optimizing the opportunities for health, social participation, and security, with the aim of increasing the quality of life and pursuing the ideals of autonomy and independence to which a person of a certain age should aspire. On the other hand, the EU aims at the creation of new openings and forms of employment for older workers, both to promote their productive activity and to increase interaction and exchange with the younger generations. Both approaches seem to miss an important aspect, which is relational, a fundamental need of every human being.

In 2012, the European Commission's General Directorate for Employment, Social Affairs and Inclusion, the United Nations Economic Commission for Europe (UNECE), and the European Centre Vienna funded the Active Ageing Index (AAI) research project. The project was undertaken in connection with the tenth anniversary of the Second World Assembly on Ageing, the second cycle of review and appraisal of the implementation of the Madrid International Plan of Action on Ageing/Regional Implementation Strategy, and the European Year for Active Ageing and Solidarity between Generations 2012. The aim was to develop an Active Ageing Index (AAI) which will help to measure the untapped potential of senior people across the 27 EU Member States and beyond. The index measures the extent to which older people can realize their full potential in terms of employment, participation in social and cultural life, and independent living. It also measures to what extent the environment in which seniors live enables them to lead an active life. The index makes it possible to measure and monitor active ageing outcomes at the country level with a breakdown by gender. The 2014 edition of the AAI was based on four macro-indicators relating to four thematic areas: work, social participation, self-sufficiency, and the ability to be active² (see Zaidi & Stanton 2015).

Moreover, Active Theory (Boudiny & Mortelmans 2011) gives dignity to elderly people through knowledge and the power to act. In this perspective, the active potential of seniors is not measured purely by economic and working productivity (Sánchez & Hatton-Yeo 2012), because they have by now left the labour market. The potential of seniors can also be expressed in terms of concrete assistance to the family (care), or through engagement

² Those four areas refer to: contributions through paid activities—employment; contributions through unpaid productive activities—participation in society; independent, healthy, and secure living; capability to age actively; capacity and an enabling environment for active ageing. This index provides both a synthetic and an analytical comparison between EU countries as regards the condition of active seniors.

in voluntary work or other activities, such as sports, cultural consumption, or involvement in social networks.

/// Active Ageing Through the Lens of Relational Sociology

This paper is meant to frame the widespread phenomenon of active ageing in a sociological relational perspective (Donati 2011), which enhances the role played by intergenerational relationships and social generativity (Rossi et al. 2014) in shaping identities and generating well-being.

According to the relational perspective, every social phenomenon can be conceived as a social relationship. Consequently, active ageing can be studied as a social relation, and particularly as the emerging effect of relating the four pivotal dimensions that drive the agency of the subjects, according to the relational AGIL scheme.³ In the relational AGIL scheme, the four “poles,” A, G, I, L, represent respectively resources/constraints (A), goals (G), norms (I), and values (L). Such poles indicate the elements constitutive of every social phenomenon, and are in reciprocal relation to one another.

Therefore, ageing is conceived as the generative or de-generative outcome of combining resources/constraints, goals, norms, and values, by a number of subjects inserted into networks of meaningful relationships, at the level of the family and society. Furthermore, people are constantly exposed to double contingency, i.e., they act selectively according to their intentions and needs, but also taking into account other people’s reactions. It is a reflexive function, which of course may vary from subject to subject. The relational AGIL scheme helps in the difficult task of making explicit what is often implicit in individual actions. In this perspective, ageing actively (or not) is the combination of a series of simple elements that may contribute to meeting the needs of the subject, within a network of family and social relationships that are to be taken into account.

Moreover, ageing is produced inside a delicate balance between referential and structural dimensions. The referential dimension, which is produced on the G-L axis, is related to the symbolic aspects of the relation, as well as its degree of intentionality; while the structural dimension, which is produced on the A-I axis, is related to the connection, limitation, and re-

³ Relational AGIL is an analytical tool re-interpreted by P. Donati in a relational way, while the original version was elaborated by T. Parsons in his action theory to depict systematically the societal functions—Adaptation, Goal attainment, Integration, Latency—that every society must meet to be able to maintain a stable social life.

Family/inter-generational solidarity index	Religious practice	Generalized social capital index	Pro-intergenerational orientation index
Parents feel responsible towards their children; children feel responsible towards their parents	Religious functions attendance; religious belief	People are trustworthy; I do favours for my neighbours. Interest in/for: the people of my region; the people from my country; Europeans; mankind; elderly people in Italy; unemployed people in Italy; immigrants in Italy; sick and disabled people in Italy; children and low income families	The elderly do not think of the young; the young and the elderly are two separate worlds; it is not possible to avoid intergenerational conflict; generations cannot learn from each other; the young and the elderly get along

Table 1. Variables and indices used to operationalize the value dimension (L).

ciprocal conditioning that simultaneously constrain and enable the relation itself. The effect that emerges from relating these two axes and these two dimensions is the subjective quality of each individual’s ageing process.

In a recent study titled *Non mi ritiro: l’allungamento della vita, una sfida per le generazioni, un’opportunità per la società*⁴ (I’m Not Withdrawing: The Lengthening of Life, a Challenge for the Generations, an Opportunity for Society; <http://anzianiinrete.wordpress.com>, 2013–2014), the concept of active ageing was operationalized according to the four analytical components of the relational version of the AGIL scheme (Bramanti et al. 2016), i.e., values, goals, norms, and resources.⁵

⁴ A wide-ranging questionnaire administered to 900 people aged 65–74 in Italy, with a rigorous sampling method (Lanzetti 2011: 347–363), has enabled the collection of information concerning: family and intergenerational relationships, state of health, use of free time, use of new technology, work, participation in voluntary and socio-political activity, welfare in crisis situations, social capital, social solidarity, the network of family and friends, orientation between generations, gratitude-equity, values, representation of the elderly condition, economic situation, structural data of the person interviewed and his or her family.

⁵ This attempt to operationalize relationally the concept of active ageing was done working on single variables and indices. Indices were constructed by assigning scores to the various indicators; by calculating the mean value, each elderly person was placed on a scale ranging from low to high. The

Index of physical activity	Index of personal satisfaction	Index of relational satisfaction	Index of confidence worry
Swimming; gym; dance; trekking; cycling; gardening; horticulture; angling; soccer; tennis; golf; bowling; other physical activities; disco/ ballroom (frequency); daytrips (frequency); Italian travel with overnight stays (frequency); travel abroad with overnight stays (frequency)	Income satisfaction; health satisfaction; job satisfaction; housing satisfaction; spiritual life satisfaction	Family satisfaction; satisfaction with friends; satisfaction with one's neighbourhood	Worries—loneliness; worries—health problems; worries—no interest; worries—economic hardship; worries—can't help family; worries—being a burden to the family; worries—hospitalization; worries—who will look after me

Table 2. Variables and indices used to operationalize the goal dimension (G).

In the value dimension (L) we referred to the symbolic and cultural aspects that play a key role in keeping older people active, e.g., the importance that they give to religious practice, the value attributed to the generations in the family and in society, and the propensity to trust others, even strangers (see Table 1).

In the (G) dimension we sought to identify the goals that impact active ageing, particularly the multiplicity of activities that promote and maintain physical performance, a positive vision of the future, and satisfaction with one's individual and relational life in old age.

In (I) we considered the norms regulating the achievement of objectives that have an impact on active ageing. How are they consistent with the values that sustain being active in later life? To investigate this area we focused on: (a) the practice of giving help to significant others, (b) participation in Church activities, non-profit associations, and civil/political

advantage of this type of index is that the resulting information is concise and thus more revealing than that given by individual indicators; it is also more balanced, as it is obtained from the sum of scores, which may be, for the same person, higher as to some indicators than to others.

Index of support given	Index of engagement in the activities of one's religious community	Index of associational engagement	Index of PC and Internet surfing
Practical help to: child/grandchild; spouse/partner; other relatives; friend/neighbour. Help with paperwork for: child/grandchild; spouse/partner; other relatives. Financial transfer to: child/grandchild; spouse/partner; other relatives; friend/neighbour. Emotional support to child/grandchild; spouse/partner; other relatives; friend/neighbour. Personal assistance to child/grandchild; spouse/partner; other relatives; friend/neighbour.	Recreational activities; educational activities; solidaristic activities; administrative and representative functions and decision-making activities; other activities	Social/health associations/groups; educational/cultural associations/groups; human rights associations/groups; sports associations/groups; parish associations/groups; religious associations/groups; nature associations/groups; professional associations/groups; other associations/groups	Internet surfing frequency; PC use frequency; ICT literacy

Table 3. Variables and indices used to operationalize the norm dimension (I).

Status index	Health index	Structure of the primary networks index	Income
Interviewee's job; partner's job; father's job; interviewee's educational qualification; partner's educational qualification; father's educational qualification	Limitations in carrying out activities; health conditions	Number of relatives; number of friends; number of neighbours	Income

Table 4. Variables and indices used to operationalize the resources dimension (A).

commitments, (c) ICT literacy and, in particular, on presence within social networks.

In (A) we focused on resources and constraints connected with being active in later life. This thematic area is explored using variables of status, health, income, and the structure of the primary networks.

Using the survey's data we were able to describe different profiles of elderly Italian people in relation to active ageing (Bramanti et al. 2016). Particularly, we analysed how the sample is distributed on the four AGIL dimensions. We performed a cluster analysis (with SPAD and we used 22 variables, associated with 81 categories) and have identified three clusters, corresponding to three different ways the four AGIL components relate to one another and the weight that each indicator has in profiling activity in later life. The three different clusters are:

- stalled (20.5%)
- protagonist (46.7%)
- engaged but with little consciousness (20.5%)

The cluster called “stalled” identifies a generation of elderly Italian people with low values on all four of the AGIL's relational dimensions. In particular, the integrative dimension of access to relational networks (I) is low and potentially places these seniors in a situation of withdrawal. In contrast, the cluster called “protagonist” profiles seniors who are extremely active in their family and social roles, while the last cluster shows a more ambiguous positioning, in which high levels of resources (A) and relational commitment (I) are associated with low levels in the areas of values (L) and objectives (G).

Bramanti and Boccacin (2015) did a similar operationalization of the concept of active ageing using the Survey of Health, Ageing, and Retirement in Europe (SHARE), as illustrated in Figure 1.

The authors also performed a cluster analysis (they used SPAD and 31 variables) and found that the surveyed Europeans aged 65–74 years can be clustered in three groups: (a) optimistic (37.87%), (b) uncertain (38.15%), and (c) discouraged (21.96%). The “optimistic” cluster has a mostly positive view of life and sees it as full of opportunities (“future looks good”; “feel full of energy”; “feel full of opportunities”), this perception of life is correlated with good health, high socio-economic status, high family support, and high trust in people. The second cluster, called “uncertain,” shows a state of total uncertainty about life (does not receive help from anyone, and does not give any to others). The last cluster is formed by the “discouraged” elderly; these are especially women in at-risk situa-

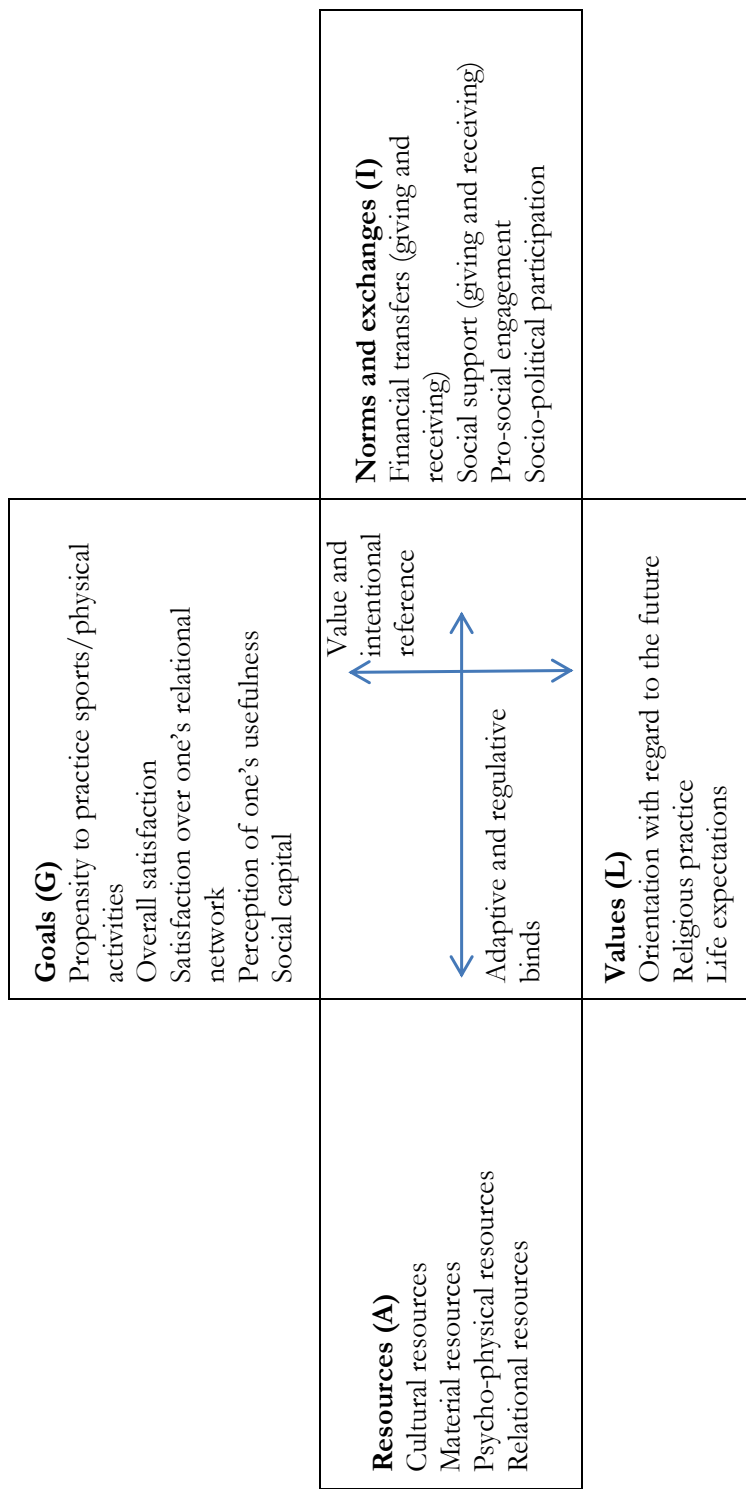


Figure 1. A relational understanding of active ageing (Bramanti & Boccacin 2015).

tions, with low resources and low expectations from life. Even if some forms of aid from other people are present, the picture is depressive: these subjects are trapped in conditions where they are unable to see any positive element.

/// Ageing in a Network of Relationships

Since in the perspective of relational sociology (Donati 2011) individuals are conceived as being included in networks of significant relationships, the ageing process can be analysed from the viewpoint of the family, which is the basic social relation. Active ageing can be also looked at from the viewpoint of pro-social relations, which are voluntary and intentional relations intended to benefit other people. A positive attitude towards pro-social behaviour is usually developed in the family.

The family is also a relational entity and thus can be conceived in terms of referential, structural, and generative components. Therefore, the family relationship should be viewed as an area enclosed within what Donati calls “referential, structural and generative semantics” (2006). According to Donati (2006), the family embodies a relation of full reciprocity between genders and generations, and has always been the privileged place of encounter/conflict between generations (Donati 2014). This paves the way to looking at active ageing from an intergenerational perspective (Scabini & Rossi 2016).

Framing active ageing in terms of intergenerational thinking makes it possible to go beyond both the individualistic and the social vision, while focussing specifically on the relation. As stated by Sánchez and Hatton-Yeo (2012: 290): “an intergenerational lens would suggest the following: relate to other people and, because of that, a being me and a being together will emerge.” From the viewpoint of empirical analysis, the objective is to understand what it means to give, receive, and reciprocate within networks between the generations in families and in society.

If the relational perspective frames the active ageing process as a relationship that takes place between generations, we also need to take into consideration the ambivalence that characterizes these relationships. Ambivalence is a complex quality of relationships: this category, applied to intergenerational relationships, allows the aspect of risk inherent in them to be identified. Ambivalence is generated by the remarkable plurality and fragmentation of the elements involved in intergenerational relationships, which combine according to opposing strategies (Lüscher

2000). This aspect of risk, which is sometimes inherent in intergenerational relationships, seems to find no room in most postmodern reflections, which tend to flatten on a unique and deterministic conception of intergenerational relationships, regardless of focussing on their ambivalence.

The intergenerational perspective, despite its ambivalence, allows us to see the unravelling of relationships over time. Living longer may be an opportunity for at least three generations (grandparents, grown-up children, and grandchildren) to experience a longer period of coexistence (real or “at a distance”): this may enable mutual relational exchanges, whose presence or absence, together with the subjective perception of their quality (positive or problematic), have an impact on the lives of older people, as well as on the lives of all other generations (Angelini et al. 2012; Dykstra & Fokkema 2011; Rossi 2012; Silverstein et al. 2006).

On this premise, we decided to carry out a thematic study on active ageing in three types of “young” seniors: grandparents who care for grandchildren, seniors who take care of other people over seventy-five years of age, and those who are active in volunteering.

1. Grandparents

Attias-Donfut and Segalen (2002), as pioneer researchers of this topic, assert that grandparents have a fundamental role in the lives of their grandchildren, because they contribute to the building of the child’s personal identity, forming for them what is known as a pillar identity. It is crucial for children or young people to have a relationship with their grandparents, and to form a different relationship from that created with and by their parents—a link where it is possible to experience new, different parts of oneself, where the rules can change and imagination can take various shapes. In the French context, with studies on “new grandparents,” Attias-Donfut and Segalen (2002) offer a significant cross-section of the transformations of the generation born around the ‘40s and ‘50s, who have been through the experience of 1968 and have been strongly influenced by it in their lifestyle and relationship values.

In Italy significant transformations emerge compared with the past: beanpole families (multigenerational families) are becoming common (Bengtson 2001; Dykstra 2010); people have grandchildren when they are still in good health, perhaps still actively engaged in the labour market, and this constitutes an important resource, but also a new complexity

in terms of the organization of daily life. Some present-day grandparents have been through the experience of separation, which easily gives rise to a greater complexity of intergenerational relationship frameworks; others may have an experience of migration behind them, which places them in a situation of isolation and geographical distance from a part of their family.

The grandparent/grandchild relationship can be understood and described today by referring to the approach to intergenerational solidarity of Bengtson (2001) and to ambivalence of Lüscher (2012). Starting from these approaches, Albert and Ferring (2013) in particular suggest we consider some crucial factors responsible for change in the role of grandparents: socio-demographic events, including the younger age, greater activity, and longer life expectancy of grandparents; structural aspects of the nearness or proximity of homes; and sex, age and state of health. All this could in fact affect the grandparent/grandchild relationship, which is based substantially on an equilibrium of exchanges of care and attention. Moreover, sources of tension and possible conflict should not be underestimated. The phenomenon occurs of grandparents distancing themselves from the upbringing of their grandchildren, or on the contrary, the parents or grandparents may be excessively present, which may either discourage the grandparents in their guiding function or exclude the parents from their irreplaceable task.

In any case, the phenomenon of the presence of grandparents on the family scene exists to a fairly similar degree in all European countries. In the countries covered by the Survey of Health, Ageing and Retirement in Europe (SHARE), a strong investment by the grandparents in their grandchildren has been documented. The proportion of men and women who looked after their grandchildren on a regular basis over the last 12 months (from the date of the survey) in the absence of the parents is around 43% in the 16 European countries included in the survey. In particular, in all countries about half of grandmothers are involved in the care of their grandchildren on a regular or occasional basis. These figures are slightly higher in the Netherlands, Denmark, Sweden, and France, due to the high number of single or separated parents, who therefore need extra support in looking after their children and in the difficult task of reconciling work and family (Attias-Donfut et al. 2005). Although the various countries do not exhibit significant differences in the amount of time grandparents spend taking care of their grandchildren, on closer observation of the regularity of support offered, we can note very different situations. In particular, it seems

that Southern European countries have higher estimates of care provided on a regular (weekly) basis compared with Nordic countries. Italian, Greek, and Swiss grandmothers are involved in the intensive care of their grandchildren more than twice as much as the others.

Brugiavini, Buia, Pasini, and Zantomio (2013), using SHARE longitudinal data, investigated the presence and intensity of reciprocity in the provision of informal assistance in eleven European countries of the Mediterranean, Central and Nordic areas. They found that while people's willingness to give help to their grandchildren or receive help from their children is similar in all European countries, the average frequency of care is greater in the Mediterranean countries (number of days: 19 in Italy, 16 in Spain, 8 in Germany, 6 in France). Neither cultural orientation nor national differences appear significant, while the results show that custody of the children by the grandparents leads to a greater probability that as adults the grandchildren will be willing to reciprocate, providing assistance to their elderly grandparents. Therefore one of the strongest motivations is the need to balance the give-and-take between generations. The altruistic action sets in motion a willingness to reciprocate, giving rise to a virtuous circle, according to the give-receive-reciprocate schema (Godbout & Caillé 1992).

2. Younger Seniors Taking Care of Older Seniors

Despite increasing individualism and difficulty in taking on responsibilities, our society retains a growing submerged solidarity between families, which has been well documented, moreover, by the ISTAT surveys of family behaviour (2012).

As evidenced in studies conducted in Italy (Facchini 2009) and in other European countries (e.g., SHARE), families continue, even amid many difficulties, to carry out the function of care for their own members, in particular the weak members, especially older seniors, and this role is beginning to be taken on not only by women. Dykstra (2010; Dykstra et al. 2013) highlights the concept of family obligations as a moral spur to filial responsibility, based on indebtedness towards one's parents, who have provided all the care necessary up to young adulthood and sometimes beyond. It is on this system of give and take that the motivation takes shape for adult offspring to support and care for their elderly parents (Lang & Schütze 2002)—in relation with personal needs for autonomy and perceptions of filial responsibility. In particular, Silverstein, Gans, and Yang (2006: 1069)

refer to family obligations in terms of a “latent resource,” part of intra-family social capital.

The dimension of the obligatory nature of the bond between elderly parents and adult sons and daughters, in addition to being mediated in an evident manner by the different respective subcultures of the families, is negotiated within the family. Levels of excessive expectations prove to be inadequate to the consolidation of a satisfactory link between generations.

Indeed, even in healthy family networks, the burden of looking after an elderly person can lead to discomfort and unease, and then to the burn out of the caregiver, with a resulting need to find new solutions and support, including the possible transfer of the elderly person to a nursing home, which may be experienced with a sense of defeat and guilt by family members. Families are in fact challenged by the need to deal with a person who is in a state of dependence because he or she is very old, disabled, or ill (Scabini & Cigoli 2006).

Taking care of someone means first of all establishing a relationship by taking charge of the needs of another person, who, as a part of our own universe of significances, is able to give back to us the sense of our own acting (according to the code of reciprocity).

In addition, precisely because the last phase of life is a long, complex, non-uniform period in which both the time of well-being and good health and the time of psycho-physical decay are tending to increase, it can also be considered a time for memory and gratitude between generations. From a recent study (Regalia & Manzi 2016) we see that feelings of gratitude are able to mediate the relationship between help received and help given, both in the family setting and in the contexts of friendship and the neighbourhood. Regalia and Manzi (2016) found that the experience of gratitude adds a specific value to the reciprocal tie between generations. In particular it can be said that the help received from family members and other people belonging to their informal network makes people grateful for these gifts and this experience contributes directly and uniquely to further actions of support and help towards these people. But the data also suggest that gratitude has the effect of stimulating a person to help people who have not been the direct source of the support received. They suggest ultimately that gratitude favours a positive social protagonism, which goes beyond the customary expression of social norms that regulate interpersonal exchanges. This is what is experienced in the voluntary action that we shall discuss in the next paragraph.

3. Pro-social Behaviour and Volunteering in Later Life

Relationality is a fundamental criterion for interpreting pro-social behaviour and participation in third-sector organizations of the elderly. By associating (i.e., getting together voluntarily with a common goal), seniors respond to a strong solidaristic thrust that gives rise to networks of mutual assistance. Relationships of an associative type, which can be experienced within the different organizations of the voluntary sector, allow the seniors involved in them to gain a certain level of personal well-being.

The belief that well-being implies a relational dimension and that it can be pursued through participation in associative areas is corroborated by many researchers (Bramanti & Boccacin 2015). In this perspective, the relational processes, which take place within specific organizational contexts, become fundamental for understanding emerging social phenomena, such as the associationism of seniors.

In pro-social associationism, relational ties are created that enable the formation of inter- and intra-generational exchanges. In modern contexts there are few social spheres where intergenerational relations can be experienced; for this reason, the intergenerational ties that occur in voluntary sector organizations between senior and younger generations are particularly significant.

The voluntary action of younger seniors has been the subject of numerous surveys and studies carried out internationally and nationally and of comparative-type research, which identifies the specificities of the voluntary involvement of young seniors in different countries of the European Union (Boccacin 2016). The recent ISTAT Census of Non-Profit Institutions (2014) offers some indications about older volunteers and Italian voluntary organizations and the non-profit sector in which they are active. Overall the senior volunteers represent a significant component among those involved in voluntary work in Italy.

This personal option takes on a specific social importance because through activity it is possible for the individual to experience the intersubjective and associative dimension that has a large part in the perception of playing a satisfying social role. In this perspective, the skills, and experience of seniors provide substance to the social dimension of the activity, becoming true resources for society.

From the above-mentioned study *Io non mi ritiro* (“I’m Not Withdrawing”), some distinctive features of the elderly people involved in pro-social activity are highlighted. In particular, the youngest seniors (between 65

and 69 years of age) have a higher educational level and a greater propensity to adapt to technological and cultural change (by an ability to relate to younger generations), while those of a more advanced age (between 70 and 74) appear less well equipped in terms of technological means and the articulation of the relational circuits to which they belong, especially the primary ones. However, they are able to carry out important solidarity actions towards those who are in a situation of need due to sickness or solitude (Boccacin 2016). The social inclusion of this part of the population therefore becomes increasingly important, as does the refinement of strategies and policies to support solidarity activities carried out by seniors (Walker & Maltby 2012).

If we concentrate on the topic of exchanges between generations—in reference to the research by Regalia and Manzi (2016)—we find that the value of gratitude is manifested also at the level of adopting pro-social behaviour, because this proves to be an important predictor of civil and political commitment. In addition, there is confirmation of what emerges from the literature as to the importance of positive emotions in promoting a condition of personal well-being that can be expressed in a pro-social perspective. The results show, in fact, that grateful people involve themselves more in social work because their feeling of gratitude makes them more satisfied with their lives.

/// Grandparents, Senior Caregivers, and Volunteers in Later Life: Ageing Actively Across Generations in Italy

Let us see now, in the light of the empirical data, what these three different profiles of activity connote in Italy. We shall refer again to the research project *Non mi ritiro*. From the original sample of 900 respondents aged 65–74, who are representative of the Italian population for that cohort, we drew the following groups on the basis of structural variables:⁶

- a) Grandparents actively looking after their grandchildren (114);
- b) Seniors caring for older people (over 75) (98);
- c) Seniors engaged in voluntary work (117).

⁶ Group (a) of grandparents was drawn out of the total sample of 900 by selecting those respondents who have underage grandchildren that they look after often, but who do not provide care to other elderly people, and do not do voluntary work. Group (b) of senior caregivers of older seniors was drawn by selecting those respondents who often take care of someone over 75 but do not look after their grandchildren or do voluntary work. Group (c) of later life volunteers are persons who are engaged in voluntary activities but who do not take care of grandchildren or older adults.

(min. 1 – max. 3)	Grand- parents (114)	Care- givers (98)	Volun- teers (117)	Whole sample (900)
Index of perceived ageing	1.49	1.45	1.47	1.57
Index of orientation to intergenerationality	2.36	2.50	2.60	2.39
Index of gratitude	2.70	2.52	2.68	2.57
Index of overall satisfaction	2.32	2.26	2.30	2.20

Table 5. Perceived ageing, intergenerational orientation, gratitude, satisfaction (average values).

The group of grandparents (a) live mainly in the south, the caregivers of older seniors are prevalent in the north-east, and the voluntary workers in the north-west. The grandparents who look after grandchildren are mainly women (58.3%), while there is a slight predominance of men among caregivers and voluntary workers (52.5% and 51.1% respectively). Caregivers and volunteers are slightly younger than the grandparents of group (a): 71.1% of the respondents engaged in care for seniors over 75 are aged 65–69, as were 61.4% of those active in voluntary work. The percentage of separated or divorced persons is slightly higher among the volunteers, and they are comparatively better off in terms of health (presence of chronic illness—grandparents 39.4%; caregivers 40.2%; volunteers 29.4%; in the whole sample of 900 people 41.2%) and socio-economic status⁷ (range: min. 1 – max. 3: volunteers 2.13; caregivers 2.03; and grandparents 1.74).

In regard to perceiving themselves as old, the three profiles of seniors show an average value lower than the total (i.e., they feel less old). The index of gratitude is high particularly for the grandparents' group (they feel grateful for life, their children, and grandchildren, and for their experiences in general), while the index of intergenerational orientation is higher for the volunteers, and the index of overall satisfaction is almost the same across the three groups (Table 5).

Overall, the three groups have good levels of relational networks both as regards the more expressive dimension of leisure, and in terms of support. The three groups report higher levels than the whole sample of 900 respondents (Table 6).

⁷ The status index consists of: interviewee's job, partner's job, father's job, interviewee's level of education, partner's level of education, father's level of education.

(min. 1 – max. 3)	Grand- parents (114)	Care- givers (98)	Volun- teers (117)	Whole sample (900)
Width of frequentation network	2.83	2.63	2.84	2.57
Width of support network	1.95	1.93	1.94	1.85

Table 6. Relational networks (average values).

(min. 1 – max. 3)	Grand- parents (114)	Care- givers (98)	Volun- teers (117)	Whole sample (900)
Index of primary social capital	2.35	2.29	2.44	2.28
Index of secondary social capital	1.22	1.14	2.41	1.70
Index of generalized social capital	2.07	1.93	2.25	1.92

Table 7. Social capital (average values).

Research has evidenced the relevance of social capital (SC) to the health and well-being of older people (Bramanti et al. 2016; Gray 2009; Nyqvist & Forsman 2015). In our study we operationalized relational social capital (SC),⁸ distinguishing three components: (a) primary SC, typical of primary relations such as the family; (b) secondary SC, typical of associative relationships, and (c) generalized SC, defined by generalized interpersonal trust and a collaborative orientation towards other people in general. All three profiles of active seniors (Table 7) show levels of primary SC in line with the average of the total sample (N=900). The measurement of secondary social capital (associative) is more differentiated, being high for the voluntary workers, while weaker for the grandparents of group (a) and the caregivers of group (b). Generalized social capital, trust, and interest in strangers is differently distributed; while it is above the general average overall, it has higher peaks for the senior volunteers. Among the three groups, the profile with a deficit of social capital compared with the others is the caregivers' group; this probably results from the caregivers' being

⁸ In the relational perspective social capital is a relationship that is at the same time reticular, reciprocal, trustworthy, and collaboratively oriented. The phrase "at the same time" underlines that these four dimensions are indispensable for speaking of social capital in a relational sense (Donati 2007).

(min. 1 – max. 7; 4=balanced)	Grandparents (114)	Caregivers (98)	Volunteers (117)	Whole sample (900)
Received/given affection	4.08	4.07	4.24	4.12
Received/given economic help	5.32	5.44	5.52	5.37
Received/given emotional support	4.33	4.28	4.67	4.38
Received/given assistance and care	4.04	4.02	4.57	4.18
Received/given respect	4.20	4.10	4.20	4.14
Received/given confidence	4.09	4.15	4.22	4.15

Table 8. Giving and receiving (average values).

	Grandparents (114)	Caregivers (98)	Volunteers (117)
Index of gratitude	0.994	0.816	0.405
Index of relational satisfaction	0.792	1.486	2.810
Index of generalised social capital	0.022	0.313	1.014
Extent of support network	0.321	0.659	-0.775
Index of perceived ageing	0.652	-1.977	-1.102

Table 9. Predictors of reciprocity (coefficient β).

overburdened, which drains energy and discourages a trusting outlook towards others.

The circuit of reciprocity is not always perfectly in equilibrium. It sometimes happens that one generation gives more than another, or the rhythm of giving may alternate in the course of the life cycle. The important thing is to avoid a protracted and massive imbalance involving the risk of a dwindling of the vital resources, material or immaterial, of a generation. However, there is empirical evidence that would suggest a positive association between helping the members of one's own network (adopting an active attitude) and well-being (Chen & Silverstein 2000). On the other hand, being helped would seem to be correlated to lower levels of well-being (Reinhardt et al. 2006; Rossi et al. 2016). All the elderly people considered, on average, that they gave a little more than they received from their children, although the values are very near to 4, which is the measure

of balanced exchange (Table 8). Comparatively it can be remarked that the most balanced exchanges are economic and emotional support; the group that is perceived as most generous to their children is that of the voluntary workers.

We also performed a multiple linear regression (Table 9) in order to identify the weight of some predictors in connoting a given variable selected as a dependent variable.⁹

For the grandparents, the index of gratitude is in first place, followed to a weaker degree by a low perception of ageing and the index of relational satisfaction. The weakness of the latter probably reveals some aspects of ambivalence in relationships, in particular with sons and daughters, which could contain tensions and conflict. For the caregivers the most significant predictor of reciprocity is above all a low perception of ageing; compared with the grandparents group they show that relational satisfaction is more important in promoting reciprocity, gratitude somewhat less. For the voluntary workers, reciprocity appears present mainly among those who experience high levels of relational satisfaction (Exp (B) 2.810) and a high reserve of generalized social capital, while the index of gratitude is much less significant.

/// Conclusions

In this paper we have tried to summarize the long process of the operationalization of a theoretical approach. Shifting from theory to applied research was challenging and yet very stimulating. Despite all the limitations of our empirical investigations, studying the ageing process through the lens of relational sociology has allowed us to cast light on the complexity and high differentiation of ageing in contemporary societies. Thinking in relational terms took us beyond the structural differences among the elderly (household composition, socio-economic status, education, etc.) to consider how orientations and the significance of the relational dimensions sustain or fail to support a process of active ageing and well-being. In addition, keeping the focus on intergenerational relations, both in the

⁹ In the specific case the selected dependent variable is the index of intergenerational exchange and the predictors are: the Index of Relational Satisfaction, the Index of Health, the Generalized Social Capital Index, the Perceived Ageing Index, the extent of the support network (RETESUPP), and the Index of Gratitude. The Multiple Linear Regression, performed on the three groups and in the overall sample, can be positive (as the values of one variable increase, there is an increase in the other as well) or negative (as one increases, the other decreases). This relationship is indicated by the sign of the coefficient β . β is the coefficient of dependence/coefficient of regression and indicates how much y (dependent variable) changes when x (independent variable) increases by one unit.

family and in society at large, allowed us to explore the transformations and standstills (in other words, morphogenesis and morphostasis) taking place and to show their consequences over time.

Finally, the type of material produced by doing research from an intergenerational relational perspective—because it goes beyond the structural dimension—can become a source of valuable information for policy-makers and persons devising interventions to support active ageing.

Paragraph attribution:

Despite this paper being the product of the joint effort of the three authors, paragraphs 1, 2, 5 can be specifically attributed to S.G. Meda, paragraph 3 to G. Rossi, and paragraph 4 to D. Bramanti.

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/// Abstract

This paper considers the concept of active ageing from the perspective of relational sociology. Active ageing is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age. Ageing occurs in a relational network (the family, society), with a whole range of reciprocal mutual interactions (support, care, etc.). Starting from an operationalization of the relational components (Donati 2011) of the active ageing process, SHARE data were considered, as well as data collected for the Italian survey *Non mi ritiro: l'allungamento della vita, una sfida per le generazioni, un'opportunità per la società* (“I’m Not Withdrawing: The Lengthening of Life, a Challenge for the Generations, an Opportunity for Society”, 2013–2014, N=900), in which the way Italians and other Europeans face ageing was explored. Finally, the focus was on

a sub-sample of older adults active in various relational networks, such as their families (grandparents and caregivers aged 65+ of the older generation) and third-sector organizations. By embracing a relational (intergenerational) lens it was possible to grasp the differentiation that characterizes the ageing process, the transformations and standstills of individuals, as well as different orientations and ideas that facilitate or hinder the path to active ageing.

Keywords:

active ageing, intergenerational relationships, family, pro-social behaviour, relational sociology

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