

Abstract

Social (non)participation is one of the key elements associated with social exclusion in old age. Scholarship about this topic tends to rely mainly on quantitative research from Western and Northern European countries. The aim of this article, based on qualitative interviews with older people (N=27) in Lithuania, is to give some insight into how older people in an Eastern European country experience social participation, and the reasons they offer for abstaining from engaging in it. Findings are contradictory: social participation is valued by older people for both direct and indirect reasons (e.g. a desire to simply be among people), but they hesitate to participate for a variety of reasons. The article contributes to the academic discussion by providing insights into older people's perspectives about social participation, their preferences, and, in particular, the backdrop that particular organizations (such as the church) can play in promoting social participation and consequently strengthening the social inclusion of older adults in post-communist countries.¹

Keywords: *social participation, motives for engaging in social participation, older people, living alone, qualitative methodology.*

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1. Introduction

Old-age social exclusion tends to be researched in quantitative terms, and by focusing on the development of various scales of measurement (Van Regenmortel et al., 2016; Walsh et al., 2017). As such, the related studies tend to be focused on quantifying social participation indicators. Input from qualitative research is relatively scarce (Perissinotto and Covinsky, 2014). This may be one of the reasons why we do not know what encourages social participation amongst older people, and what the obstacles are to their engagement in social life. Research on old-age social exclusion has demonstrated that social participation is one of the main and most frequent domains included in different schemes of social exclusion (Van Regenmortel et al., 2016; Van Regenmortel et al., 2018; Vrooman and Hoff, 2013; Walsh et al., 2017). Usually, such research does not, however, provide details about the kinds of activities that older people are involved in (Galenkamp et al., 2016). Older people's own voices are seldom taken into account in this regard in the scholarly debate, and policy makers tend not to be informed about the social activities that older people find most attractive.

Old-age social exclusion in Lithuania, as well as in most Eastern and Central European countries, is not a topic that has received a great deal of attention. The scarce literature suggests that the social exclusion that older people experience in this region may be more complex, and is probably more acute, than the scholarship on this area acknowledges. Older people (i.e., those aged 60 or older) in Eastern and Southern European countries are more likely than their counterparts in Nordic European countries to be socially excluded (Eurofound, 2018: 13–16; Ogg, 2005). Older residents in post-communist countries report the highest levels of age discrimination in Europe (Rapolienė, 2015). A comparison of people aged 50 or older in 13 European countries also revealed that respondents from Eastern and Southern European countries were less likely to participate in social activities (Banks et al., 2009). Furthermore, and in contrast to the situation in Western and Northern European countries, the use of ICT among the older segments of the population in the former countries is rather limited (Lamura et al., 2018). Intergenerational solidarity in Lithuania is extremely weak: the proportion of both young and old adults reporting cross-age friendships is the lowest among 25 European countries (Dykstra and Fleischmann, 2016).

A recent representative study (Mikulionienė et al., 2018) in Lithuania revealed significant differences in the level of loneliness of people aged 60 and above living alone compared to those not living alone (1.65 and 1.27 points out of three for social loneliness, and 1.24 and 0.65 points out of three for emotional loneliness on the J. De Gierveld Loneliness Scale, respectively). This study also showed that older people living alone are significantly less involved in the social activities which are most popular among older people. Thus, the presumably acute social exclusion experienced in old age and low level of social participation of older people, especially those living alone in Lithuania, is a case worthy of researchers' attention. Research preferably based on qualitative methodology can

play a role in filling the above-mentioned gap and ‘giving voice’ to study participants.

The aim of this article is to shed light on how older people living alone in Lithuania regard social participation and the social activities they engage in. The findings of this study are expected to contribute to the scholarly debate on social participation as a component of old-age social exclusion. Additionally, by being complemented with evidence from an Eastern European country, they may contribute to European social policy, since the scholarly debate on social participation in old age has mainly been shaped by research from Western and Northern Europe.

2. The concept of social participation in old age

In the literature, the benefits of social participation on the health and quality of life of different reference groups has been quite well researched (for example, Bath and Deeg, 2005; Meek et al. 2018; Shiovitz-Ezra and Litwin, 2012; Waite et al., 2014). However, researchers in the field are still discussing the scholarly definition of the former phenomenon. A review of literature reveals that there is a lack of a commonly accepted definition of social participation (Badley, 2008; Guillen et al., 2011; Levasseur et al., 2010; Piškur et al., 2013). Moreover, scholars in this area tend to use an entire cluster of cognate terms when writing about social participation: these include community involvement, social engagement, social integration, social capital, social networking, social connectedness, and social activities. Public health specialists tend to use the broader term ‘participation’ – which is often defined as ‘involvement in life situations’ (WHO 2001), while social participation is included as a specific sub-element of participation.

In the current study we have adopted the synthetic definition provided by Levasseur and her colleagues (2010: 2148) by which social participation is defined ‘as a person’s involvement in activities that provide interaction with others in society or the community.’ Whereas the degree of involvement and the scope of activity-related goals can vary broadly, the taxonomy of social activities proposed by Levasseur and her colleagues (2010) brings more clarity to the conceptual debate on social participation. This taxonomy is especially useful if one wants to distinguish the concept of social participation (including social contact, joint activities, helping others, and contributing to society) from more general forms of participation (including preparation for interaction) and specified forms of social engagement (helping others and contributing to society).

We know even less about how older people themselves narrate their social participation and reasons for (not) engaging in it. Reasons for participation are closely related to motives for going out or remaining at home, as well as to well-being (Everard, 1999). Typically, older people’s family relationships (McFarland et al., 2013) and relationships with friends (Blieszner et al., 2019) have been studied. Thus, our study adds knowledge about the rarely studied specific segment of older people’s social participation – namely, about their participation in organized public (cultural, religious, community) events. This type of social participation, especially

for older people who live alone, often becomes almost the only channel for socialization.

3. Data and methods

To obtain data on the self-reported social participation of older people, a qualitative semi-structured interview method was chosen. This method makes it possible to authentically record older people's perspectives without imposing the researcher's own opinions (Barnes et al., 2006; Wong et al., 2017). The set of specific questions exploited in this study inquired into informants' favorite social activities, including helping others and volunteering, going out (if at all) for public cultural / religious / community events, and explanations for (non) participation.

The selection criteria for informants were therefore as follows: non-working permanent residents of Lithuania aged 60 and over, and living in the community in a single-person household. In order to ensure the collection of a heterogeneity of experiences, informants were included in the study in relation to different characteristics – gender, age, marital status (i.e., single, widower, divorced, have children or do not have children), education, place of residence (city, town, or rural area), ethnicity, and duration of living alone (characteristics of informants are provided in Table 1). Informants were interviewed in the Lithuanian, Russian, and Belarusian languages.

Fieldwork was conducted from June 2017 to August 2017 in Vilnius, in a village and smaller town within the Ignalina district, as well as in Raseiniai town and district. In total, 46 people meeting the selection criteria were asked to participate in the study, and 27 (59 per cent) agreed. Since we are interested in investigating social participation as one of the principal domains of old-age social exclusion (Walsh et al., 2017), it seems reasonable to pay attention to refusal to participate in the study, as this could have been a sign of deep and constant exclusion – either voluntary or non-voluntary. Thus, we found that the invitation to participation in the study was rejected due to: (a) an abundance of caution or perceptions of the interview being a potential risk to the security of the individual and their property (e.g., 'I never give such interviews'); (b) a lack of self-confidence (e.g., 'Oh, I don't know what to say, let others do it...', 'Oh no, I'm afraid to say the wrong thing,' 'I don't care, I don't like to talk about myself,' etc.); (c) anticipatory doubts about the confidentiality of research (e.g., 'Well, if I need to speak about money, or something about children, well, I would not really [like to speak]'); (d) claiming to be busy and not showing up at the agreed time, which may hide further motives; or (e) acute health disorders (i.e., when a scheduled meeting had to be cancelled due to the illness or death (following after the interview agreement) of an informant).

The interviews were conducted at the informants' homes, in courtyards, in a park, and in a cafe. They were recorded by voice recorder or phone and transcribed.

The study was carried out in line with the fundamental ethical principles of anonymity, privacy, and confidentiality. Thus, the names of participants and other

personal information are not made public. Instead, codes were assigned to participants.

Qualitative content analysis (Hsieh and Shannon, 2005) and an inductive coding method (using the software Maxqda) was employed, and the primary step of the two coders whose help we enlisted was to create a preliminary tree of codes. Subsequently, all material was coded by one researcher based on a harmonized code tree and subsequently by adding *in vivo* codes. Next, the material was reviewed and corrected (if necessary) by another investigator. The segments about social participation were analyzed using the principles of grouping and condensation based on similar values.

4. Impetus for engaging in social participation activities: perspectives of older people

As would be expected, our starting point is that older people's narratives about why they do (do not) participate in social activities is important, which is why we paid particular attention to what our informants conveyed in terms of their motives for going out with people, and their considerations about the obstacles to engaging in social participation, to name but a few points of interest.

4.1 Church as pivot of activity in old age

When asked about participation in public cultural, religious, and community events, informants first mentioned church and other related activities, such as singing in a choir, participation in charitable activities, coffee afternoons with a priest, music concerts, etc. Participation in mass and church events was claimed to provide spiritual and psychological comfort, especially after the passing of relatives. One informant stated, for example:

The Church helps me a little to calm down after certain misfortunes; you go there, you're there with yourself, and it still helps... (5WI²).

Participation in church activities seems therefore to be more satisfying than participation in the secular events that are available. In this regard, an informant states:

Some concerts happen, we don't really enjoy these. Say, you go by bike, then you think, can't it be over quicker, you might even drive to the cemetery (6WI).

Relationships with the church sometimes seemed to be organic, and closely associated with physical identity and the capabilities of the body:

² All informants were given codes: namely, the Arabic numerals 1–27 = the number of the interview; Letter W = woman, letter M = man; Roman numerals I = aged 60–70, II = aged 71 or over.

I did not use to walk, I could not reach the church (8MI);

I go to the choir in the church on foot, and I go back on foot as well. There are those who drive and could give me a lift, but for me... I have to go [walk] at least four kilometers a day (27WII).

Only bad weather conditions seemed to prevent our informants from going to church. This was the case when conditions were slippery or sleet had fallen in the city (1WI) and when informants were faced with snowy or slushy roads in the countryside (6WI, 17MII). In these cases, going to mass was replaced by listening to a broadcast by the religious radio channel 'The Voice of Mary' (17MII).

Although several informants reported that they visited church every Sunday (which could, of course, be a socially desirable answer), there are extremes involving both occasional participation in mass that takes place before a music concert ('I listen to mass if it happens before a concert, but in other cases – no' [9WI]), and of very intensive participation ('It's like a part-time job, singing in the Cathedral' [2WI]).

Summing up the responses on this theme, the data gives the impression that visiting church is not only one of the most intensive expressions of social participation among the older people we interviewed, but also one that meets a wide range of needs. Older people in Lithuania have a lot of different incentives to attend church events. It is therefore not surprising that our informants mention visits to church as the 'gold standard' for a person's independent mobility and vitality, as well as a boundary-making activity that distinguishes those in poorer health from those who are doing better, health-wise. It was therefore quite common for our informants to highlight that when they feel a lack of spiritual peace, church-attendance becomes a must. In short, informants report a rich list of sources of motivation for their social participation in the form of church attendance. Thus, the church should potentially be considered an organization that could be enlisted when trying to increase social participation in old age in Lithuania. The scholarly debate on social participation does not, however, acknowledge the role that organizations in general, and church in particular, could play in increasing participation in social activities in old age.

4.2 Participation in public events

Another category of social activities investigated in this study is participation in public events, such as city festivals, the events of regional cultural centers, theatre performances, concerts, exhibitions, and art collectives. Among public events, residents of Vilnius mentioned 'Kaziukas,' 'Joninės,' and other festivals, as well as 'Cultural night' (2WI, 4WII). One informant was especially positive about 'Coffee for seniors' as a means of social inclusion and interaction (this is an initiative that involves offering free coffee to older people, which most cafés roll out for a limited

time period). She mentioned that she had once café-hopped with a friend from one place to another:

It was important to see those cafes, because there's no other opportunity to go to the café... you get to meet people, to communicate (5WI).

Some people from other regions reported to having participated in activities at their local cultural center, such as in driving-related services, bringing older women to church (23MII), or supporting organizers during events for children (8MI). Some also talked about their participation in Christmas celebrations or in a newly invented festival called 'Dumpling Day' (20MI). Informants seem to like to participate in trips to different places in Lithuania that are organized by local communities (24WII), or by the Third Age University (9WI, 11WII). A wish to go out and visit other towns or neighboring countries was treated as an indicator that mourning processes had come to an end for those who had been grieving after having lost a loved one:

A willingness to go where you want, to travel wherever, to just go... In short, such a willingness is to return to normal life as much as possible (22MII).

Another informant noted the importance of being among people, and stated a preference for attending concerts due to this need:

Concerts in Tytuvėnai ... somehow I went there, to be among living people a little (22MII).

Those who said that they like to visit concerts or the theatre stressed that these activities have been a personal preference or passion of theirs throughout their lives. The following excerpts attest to this:

I'm going to concerts, I love theatre, I really liked a lot of things... all my life I've loved the theatre (9WI);

I love the theatre to death! ... Onutė and I went everywhere! We went to exhibitions, the museum, the theatre, the cinema – well, anyway – it was as if we were starving ... So everywhere, we wanted to be everywhere, to see everything (15WII).

Some informants also mentioned their participation in the activities of art collectives, such as singing in secular choirs (3WII, 27WII).

There is also evidence that civic engagement/political activity continues later in life, even after a long break, as was the case for the informants from the national Belarusian minorities. This group have had to be silent for most of their lives, but now they were enjoying their newfound freedom in Lithuania:

I have a big baggage of this... activity (laughs) that I have not used, because all my life I was just sitting out... and on topics like this... in general... I was silent. And now I can express (laughs) myself, yes? (15WII).

Another informant mentioned participation in events for former deportees³ – in meetings, presentations of books, annual congresses, etc. (4WII).

Along with their descriptions of the activities in which they engage, some informants mentioned the people that invite them to visit places and encourage them to get involved (e.g. ‘A cool priest, really’ [6WI], ‘The priest invited me to his place tomorrow, he was here’ [8MI]). Informants who mentioned such people seem to feel grateful that they continue to be invited out, despite their low level of involvement due to extremely limited health resources. One informant said, for example:

[She] does not envy [judge, criticize] me at all... that I don’t participate there at all, do nothing, I don’t do needlework, and my eyes are weak, and my legs are not always strong (27WII; 15WII).

Thus, our data attest to the fact that the people who encourage the participation of the older people are important not only due to their support related to engagement in activities, but even more because they acknowledge the situation in which our informants find themselves.

Summing up the narratives of older people about their participation in public events, it turns out that they describe different sorts of cultural events in a variety of ways. For some, these activities seem to be an anti-loneliness remedy: it is good to be among other people. Some of them interpret their renewed participation in community events and sightseeing tours after a grieving period as testament to the fact that their bereavement period is coming to an end, since ‘interest in life’ has been regained. Thus, the older people we interviewed perceive organized socio-cultural events, such as attending cafés and exhibitions or participating in local festivals and sightseeing tours, as a means of exploring their surroundings and satisfying their curiosity and/or emotional needs. One can see that organized social gatherings, especially when attractive people are involved that invite older people to participate and accept them, seem to offer a self-esteem boost.

When we asked our informants if they would participate in any group activities if someone invited them, one informant said that she has such plans – for some time she has been invited to join the ethnic Samogitian group, she dreams about learning the German language and attending lectures about medicine at the University of the Third Age (4WII). Other informants reported that they would join if they met the group’s requirements (3WII), or if the group seemed

³ Victims of mass Soviet deportations carried out in Lithuania in 1941 and 1945–1952. Civilians were forcibly transported to labor camps and other forced settlements in remote parts of the Soviet Union, particularly Siberia.

interesting (5WI) and matched their wishes (14WI). In some cases, informants stated that it would be good to find new friends (4WII) or just be among people (22MII). However, cases of doubt or refusal were also expressed strongly, raising the question why some older people abstain from participating in social life.

5. Impediments to engaging in social participation activities: the perspectives of older people

The data that we collected provided rich information about the ways in which older people articulate why they restrict their social activities.

5.1 Weakening health intertwined with old age

An important self-reported obstacle to social participation for older people leaving alone seems to be limited health resources. This was expressed differently, from simple reasons (e.g., 'I have no health [my health is poor]') [10WII], 'I could not anymore' [18WII]) to complications with walking or sitting (24WII, 16WII, 21MII), heart problems (20MI), back pain, hospitalization (15WII), sight and hearing problems (19MII), and the need for adequate rest (17MII). Some refer to experiencing a sudden short-term loss of their abilities:

The neighbor died, Jesus, I went to the cemetery, I couldn't walk, I couldn't walk. I told her I could not go to the other grave. Barely, with a stick, I came home. I said, no more, I will not go anywhere anymore (21MII).

There were also some who expressed a fear of experiencing such a loss of ability:

I do not want to go anywhere, I'm afraid, I'd fall to my death, only draw misery to myself, nothing will come of me, there will be no health [I'll lose my health entirely] perhaps (26WII).

As the excerpts below indicate, some of our informants seem to regard (old) age itself as the main cause of the end of their participation in social activities:

An old man, where will I go, a man like me? (7MII);

We are too old to go out at night (4WII);

But what of me – a dancer? Earlier, I indeed felt alive, I would have gone anywhere (26WII).

Some stress that they are glad to still be able to buy food in the shop nearby on their own, thus their current expectations in respect of going out are limited (12WI, 26WII). The articulation of a refusal to take part in cultural events seems to be closely related to both limited health resources and the notion that old age

poses a challenge. The following excerpt from the interviews attests to this very fact:

There is no more want [desire], you know... Either my leg hurts or it is something else again (smiles). Already, you see, I am no longer young (1WII).

5.2 *Lack of time or interest*

Another self-reported reason for non-participation was lack of time:

My friend participates there [in the Third Age University]. I still don't. I haven't had time... (5WI);

Well, here with my life, I was drowning in such serious work that there simply remained no time for this [activity] for me (22MII).

A lack of interest in specific activities was also mentioned, as the following excerpt attests:

I'm no longer interested in these events. If it's some kind of play, I watch it on TV. And well, dances no longer interest me. Such things. That was [I did those things] in my younger days (19MII).

Experiencing an increase in the need for silence was also something that some of our informants admitted (25WII); in such cases, watching TV was described as a better option (19MII, 25WII).

In distant regions, there appears to be only a few events to choose from due to a general lack of interest or sparse population:

Sometimes there comes an artist or two, maybe they sing, then maybe ten people come [to listen to them] ... No, here in Gaidè it has already ended, there are no young people, and those who were here have left (7MII).

The fact that sometimes the organized events that are on offer are targeted at audiences with which the informants could not identify was another obstacle for participation. For example, one of them related this sentiment by saying: 'Once I went, I understood absolutely nothing. I was fed up with sitting there' (27WII). Others alluded to the fact that they did not find some of the activities on offer to be suitable for them. One of our informants explained this to us by saying: 'I do not know, somehow I... Volunteering is somehow more for young people or someone else. Well, somehow I really did not think.... I absolutely did not think about it' (11WII). A lack of information about events or the possibility for them to join a voluntary organization was also mentioned (6WI, 9WI).

Our data suggest that some non-participation can be explained by what seems to be an inactive type of personality (13WII). Some of our informants talked about avoiding making new acquaintances due to mourning or a fear of intimacy:

So far, I have not engaged much in these friendships ... those that come, especially for a longer time, they simply do not work (17MII);

Babe, not anymore (smiles). I will not look for these things, no. No. No need for lovers (smiles) (8MI).

5.3 *Physical and socio-cultural barriers*

A feeling of reluctance to come back in the dark alone after participating in a social activity in the winter was mentioned (4WII, 9WI), and some expressed that wanting to have somebody to share impressions with after having partaken in activities was something they lacked (9WI, 10WII). Feeling devalued is also something that some of our informants commented. For example, one of them said:

Honestly, it seems that a person is so unsuitable for anything that he even has nobody to go to a concert with (9WI).

She lacks a friend who knows a foreign language as a reason for abstaining from taking a trip abroad (9WI). As obstacles to social activities, several barriers of a material and spatial character were listed: scarce financial resources (10WII, 15WII, 27WII), a lack of transportation (18WII), and unfavorable winter traffic conditions (26WII).

Thus, the material presented in this section identifies a set of personal arguments that older people employ to explain their withdrawal from social activities and consequent voluntary social exclusion. The ways in which our informants articulated why they abstain from participating in social activities may be classified into several categories: a lack of health resources, a lack of time resources, a lack of interest in the events that are available, a lack of information, as well as 'self-ageism' (self-identification as being 'too old'), psychological reasons (mourning, long-term loneliness, and a decline in social skills), and environmental barriers. These explanations are mainly based on different unpleasant previous experiences – when informants had felt physical discomfort because of their poor health, or the fact that they did not feel safe while moving around on their own, or that they felt like outsiders at a social gathering because they had lost their peer-companions with whom to share such experiences. Another reason was that they no longer felt self-confident about starting a conversation with younger people because they had different tastes regarding the content of cultural events.

6. Discussion and conclusions

In this article, we attempt to personalize the widely used and even more widely understood concept of the social participation of older people. To our knowledge, this is the first time that the topic of social participation in the public events of community-dwelling older people living alone in an Eastern European country – Lithuania – has been presented. The research revealed contradictory findings: social participation is valued by older people for both direct and indirect reasons (i.e., a simple desire to be among people), but they hesitate to participate in it for a variety of reasons. Keeping in mind the importance of the former, the reasons for abstention from social activities specified by informants appear to contradict the value they award to social participation. This suggests that, from the subjective perspective of older people, options for increasing social participation are limited, as are the intentions and resources available to the latter. Obviously, there are reasons for non-participation that are outside the scope of individual control, such as environmental, cultural, social, and physical barriers, which should be addressed by social policy.

Although we could not identify relevant articles that disclose the incentives and obstacles to engaging in social participation that involve the voices of older people from Eastern Europe, we can verify our results with earlier research in an indirect way.

The importance of religious activities in connection to health, as revealed by our study, has some parallels with earlier research. Sowa and colleagues (2016) noted that religious activity is often associated with multimorbidity; thus, it may be driven by a need for comfort. It is also true that religious involvement broadens a person's social network, increases their social support (Koenig et al., 2014; Krause and Hayward, 2014), and can compensate for the vanishing social networks of older people (Sowa et al., 2016; Woźniak, 2012). In fact, church might be the only center for social activity that is accessible in distant regions (Kędziora, 2013; Sowa et al., 2016). Nevertheless, the spiritual (or transcendental) dimension of religion should not be disregarded in attempts to explain increased religious participation in old age, as highlighted in the theory of gerotranscendence (Tornstam, 2005). In our sample, religious activities were not replaced by other social activities that are broadly accessible in the capital, which were often viewed by older people as unsatisfying. The need for comfort in situations of existential anxiety (e.g., serious health issues, the loss of partner or child, etc.) (Baltes and Baltes, 1990; Freund and Baltes, 1999), as well as an increasing awareness of approaching death, might be of striking importance, even if this is not verbalized. The application of socio-emotional selectivity theory (Carstensen, 1993; 1998; 2006) may perhaps be extended, from more carefully chosen social partners to a change in the priority of activities for older people due to a growing awareness of the limitations of time. Accordingly, older people might seek out higher quality activities and forms of satisfaction rather than seeking to maximize the quantity of social activities.

Narratives related to participation in religious events revealed the desire 'as much as I can,' while the main reason for non-participation was a decline in health

status. This is consistent with the findings of other research. A decrease or cessation in social participation and consequent social exclusion is frequently related to chronic health problems or a general decline in health (Bowling, 1995; Cavelli et al., 2007; Meulenkamp et al., 2013; Strain et al., 2002). However, a study that involved six Western European countries (Galenkamp et al., 2016) led to contradictory findings, suggesting that people with multi-morbidity attend public events more often. Thus, a decline in health, the main reason given for non-participation in social activities, together with other universal and socially acceptable explanations for the latter (e.g., a lack of time), might mask a lack of motivation, or (self-)ageism (i.e. respondents' considering themselves to be too old for social participation), both of which are naturally connected to health decline in the narratives of older people.

If one considers the general life course trends related to religiosity to follow a U-shaped pattern of involvement, with the highest levels of participation in the earliest and the latest years of life (Timonen et al., 2011; Wink and Dillon, 2001), for the countries of Eastern Europe one should also take into account the circumstances of the communist regime, in relation to which differences may even be identified between the former USSR and Warsaw Pact countries. Polish researchers note that the cohorts that reached an older age tended to be religious throughout their lives (Sowa et al., 2016; Woźniak, 2012), which was not the case in Lithuania. There, the church was formerly marginalized, and participation in its activities was obstructed by authorities at different levels. In Lithuania, we should rather talk about a renaissance of religiosity after the restoration of independence, with many new (or returning) members of religious communities.

Another issue in relation to which Lithuanian (and probably Eastern European) realities differ from those of Western European countries is the strong association between volunteering and social leisure participation (Galenkamp et al., 2016). As can be seen from our material, social participation as a form of social contact with or without specific goals (Levasseur et al., 2010) is articulated richly and in many different ways, whereas the narratives of the older generation that referred to social engagement activities involving helping others on a broader scale, or contributing to society, are very sparing. Volunteering is scarce and peripheral among the social activities of older people in Lithuania. In general, volunteering is discredited in society, as it has negative connotations in the memories of people who lived during the times of the Soviet Union, being associated with 'voluntary forcible' activities.⁴

Volunteering projects are mainly now aimed at youth; thus, there is a gap that could be filled with special initiatives aimed at older people. Volunteering projects carefully designed for older people would reduce their social isolation and help them to feel useful, as well as allow them to better use their resources for the benefit of society. Such activities could potentially include the provision of, if not health-related support (e.g., physical or emotional support), then professional

⁴ This is a canonic expression from Soviet times – *добровольно принудительно* [*dobrovol'no prinuditel'no*] (Russian) –, which involves a combination of words with the opposite meanings. It actually discredited the term 'voluntary' and is still used as a reference to *imitation* of activity.

competences (e.g., legal, financial, medical, technical, etc.), support with language learning, help for pupils from socially disadvantaged families with homework, etc. Older people as well as youth would profit more from intergenerational projects, which might include art, music, history or memory, handicrafts, etc. Due to the major role of church in the social activities of older people, its involvement in volunteering projects would contribute to their success. As also noted in earlier research, members of religious communities are more willing to join voluntary activities that are supported by their churches (Wilson and Janoski, 1995).

This study, however, has some limitations. First, although we tried to ensure a diversity of informants, our study did not include older people whose mental or physical condition could have been an obstacle to interacting with researchers. However, it is known from other studies that poor health is a risk factor for social exclusion, reducing the ability of a person to maintain the usual social relationships. (Eurofund, 2018: 13–16; Ogg, 2005; Lamura et al., 2018; Dykstra and Fleischmann, 2016) Second, in seeking to add to the knowledge about the unique nature of the social participation of older people in post-soviet Eastern and Central Europe, our insights are based on empirical data from Lithuania only. To address both limitations and verify the current findings, future investigations into social participation as an important element of old-age social inclusion should be undertaken that employ sampling across several Eastern and Central European countries.

This study allows us to formulate recommendations for social inclusion policy that may help promote the social participation of older people living alone. The first of these is to make more intensive and diverse use of the pre-existing and highly valued channels of socialization of the elderly – the church. Second, look for opportunities to strengthen socialization channels which have been less well exploited, such as participation in different public socio-cultural events that bring together people from several generations by removing social barriers (insecure public areas, ageist attitudes, age segregation, etc.) and physical ones (safe access to events [providing smooth surfaces, adequate lighting, etc.], and accessible rest areas [benches and toilets], etc.). The study also suggests that professional psychological interventions would be very beneficial for older people who limit their social participation themselves due to mourning or a loss of social skills that result from living alone for a long time. To date, the underdeveloped participation of older people in Lithuania in the volunteer movement indicates that this channel is particularly untapped in terms of encouraging the direct and sensible social involvement of older people living alone.

References

- Badley, E. M. (2008) Enhancing the conceptual clarity of the activity and participation components of the International Classification of Functioning, Disability, and Health. *Social Science and Medicine*, 66(11): 2335–2345. <https://doi.org/10.1016/j.socscimed.2008.01.026>
- Baltes, P. B. and Baltes, M. M. (1990) (eds.) *Successful aging: Perspectives from the behavioral sciences*. New York: Cambridge University Press. <https://doi.org/10.1017/CBO9780511665684>
- Banks, L., Haynes, P. and Hill, M. (2009) Living in single person households and the risk of isolation in later life. *International Journal of Ageing and Later Life*, 4(1): 55–86. <https://doi.org/10.3384/ijal.1652-8670.094155>
- Barnes, M., Blom, A., Cox, K., Lessof, C. and Walker, A. (2006) *The social exclusion of older people: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA)*. London, England: New Horizons programme, Office of the Deputy Prime Minister.
- Bath, P. A. and Deeg, D. J. (2005) Social engagement and health outcomes among older people: Introduction to a special section. *European Journal of Ageing*, 2: 24–30. <https://doi.org/10.1007/s10433-005-0019-4>
- Blieszner, R., Ogletree, A. M. and Adams, R. G. (2019) Friendship in later life: A research agenda. *Innovation in Aging*, 3(1), igz005. <https://doi.org/10.1093/geroni/igz005>
- Bowling, A. (1995) What things are important in people's lives? A survey of the public's judgements to inform scales of health related quality of life. *Social Science and Medicine*, 41(10): 1447–1462. [https://doi.org/10.1016/0277-9536\(95\)00113-L](https://doi.org/10.1016/0277-9536(95)00113-L)
- Carstensen, L. L. (1993) Motivation for social contact across the life span: A theory of socioemotional selectivity. *Nebraska Symposium on Motivation*, 40: 209–254.
- Carstensen, L. L. (1998) A life-span approach to social motivation. In Heckhausen J. and Dweck, C. S. (eds.) *Motivation and Self-regulation across the Life Span*. New York: Cambridge University Press. 341–364. <https://doi.org/10.1017/CBO9780511527869>
- Carstensen, L. L. (2006) The influence of a sense of time on human development. *Science*, 312: 1913–1915. <https://doi.org/10.1126/science.1127488>
- Cavelli, S., Bickel, J. and D'Epinay, C. (2007) Exclusion in very old age: The impacts of three critical life events. *International Journal of Ageing and Later Life*, 2(1): 9–31. <https://doi.org/10.3384/ijal.1652-8670.07219>

- Dykstra, P. A. and Fleischmann, M. (2016) Are societies with a high value on the active ageing index more age-integrated? In Zaidi A., Harper, S., Howse, K., Lamura, G. and Perek-Białas, J. (eds.) *Building Evidence for Active Ageing Policies: Active Ageing Index and its Potential*. Singapore: Palgrave Macmillan. 19–37. <https://doi.org/10.1007/978-981-10-6017-5>
- Eurofound (2018) *Social cohesion and well-being in Europe*. Publications Office of the European Union, Luxembourg.
- Everard, K. M. (1999) The relationship between reasons for activity and older adult well-being. *Journal of Applied Gerontology*, 18(3): 325–340. <https://doi.org/10.1177/073346489901800304>
- Freund, A. M. and Baltes, P. B. (1999) Selection, optimization, and compensation as strategies of life-management: Correlations with subjective indicators of successful aging. *Psychology and Aging*, 13: 531–543. <https://doi.org/10.1037//0882-7974.13.4.531>
- Galenkamp, H., Gagliardi, C., Principi, A., Golinowska, S., Moreira, A., Schmidt, A. E., Winkelmann, J., Sowa, A., Van den Pas, S. and Doog, D. J. H. (2016) Predictors of social leisure activities in older Europeans with and without multimorbidity. *European Journal of Ageing*, 13: 129–143. <https://doi.org/10.1007/s10433-016-0375-2>
- Guillen, L., Coromina, L. and Saris, W. (2011) Measurement of social participation and its place in social capital theory. *Social Indicators Research*, 100(2): 331–350. <https://doi.org/10.1007/s11205-010-9631-6>
- Hsieh, H.-F., Shannon, S. E. (2005) Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9): 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Kędziora, S. (2013) Religijność i praktyki religijne osób starszych (Religiosity and religious practices of the elderly). In Barczyk-Nessel, A. (ed.) *Społeczny kontekst życia w okresie senioralnym*. Mysłowice, Poland: Górnośląska Wyższa Szkoła Pedagogiczna. 21–36.
- Koenig, H. G., Berk, L. S., Daher, N. S., Pearce, M. J., Bellinger, D. L., Robins, C. J., Nelson, B., Shaw, S. F., Cohen, H. J. and King, M. B. (2014) Religious involvement is associated with greater purpose, optimism, generosity and gratitude in persons with major depression and chronic medical illness. *Journal of Psychosomatic Research*, 77(2): 135–143. <https://doi.org/10.1016/j.jpsychores.2014.05.002>
- Krause, N. and Hayward, R. D. (2014) Hostility, religious involvement, gratitude, and self-rated health in late life. *Research on Aging*, 36(6): 731–752. <https://doi.org/10.1177/0164027513519113>

- Lamura, G., Draulans, V., Barbabella, F., Barstad, J., Hlebec, V., Maskeliūnas, R. and Siren, A. (2018) *Social Exclusion and Service Use in Older Age: Recent Evidence from the European Context*. Paper presented at the INTERFASOL Final Conference – ISCH COST Action IS1311. University of Luxembourg.
- Levasseur, M., Richard, L., Gauvin, L. and Raymond, E. (2010) Inventory and analysis of definitions of social participation found in the aging literature: Proposed taxonomy of social activities. *Social Science and Medicine*, 71(12): 2141–2149. <https://doi.org/10.1016/j.socscimed.2010.09.041>
- McFarland, M. J., Hayward, M. D. and Brown, D. (2013) I've got you under my skin: Marital biography and biological risk. *Journal of Marriage and Family*, 75(2): 363–380. <https://doi.org/10.1111/jomf.12015>
- Meek, K. P., Bergeron, C. D., Towne, S. D., Ahn, S., Ory, M. G., and Smith, M. L. (2018) Restricted social engagement among adults living with chronic conditions. *International Journal of Environmental Research and Public Health*, 15(1): 158. <https://doi.org/10.3390/ijerph15010158>
- Meulenkamp, T. M., Cardol, M., van der Hoek, L. S., Francke, A. L. and Rijken, M. (2013) Participation of people with physical disabilities: Three-year trend and potential for improvement. *Archives of Physical Medicine and Rehabilitation*, 94(5): 944–950. <https://doi.org/10.1016/j.apmr.2012.12.017>
- Mikulionienė, S., Rapolienė, G. and Valavičienė, N. (2018) *Vyresnio amžiaus žmonės, gyvenimas po vieną ir socialinė atskirtis (Elderly People, Single Life and Social Exclusion)*. Lietuvos socialinių tyrimų centras, Vilnius: Baltoprint. Available at <http://lstc.lt/download/VIENAS1.pdf> Accessed 22-07-2019.
- Ogg, J. (2005) Social exclusion and insecurity among older Europeans: The influence of welfare regimes. *Ageing and Society*, 25(1): 69–90. <https://doi.org/10.1017/S0144686X0400278>
- Perissinotto, C. M. and Covinsky, K. E. (2014) Living alone, socially isolated or lonely – What are we measuring? *Journal of General Internal Medicine*, 29(11):1429–1431. <https://doi.org/10.1007/s11606-014-2977-8>
- Piškur, B., Daniēls, R., Jongmans, M. J., Ketelaar, M., Smeets, R., Norton, M. and Beurskens, A. (2013) Participation and social participation: Are they distinct concepts? *Clinical Rehabilitation*, 28(3): 211–220. <https://doi.org/10.1177/0269215513499029>
- Rapolienė, G. (2015) Old age stigmatization. *European Quarterly of Political Attitudes and Mentalities*, 4(1): 63–81.
- Shiovitz-Ezra, S., and Litwin, H. (2012) Social network type and health-related behaviors: evidence from an American national survey. *Social Science and Medicine*, 75(5), 901–904. <https://doi.org/10.1016/j.socscimed.2012.04.031>

-
- Sowa, A., Golinowska, S., Deeg, D., Principi, A., Casanova, G., Schulmann, K., Ilinca, S., Rodrigues, R., Moreira, A. and Gelenkamp, H. (2016) Predictors of religious participation of older Europeans in good and poor health. *European Journal of Ageing*, 13: 145–157. <https://doi.org/10.1007/s10433-016-0367-2>
- Strain, L. A., Grabusic, C. C., Searle, M. S. and Dunn, N. J. (2002) Continuing and ceasing leisure activities in later life: A longitudinal study. *Gerontologist*, 42(2): 217–223. <https://doi.org/10.1093/geront/42.2.217>
- Timonen, V., Kamiya, Y. and Maty, S. (2011) Social engagement of older people. In Barrett A., Burke, H., Cronin, H., Hickey, A., Kamiya, Y., Kenny, R. A., Layte, R., Maty, S., McGee, H., Morgan, K., Mosca, I., Normand, C., O'Regan, C., O'Sullivan, V., Savva, G., Sofroniou, N., Timonen, V. and Whelan, B. (eds.) *Fifty Plus in Ireland 2011: First Results from the Irish Longitudinal Study on Ageing (TILDA)*. Dublin: Trinity College Dublin. 51–71.
- Tornstam, L. (2005) *Gerotranscendence: A Developmental Theory of Positive Aging*. New York: Springer.
- Van Regenmortel, S., de Donder, L., Dury, S., Smetcoren, A. S., De Witte, N. and Verté, D. (2016) Social exclusion in later life: A systematic review of the literature. *Journal of Population Ageing*, 9(4): 315–344. <https://doi.org/10.1007/s12062-016-9145-3>
- Van Regenmortel, S., de Donder, L., Smetcoren, A. S., Lambotte, D., de Witte, N. and Verté, D. (2018) Accumulation of disadvantages: Prevalence and categories of old-age social exclusion in Belgium. *Social Indicators Research*, 140: 1173–1194. <https://doi.org/10.1007/s11205-017-1817-8>
- Vrooman, J. C. and Hoff, S. J. M. (2013) The disadvantaged among the Dutch: A survey approach to the multidimensional measurement of social exclusion. *Social Indicators Research*, 113: 1261–1287. <https://doi.org/10.1007/s11205-012-0138-1>
- Walsh, K., Scharf, T. and Keating, N. (2017) Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14: 81–98. <https://doi.org/10.1007/s10433-018-0483-2>
- Waite, L. J., Iveniuk, J. and Laumann, E. O. (2014) Social Connectedness at Older Ages and Implications for Health and Well-Being. In Agnew, C. R. and South, S. C. (eds.) *Interpersonal Relationships and Health: Social and Clinical Psychological Mechanisms*. Oxford: Oxford University Press. 202–231. <https://doi.org/10.1093/acprof:oso/9780199936632.003.0010>
- Wilson, J. and Janoski, T. (1995) The contribution of religion to volunteer work. *Sociology of Religion*, 56(2): 137–152. <https://doi.org/10.2307/3711760>

-
- Wink, P. and Dillon, M. (2001) Religious involvement and health outcomes in late adulthood: Findings from a longitudinal study of women and men. In Plante, T. and Sherman, A. (eds.) *Psychological Perspectives*. New York: The Guilford Press. 75–106.
- Wong, A., Chau, A. K. C., Fang, Y. and Woo, J. (2017) Illuminating the psychological experience of elderly loneliness from a societal perspective: A qualitative study of alienation between older people and society. *International Journal of Environmental Research and Public Health*, 14(7): 824. <https://doi.org/10.3390/ijerph14070824>
- Woźniak, B. (2012) Zaangażowanie religijne a stan zdrowia osób w wieku podeszłym: mechanizmy zależności, wybrane wyniki badań (Religious involvement and health status in older people: Mechanisms of interaction, selected results). *Przegląd Socjologiczny*, 61(2): 207–242.