Aging Well Together – A Mini-Review

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Successful aging • Social relationships • Relationship regulation • Aging Well Together

Abstract

We review the contribution of social integration on the process of successful aging. Building on empirical findings, we describe three major challenges and potentials of social contexts that are related to the elasticity, role differentiation, and the risk potentials of social relationships in adulthood. We propose a model of aging well together that advances concepts of selection, optimization, and compensation to social aging and to the mastery of relationship demands. According to the model, individuals are choosing and seeking positive social experience, improving the fit of their social environment, and they counterbalance the risks of social contact. We provide exemplary empirical evidence for the existence of such regulatory contributions of social bonding on aging well. Several implications for researchers as well as practitioners in the field of gerontology are extracted. Future research needs to further disentangle the dynamic and complex nature of social relationship effects on positive aging.

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the end of the 19th century. The remaining life expectancy at age 60 has even increased by a factor of three. More importantly, the overwhelming proportions of these gained years in life were added to the healthy and active life expectancy. While phases of morbidity in late life may not have been compressed in the last years of life, older people today experience, on average, a more positive and more enduring quality of late life than was the case in all previous generations. In the late 1950s, when Havighurst and Albrecht [1] and Williams and Wirths [2] began to elaborate ideas on successful aging, scholars could not foresee and perhaps could not even imagine the enormous successes in aging and longevity yet to come within only 5–6 decades later. At that time, the idea of ‘success’ in late life merely aimed at enhancing the potentials for subjective experience and psychological adaptation in later adulthood. Surprisingly, use of the term ‘successful aging’ still sounds awkward to many scholars in the field. For this and other reasons, we prefer use of the concept of aging well when pertaining to the accomplishments and merits of having survived until late in life and in positive life quality. Aging well, here, refers to the behavioral strategies and competencies that serve to adaptively manage the demands of everyday life. We focus on the social contexts of aging and the adaptive processes that may remedy the risks and challenges while at the same time enhancing the positive outcomes of social contact.

Over the past century, the conditions and contexts of human aging have improved in unprecedented ways. The average life expectancy at birth has doubled since

Social Context of Successful Aging

Early concepts of successful aging have debated the adaptive functions of social integration in late life in controversial ways. Since then, empirical findings have generated even more complex pictures on how social contacts may be related to adaptive competence in old age. In general, though, there is no reasonable doubt that social contact is most critical for aging well [3, 4]. For example, positive social relationships substantively contribute to improved health and longevity [5], as well as to reduced risks of dementia and frailty [6, 7]. There is also robust evidence for strong detrimental effects of negative exchanges (i.e., quarrelsome, overprotective, demanding or neglectful social exchange). In fact, the impact of negative social contact keeps up with many other well-known risks in the aging process [8].

From an individual difference perspective, it needs to be taken into consideration that there is also great variation in the quality of social relationships and personal networks among older adults. Moreover, the quality and functions of social contact in late life are known to co-depend on the personality, needs and competence as well as resources of at least two relationship partners [8–10]. These considerations imply that much of the quality of social relationships is an outcome of individual choices, attitudes, and efforts. Consequently, social behaviors constitute a critical key to improved understanding of aging well.

There is an overwhelming breadth and deepness to empirical insights on how health and vitality in later life depends on physical activity [11, 12], cognitive exercise [13, 14], and self-regulation [15–17]. However, while there is empirical support discussing the role of psychological influencing factors such as self-efficacy, mastery, and coping within the context of social relationships [18–21], there is a need for improving our theoretical understanding of behavioral adaptation strategies in managing social resources toward aging well. Which regulative processes cause positive outcomes of age-related demands? How can these strategies help to minimize or even prevent age-related losses in physical, cognitive, or psychological functioning?

In the absence of an integrative theory, we begin our considerations with theoretical propositions on three major challenges of social contexts in the aging process: dynamic nature, differentiation of roles, and risk potentials. We advance and elaborate the concepts of selection, optimization, and compensation [22, 23] with respect to adaptive relationship strategies that serve to master the challenges of social context in late adulthood.

Theoretical Propositions on Adaptive Social Contexts in Later Adulthood

We summarize our available empirical knowledge on the challenges of social relationships as they pertain to the aging process in the following three propositions [4].

Social Contexts Are Dynamic over Time by Nature

The story of social relationships across adulthood is about adequacy, flexibility, and balancing of interdependence. Personal networks are no rigid cocoons, rather they entail much fluctuation, elasticity, insecurity, and ambiguity. There are cognitive, physical and social constraints that limit the plasticity of personal relationships in late adulthood. Any social relationship involves at least two partners in a dyad. Age-related changes, biographical time and other life events may impose differential effects on each of the relationship partners. The dynamic nature of social relationships is particularly demanding in later adulthood. Cognitive and physical losses are likely to challenge the individual's social capabilities and functioning. For example, social relationships may become more difficult to integrate into the individual's existing lifetime network of personal relationships. The finitude and limitation of one's remaining lifetime may influence the meaning of long-lasting ties as compared to other casual contacts [24]. As a consequence, older adults may change their social preferences and motives. Such challenges of social contacts are rarely reflected in assessment instruments of social embeddedness in old age, which typically focus on the rather single-sided, unidimensional concept of social support. We contend that the quality of social contexts reflects both a potential resource for healthy aging as well as an outcome of individual adaptive effort and management.

Differentiation of Roles within and across Diverse Social Contexts

Social worlds are multifaceted and highly differentiated with respect to structure (i.e., family, neighbors), and function (e.g., affect, companionship) [25]. Social contexts challenge individuals to differentiate their social roles in adequate ways. For example, family ties often entail functions other than friendships. Consequently, social exchanges with a friend may have quite different meanings from social exchanges with one's adult daughter. Individuals strongly differentiate their social worlds with respect to the level of genetic relatedness of their social partners and with respect to types of cooperative exchange [26–30]. Moreover, most functions of social rela-

Fig. 1. Model of Aging Well Together.

tionships are interdependent. This means that the quality of one relationship affects the quality of another relationship with and across social networks. For example, when an older person receives help from his or her spouse, their adult child may not give as much support as when the spouse is not able to provide support [31]. One implication is that improved understanding of how individuals benefit from social relationships in later adulthood needs to assess the interdependence and differentiation within and between the many personal relationships of one individual. Strongly differentiated, interdependent and complex social networks imply challenges for the older individual that may entail both positive and negative effects on health in old age.

Protective Potentials of Social Contexts Have to Be Weighed against the Risks

Social exchanges often also involve demanding, over-protective and neglectful experiences, and at times, even violence and betrayal. However, a few negative exchanges (e.g., the expression of anger) may serve to enhance mutual understanding and improved relationship quality, and thus contribute to aging well. Some apparently positive resources of social ties may also have paradoxical effects [32, 33]. For example, giving help may trigger a sense of dependency and a loss of autonomy [34]. Giving care may generate a sense of incompetence in the care recipient. Every social contact entails a risk for negative experi-

ence. The challenge of social relationships lies in the need to maximize the protective benefits, while minimizing undesirable negative experiences. However, most available diagnostic tools on social exchanges are single-sided in that they neglect the dysfunctional risks of social exchange processes.

All together, challenges that result from the dynamic nature, the role differentiation and the risk potentials of social relationships may result in either positive or negative outcomes across adulthood. While such social context challenges may likely occur in all life phases of adulthood, there also exist more strongly age-associated constraints that are related to the limitations of resources and loss experiences in later adulthood. We contend that the positive resolution of age-invariant and age-associated challenges in old age depends on three adaptive mechanisms that relate to shaping and molding the functions and potentials of everyday social contact. Figure 1 illustrates the assumptions of this Aging Well Together model. The model serves as an illustration of our argumentation, while we acknowledge that associations may be even more complex than displayed. According to the Aging Well Together model, challenges of the dynamics, differentiation, and risk potentials of social contexts may be positively resolved and contribute to positive outcomes when individuals engage in adaptive behavioral strategies related to the choice of adequate social contexts, invest in the improvement of person-environment fit with

social partners, and counterbalance the risks of social contact. Our model advances and elaborates considerations that were put forward with the Selection, Optimization, and Compensation theory [3, 22, 23, 35].

A Model of Aging Well Together: Selection, Optimization, and Compensation

The action-theoretical model of selection, optimization, and compensation [22] describes adaptive strategies of how individuals make use of their personal resources in order to better manage the challenges and tasks of aging [3, 23, 36, 37].

Selection means that individuals direct efforts and resources on certain goals and tasks while disengaging from other goals. Along with goal disengagement, selection also implies a gradual reduction in efforts from certain tasks and goals within one or more specific domains, and it implies re-engagement to new or changed goals as well as to the lowering of expectations or standards [16, 17, 35]. With respect to aging well together, selection refers to the proactive shaping of personal networks, and the social preferences that determine choice of social partners [4, 24, 38, 39].

Optimization encompasses the strengthening and refinement of means and resources that are necessary to achieve desired goals. The challenges of social contexts may be resolved when the quality of social resources are enhanced or improved [4]. For example, soliciting and following advice may contribute to more healthy physical activity and nutritional behaviors. Mere presence of others may also show robust and well-known social facilitation effects with respect to mastery of everyday tasks and cognitive performance. Spending time together and engaging in exchanges may amplify and enhance a sense of trust, closeness and meaning of social relationships.

Compensation refers to the establishment of new resources and means of action to substitute lowered or lost abilities and skills therewith accomplishing and maintaining certain outcomes [3, 40]. Many risks of social contexts may be counterbalanced, when individuals engage in regulatory and accommodative behaviors. A classical example is that individuals seek social contact, even if this means to accept increased dependency from others [33, 34, 41]. Thus, individuals balance the risks of isolation against the risks of interdependence. An even more obvious compensation mechanism relates to the receipt of social support.

In the following, we describe and discuss these adaptive relationship mechanisms of aging well together with respect to proactive selection of social relationships, to optimizing effects of collaborative cognition in the aging processes, and to compensation of risks and burden within negative social contacts.

Selection: Aging Well Is Associated with Proactive Shaping of Social Context

In the face of dwindling resources, 'aging well' refers to the capacity to shape the (social) environment in line with demands and goals of later life. This involves, for example, maintenance of autonomy, the pursuit of happiness, or the striving for meaning and control. A variety of studies suggest empirical evidence that social networks – size and composition – change over time. For example, the number of social relationships shows a strong decline with chronological age. Some of this decline is a result of undesirable events related to morbidity or mortality in the network. However, shrinkage of social worlds in later life also reflects purposeful will and adaptive social preferences. For example, Lang [42] observed in a 4-year longitudinal study that older adults had given up more than half of their social ties for deliberate, self-determined and willful reasons. Such proactive decisions were not associated with personality or with health conditions. Moreover, the reduction was mainly due to a decrease in peripheral relationships while the quality of meaningful and family relationships was even intensified [24, 43].

Based on socioemotional selectivity theory, Carstensen et al. [44] and Lang [42] shed light on the motivational processes underlying changes in social relationships as a function of remaining time left in life. Individuals who experience their future time as limited (e.g. feel near to death) show strong preferences for emotional meaningful goals and social contact. In contrast, open-ended future time perspective leads to pursuing instrumental and knowledge-related goals, and to increased interest in contact with novel social partners [43].

In general, findings underscore the active role of individuals in shaping their social environment and the importance of future-related thinking in relationship regulation across the life span. Aging well together thus implies effort to adapt one's social context to the constraints of lifetime perspective. Aging well together implies proactive shaping of one's social context in accordance with underlying motivations and striving. Dwindling remaining time in life becomes a more powerful motive in choosing social partners. Older people are thus active players

who seek to achieve meaningful fit with their social worlds. In accordance with such ideas, Blieszner [40] suggests that lifetime social experiences may be beneficial in dealing with age-related challenges and demands as well as diminishing resources making older people into experts in shaping their social surroundings (fig. 1).

Optimization: Enhancing the Positive Quality of Relationship Exchanges

Optimization refers to the refinement of existing means and capacities to achieve the desired outcomes. In this regard aging well together focuses on the optimizing effects of social contexts on cognitive, mental and physical functioning. Similar to the impact of enriched environment on learning, the effects of positive aging such as better cognitive functioning or improved physical fitness might be partially a consequence of social context. Thus, optimizing relationship exchanges in old age implies an improvement in person-environment fit.

There is ample evidence for powerful associations of social contact with physical and cognitive functioning, for example with respect to activities of daily living [45], physical health [46, 47], or mortality [21, 48]. For example, in a study with 306 people aged 80–84, Pin et al. [45] found that social relationships (e.g., friendship, family) foster the maintenance of autonomy and independence in domains of activities of daily living over a period of 12–18 months. Fratiglioni et al. [6] found evidence for a substantive impact of the quality of social integration on dementia risks. According to this study a low-quality social network increases the risk of dementia by 60%. Findings from the Berlin Aging Study [49] suggest further evidence for effects of social participation in later life on the course of cognitive decline: socially active older people show less steep declines in perceptual speed as compared to the averaged expected declines in the population. In an excellent review, Ryff and Singer [50] pointed to the strong influence of social environments on genetic expression of diseases such as Alzheimer, diabetes, coronary heart diseases, and different cancer types. Although the relevant gene–environment transaction may not be well understood yet, the authors indicate the protective aspects of high-quality social environments. Thus, active modeling of one's social network in accordance with one's capacities and needs appears to refine and enhance the quality and impact of social resources.

Moreover, older adults' preferences for emotional meaningful experiences is also related to cognitive and memory performance. In another study, adult participants (20–83 years) had to recall information from short

narrative texts that they read some time before [51]. In general, older adults recalled less information correctly than young adults, as was expected. However, when differentiating between neutral and emotional information, older participants remembered proportionally more emotional information than young adults.

Further evidence showed that collaborative cognition enhances older adults' cognitive performance related to story recalling, remembering personal events, and everyday problem-solving. Dixon and Gould [52] observed positive effects of working with others in a study with older and younger adults who had to recall a story in three different types of social contexts (i.e., individual vs. dyad vs. three people). In another experimental study, older married couples showed better performance when recalling a story in collaboration with their spouse. Findings suggest that older dyads complement each other on the basis of their idiosyncratic knowledge of the partner's everyday (cognitive) performance. It needs to be added that we are fully aware that there also exist findings that point to hampering effects of social contexts [for review, see 53]. Such contradictory evidence points to the need for further research in order to clarify the precise conditions that enhance optimizing potentials of collaborative thought in later adulthood. Moreover, various studies show that there are limits of cognitive plasticity in old age [13]. Social factors and cognitive training do not fully annul age-related declines in performance. However, we want to emphasize that social context and strategic use of resources can be helpful in managing existing age-related constraints and losses [37, 38] and that one approach of facing age-related challenges might be the enhancement of social resources.

Additional illustrations come from research on nutritional behaviors and physical activity. Positive impacts of healthy nutrition and physical exercise on healthy aging appear to depend, at least in part, on social contexts. For example, absence of others appears as one critical risk factor for poorer nutritional behaviors and may boost negative states such as malnutrition. De Castro [54, 55] investigated nutritional intake using a diet diary method over a period of 7 days in a sample of 762 adults. Findings revealed that people ate more and larger meal portions (up to more than 40%) when others were present as compared to eating alone. Similarly, Nijs et al. [56] observed beneficial effects of family-style meals in nursing homes. When eating together in family-like situations, older participants in the intervention group reported increased levels of wellbeing, better physical functioning and gain in body weight. Comparable evidence exists with respect

to the physical activity in later life. Among other individual and environmental predictors these studies also point to the important contribution of social contact to engagement for health-related activities such as exercising, on the one hand to get started and on the other hand to stay active [57–59]. In a telephone-survey across six European countries, Ståhl et al. [59] identified receipt of social support as an important predictor of engaging in physical activity.

In general, refining and enhancing the quality of one's social context may contribute to aging well. Such optimization of social contexts serves to improve person-environment fit in later life. One implication is improved physical, cognitive, and mental functioning. One particularly powerful example is the finding that the onset of dementia is delayed among socially well-integrated older adults.

Compensating for Risk Potentials within and across Social Contexts

The beneficial and supportive aspects of social relationships are well known and may even appear self-evident. However there are two sides to the coin. While social networks provide security and support, they can also be a source of stress or restriction of one's capacities and abilities. Social exchange theories emphasize the importance of balancing rewards and gains within relationships [for review, see 60]. According to this perspective people strive to maximize benefits while minimizing negative outcomes of their social contacts. Social exchange theories imply that people meticulously monitor their investments (e.g. resources, support, and affection). Consistent with such assumptions, it was shown that balanced relationships are associated with satisfaction whereas over- and under-benefit (i.e., imbalance) are related to negative outcomes. Naturally the perception of balance results from a subjective process that is influenced by various factors such as kinship and type of relationship, functional status as well as perceived time frame of reciprocity [61].

In addition, there is robust evidence that negative social interactions have strong and sustained effects on wellbeing that are even more pronounced than the effects of positive social exchanges [8, 18, 62]. For example, Krause [10] showed that negative social exchange was more strongly associated with satisfaction than the experience of helpful social interactions. Correspondingly, Newsom et al. [63] and Rook [64] demonstrated that negative social interactions, such as criticism, intrusive behavior, or rejection resulted in diminished subjective

health, revealed more health conditions, and a lowered functionality in domains such as activities of daily living.

The empirical findings may serve to underscore the notion that individuals at all ages may have to find adequate ways of dealing or minimizing negative social experiences [65]. There is some evidence suggesting that older adults may have robust capabilities of counterbalancing such risks. Social and emotional functionality seems even to increase with age [44]. In a series of studies, Levenson et al. [66] asked older and younger married couples to engage in conversations on a pleasant moment, a neutral situation, and a conflict-prone issue. In contrast to young adults, older couples expressed less negative emotions (i.e., less anger and hostility), more affection, were less aroused, and they circumvented escalating behavior in conflict situations. Older couples reported greater satisfaction and fewer disagreements as compared to young couples. Also, in older marriages, spouses are less responsive to interpersonal tensions [67].

Additional evidence on counterbalancing of the risk potentials of social environments comes from the classical work of Margret Baltes [34]. In an extensive research program, Baltes demonstrated that many interactions within nursing homes are associated with increased dependent behaviors among nursing home residents. Observational studies showed that dependent behaviors of residents were supported while independent behaviors were mainly ignored or reinforced incongruently. In a next step of her research program, Baltes trained nursing staff to respond attentively to independent behaviors. Such interventions lead to a partial reversal of residents' dependent behaviors. Thus, this work demonstrates that behavioral dependency reflects a compensatory strategy allowing older adults to secure social contact while minimizing the risk of social isolation in nursing homes.

Engaging in counterbalancing strategies to manage the risks of social relationships is also crucial for improved wellbeing in later life. In a study with 916 older adults, Sorkin and Rook [68] examined strategies related to the prevention of negative social contact and to emotion regulatory reduction of negative affect following negative social interaction. Such compensatory relationship strategies were found to contribute to improved psychological wellbeing. In general, empirical evidence clearly suggests that older people are quite capable of compensating for conflicts and negative exchanges with social partners.

One further risk that we have not mentioned yet is unintended relationship breakup. While we demonstrated

that a large proportion of withdrawals are deliberate and not due to morbidity and mortality, elderly people are confronted with the loss of important social partners such as spouses or close friends. There is evidence that bereavement is associated with lowered health and increased mortality [65, 69]. Examining social networks and their change, Guiaux et al. [70] found an increase in social contacts when confronted with the transition of widowhood. Moreover, these changes seem to mirror the specific needs of widows and widowers as can be shown by looking at the kind of support and the range of interaction partners [70]. However, the role of social contacts in the context of widowhood is somehow ambiguous. While several authors emphasize positive effects, e.g. volunteering and wellbeing among widows [71], other such as Zettel and Rook [72] find a negative association between substitution and wellbeing. These divergent results are probably due to factors such as the duration of widowhood, timing and nature of substitution of social networks as well as characteristics of prior relationship and one's personality [70, 73, 74] and therewith point to the meaning of considering regulative strategies [65].

Outlook and Clinical Implications

In our review we advance an integrative model of Aging Well Together that extends selection, optimization, and compensation to social environments of successful aging [22, 23].

According to the model, social contextual challenges entail risks and potentials to the aging process. Older adults may master such challenges of their social relationships as they maximize meaningful contact and minimize negative social exchanges. The model of Aging Well Together differentiates between age-relevant constraints and more age-robust challenges of social contexts and highlights three adaptive strategies that serve to master such challenges across adulthood. We suggest three exemplary challenges that are of particular relevance to aging well together.

The *dynamic nature of social worlds* reflects a potential for proactive shaping of personal networks. Individuals may choose social partners in accordance with age-specific social preferences, and they may exert control over the course and outcome of social interaction [24, 51]. The *differentiation* of social roles challenges the individuals to manage the resulting diversity in personal networks, for example, with respect to reciprocity and to feelings of closeness in different types of social exchanges [27, 30]. Moreover, the differentiation of social worlds requires adjusting social behaviors to new social contexts. Finally,

the *risk potentials* challenge individuals to find strategies that minimize or prevent negative social exchanges while maximizing the positive social contact [8, 34]. Thus aging well together reflects behavioral strategies that serve to master these challenges of aging even under detrimental circumstances such as in the face of diseases, the loss of one's partner, or relying on others due to immobility [3, 4, 35].

Implications for Future Research

Social contexts entail powerful and sustained effects on life quality in old age. However, many of these effects are ambiguous and hidden. For example, physical exercise, collaboration, dining, companionship and many other everyday activities often involve social contact. The effects of such activities and those of social contact are seldom clearly disentangled in research, though. We come to the conclusion that the overall impact of social contact and social relationships remains largely underestimated in aging research. Proactive strategies as selection, compensation, and optimization in dealing with one's relationship partners contribute positively to the aging process, and to the mastery of age-related losses and demands. However, the underlying psychological processes are not well understood and require further research. For example, it needs to be better understood in what ways the socially adaptive competencies of older adults can be enhanced in social settings.

There are three paths to aging well together: (1) the preference of meaningful contact, (2) collaborative activation of health, cognition and physical activity, and (3) the balancing of risks and benefits in social contexts. Empirical evidence undoubtedly suggests that such social conditions contribute to improved health and wellbeing in old age [5, 46, 50]. However, such ideas clearly require new and sophisticated methods that serve to better capture the dynamic interplay of social relationships and other dimensions of functioning in old age. For example, use of dyadic study designs will allow improved understanding of the give and take in social exchanges and the mutual interdependencies between the aging individual and its environment. It needs to be clarified in what ways cognitions, self-regulation and emotions shape the outcomes of social interaction. Furthermore, longitudinal methodology and a systematic consideration of social interactions are needed to trace aging processes over time and gain insights about the direction of regulatory strategies and their functionality. For example, actor and

partner effects need to be disentangled across a longer time interval as this was illustrated in exemplary ways in a study of Hoppmann et al. [9]. Using latent growth curve models to examine level and change of social activities in 565 elderly couples over the course of 11 years, the authors found that the frequency of social activities was not merely dependent on one's particular resources, but also on the spouse's characteristics such as depression and cognitive performance [9]. In another study Ko et al. [75] point to the similarities among married couples' profiles when considering multiple dimensions of successful aging. In their article, Finch et al. [62] discuss the challenges and need of measuring social support. They stress that research has to capture transitions as well as negative and positive aspects, highlighting the role of study risk groups such as older people experiencing health problems. By this we will broaden our knowledge about general and specific regulation processes of social relationships. Therewith we may be able to disentangle complex questions such as *what* kind of support from *whom* is helpful in *which* situations [62]. Sophisticated methods such as multi-level and dyadic analyses are available and should be applied to answer questions about the structure as well as the function of social relationships and support networks. Moreover, varying time frames (e.g. short-term, long-term longitudinal and diary studies), paying attention to relationship diversity (e.g. kin vs. non-kin relationships), employing diverse methodological approaches (e.g. laboratory vs. field studies) and different indicators (e.g. objective and subjective measures) may enhance our understanding of relationship dynamics.

There are several core issues that future research needs to address. (1) How do older people manage to establish an appropriate balance between autonomy and required interdependence that suits daily necessities and demands? What are beneficial, what are adverse individual and contextual factors in enhancing a proper fit? (2) How do older people deal with the dark side of close social relationships such as overprotection or patronizing behaviors? Communication researchers examining different reactions to patronizing speech (e.g., assertive, humorous, or passive answers) point to a range of difficulties in defining appropriate reactions. Accordant findings disclose various influences on the sender as well as on the receptor side, such as stereotypical expectations, functional status of the older person, gender of both interaction partners, and contextual factors. Moreover, they highlight the multidimensionality of possible outcomes [76, 77]. (3) What capabilities and skills are relevant to regulate (i.e., choose, maintain, or end) social contacts in late

life? Which individual and contextual resources can be tagged to enhance positive effects of social interactions on aging?

Clinical Implications

There are also clinical implications to the model of Aging Well Together. Generally, the outlined findings highlight the potentials as well as the risks that are inherent in most social contexts. For example, gerontologists and clinicians may have to find tools that serve to better evaluate the quality of person-environment fit of older people. New assessment tools need to provide improved clinical understanding of the risk potentials in the social environment of older patients, for example, including paradoxical effects of receipt of social support. This includes that practitioners should not just account for variables such as marital or parental status, but must also consider more hidden and underlying motivations and strivings of geriatric patients. The task gets more complex when also considering the dynamic nature of person-environment fit in later life. Often, very small interventions may be sufficient to enhance the quality of social integration or remedy existing risk potentials. Clearly, there is a lack of research in intervention gerontology aiming at social integration in later adulthood.

Aging Is Associated with Proactive Shaping of Social Context

We have emphasized the active role of individuals in molding their environment. One implication is that there is a need to better implement the age-specific changes in social preferences and personal motives into intervention programs and strategies. For example, there is a fine line between autonomy and dependence, and between protective and overprotective support [34, 77]. Often, doing less may have more positive effects in social settings. Older individuals are not passive, but are capable of actively contributing and participating in social interactions with clinicians. Practitioners can approach diagnostic and therapeutic situations from both sides to maximize the match between individual and environment.

Social Contexts Make a Difference

When conceptualizing interventions the social context needs to be evaluated with respect to its risks and potentials. A variety of findings demonstrate that social contexts enhance cognitive, physical and mental functioning [45, 51, 52]. Adequate social support, emotional

closeness, and empowerment may alleviate the mastery of age-related losses. As shown by the work of De Castro [54, 55], social facilitation effects may also be evoked by rather simple interventions such as eating together. There is a need for specific diagnostic tools that consider the role of social relationship in detail and use existing resources. For example, Litwin and Shiovitz-Ezra [48] proposed a typology of network patterns and functions for the client. Interventions should aim more explicitly at the improvement of person-environment fit, requiring enhanced understanding of the relevant criteria for assessing such adaptive fits.

Compensating for Risk Potentials

Clinical assessments have to focus on the balance of positive and negative aspects of social relationships. Hence, assessment instruments are often one-sided, highlighting either quantity or quality or, alternatively, merely structural or functional aspects of social networks, while neglecting to capture the multifaceted coexistence of both social support and social strains. This is

partly due to ambiguities in definitions and conceptualizations (e.g. the domain of social support) as well as in different methodological approaches to this topic [19, 62]. A first step for clinical application of such ideas may be to better combine existing instruments of strains and support of social contexts. This would provide a better understanding of the risk potentials of social contact. For instance, Newsom et al. [63] provide a short 12-item questionnaire that captures negative social interactions and can easily be matched with clinical assessments of social support.

We outlined numerous findings that serve to underscore the importance of social relationships on successful aging. We integrated these findings into a more general model of Aging Well Together that advances three adaptive strategies of shaping and maximizing the positive potentials of social relationships while minimizing the risks of social contact. Future research will have to disentangle the dynamic and complex picture of relationship management and its associations with positive aging.

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