



Social inclusion through Meaningful ageing

# **SEEing social and meaning needs, talents and dreams of older adults receiving (informal) care**

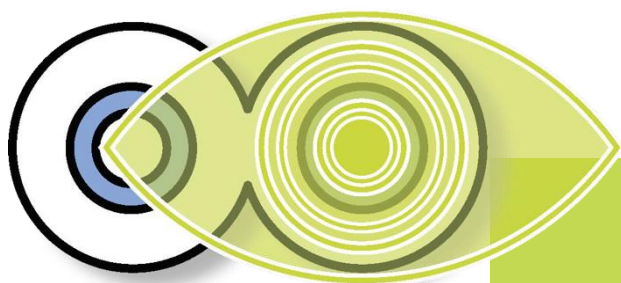
**European research report 1**

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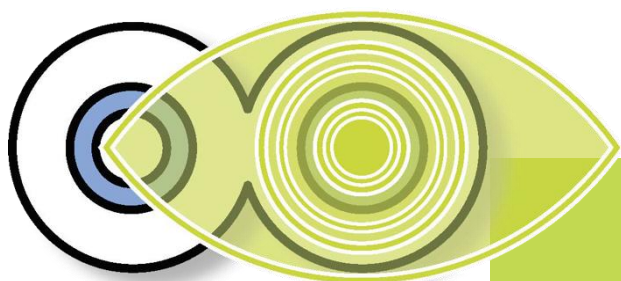
# 1. Introduction

The rapidly ageing populations worldwide, particularly in Western countries, necessitate politicians, policymakers, and scientists to reflect on the implications of these unprecedented demographic developments. Gerontology, the multidisciplinary study of ageing and later life, aims to understand and improve the lives of older people. Scholarly efforts cover a wide range of research areas: from biomedical research aiming to increase longevity and health and find treatments for age-related diseases, policy research analysing the consequences of an ageing population for society and exploring the growing costs of healthcare and retirement, to healthcare research focusing on the improvement and quality of care for older people.

Ageing, however, also is an existential part of human life, involving physical, mental, social, cultural, and spiritual change (Cole, Ray & Kastenbaum, 2010). Therefore, it is important to develop a broader view of what it means to grow older to accommodate the needs of older people receiving care. Attention to the potential of older people and to maintaining and restoring social connectedness and meaningfulness is a fundamental goal of caregiving, with significant expected gains in the overall health and wellbeing of older people (Penick & Fallshore, 2005).

This report aims to contribute to a comprehensive view of ageing that acknowledges the potentials of older people, encompasses social and meaning dimensions of the ageing experience, and envisions old age as a life stage in which autonomy and wellbeing are accessible for individuals with and without care needs. It is based on an extensive literature review, complemented by qualitative interviews with a selection of older adults who participated in care projects chosen by the European SeeMe partners.

In this report, we start with the dominant perspective on (successful) ageing and identify the most critical shortcomings of this perspective (Chapter 2). Then, we describe four aspects of a more comprehensive view that addresses these criticisms. We look, successively, in more detail at the potentials of older people (Chapter 3), their social needs, (Chapter 4), and their meaning needs (Chapter 5). Next, we present the empirical outcomes of the social and meaning needs expressed by the older adults in the SeeMe project (Chapter 6). We end this report with conclusions on the relationship between social needs and meaning needs and their implications for providing care to older adults (Chapter 7).



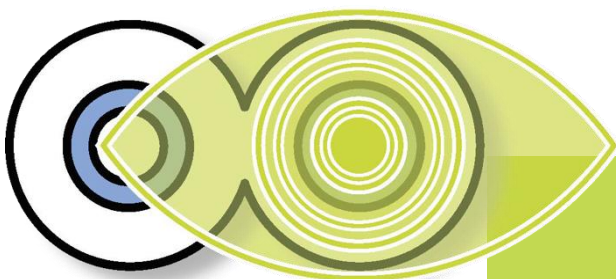
## 2. The dominant perspective on ageing: successful ageing

Both explicitly and implicitly, dominant socio-cultural understandings of ageing depart from the assumption that old age is a phase characterised by inevitable processes of decline and deterioration, both in physical and mental health and in social contacts and position in society (Cruikshank, 2013; Gullette, 2004; Laceulle & Baars, 2014). This paints a disempowering image of old age, which is not helpful to experience later life as a life stage with potential and meaningfulness (Laceulle, 2018). Also, the decline perspective tends to lead to ageism and social exclusion of older people (Gullette, 2017), and the internalisation of negative stereotypes even has adverse health effects (Levy, 2009).

In response to this bleak view of later life, some approaches in gerontology strived to develop a more 'positive' image of ageing. There is no consensus on defining this positive perspective, with some emphasising predominantly biomedical factors, others focusing on psychosocial factors, and others combining the two (Carr & Weir, 2017; Wilcock, 2006). Different terminology (for example, 'successful' ageing, 'healthy' ageing, 'positive' ageing, 'productive' ageing, 'active' ageing) further complicates the matter. Successful ageing seems to be the most general term in use, although there are different definitions (Carr & Weir, 2017; Depp & Jeste, 2006). Perhaps Rowe and Kahn's (1998) conceptualisation of successful ageing is best known and most influential. They distinguish 'successful' ageing from 'normal' ageing and emphasise a low probability of disease, a high level of physical and cognitive functioning and high levels of activity and overall life satisfaction. This concept of successful ageing underscores the values of independence, activity and productivity.

However, many authors have pointed out problems underlying 'successful' ageing models. Martinson and Berridge (2015), for example, have summed up four lines of critique that are relevant to this study:

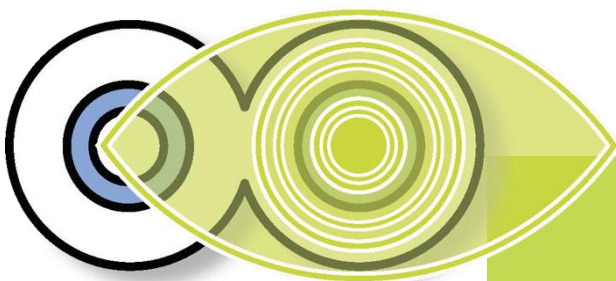
- 1) Views of 'successful' ageing may enhance stigmatisation around dependence and disability. The unfortunate consequence is that 'unsuccessful' ageing people are excluded from meaningful participation in society, denied full agency, and not recognised or seen as worthy individuals (Gilleard & Higgs, 2010). This critique underscores the need for new narratives acknowledging the *positive potentials* of older people and evaluating the vulnerabilities and dependencies of later life in more nuanced ways (see Chapter 3).
- 2) 'Successful' ageing models are reductionist in emphasising physical and mental health and the absence of disease. An assessment of ageing well should take more aspects of the



ageing experience into account besides health aspects (De Donder et al., 2019; Dumitrache, Rubio & Cordón-Pozo, 2019). In particular, this requires paying attention to the *social needs* of older people and working with a broader, holistic conceptualisation of health (see Chapter 4).

- 3) The 'successful' ageing discourse tends to disregard good old age's spiritual and meaning dimensions. These dimensions may enable people to integrate age-related losses and vulnerabilities in their lives that do not impede their sense of 'success' in ageing (Atchley, 2009; Tornstam, 1989). Thus, a perspective on later life must consider meaning needs (see Chapter 5).
- 4) 'Successful' ageing models fail to sufficiently include the subjective perspective of older people. They can evaluate how health issues affect their lives differently than the dominantly negative scholarly views would suggest. Moreover, how they define 'success' may alter during the different phases of old age, for example, as a result of acceptance and adaptation to increasing limitations in health and mobility (Carr & Weir, 2017; Dumitrache et al., 2019; Tornstam, 1992; Von Faber et al., 2001). This underscores the importance of complementing conceptual models of successful ageing with *views of older people themselves* (see Chapter 6).

Given these critics, there is a clear scientific need for a more comprehensive view of ageing.



## 3. The positive potential of older people

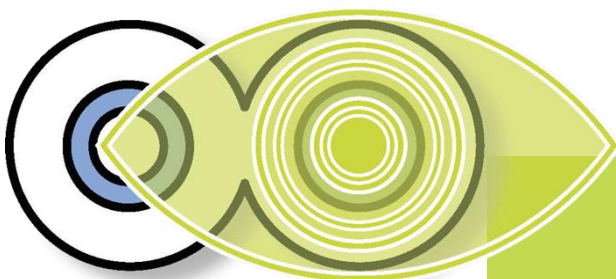
In the literature, an increasing awareness exists that a more positive view of ageing is urgently needed, not just for the wellbeing of the individual, but also for societies, to make sure the potential of older people for contributing valuable things to the community do not remain underused. Moreover, the mental and physical wellbeing of older people is improved when their talents are seen and put to good use (Baumann & Eiroa-Orosa, 2016). Even in the face of severely disabling frailty and nearing death, people still desire to be recognised as who they are - the 'authors of their life narrative' - and be acknowledged in their purposes, motives, and values (Kruse, 2012). Alternatively, when negative ageist stereotypes rule, older people's resources to offer to society are overlooked. Because people tend to internalise these negative stereotypes, they profoundly affect their mental and even physical health, as Levy's 'stereotype embodiment theory' has shown (Levy, 2009).

Both developmental psychology and studies into religion and spirituality provide concepts that help think about the potentials of older people concerning their social and meaning needs. Below, three relevant concepts are highlighted: generativity, ego-integrity and gerotranscendence.

### 3.1 Generativity

In developmental psychology, the notion of generativity, initially developed by Erik Erikson, stands out as a specific potential of later life (Erikson, 1997). Generativity stands for the desire and ability to contribute to the next generation. One of the apparent forms of generativity is raising children, but it is not necessary to produce offspring to become generative. Mentoring younger people in other settings, for example, as an educator or a mentor for younger colleagues at work, and passing on one's experience and wisdom is also a significant source for developing one's ability for generativity (Villar et al., 2021).

The development of generativity means that the emphasis on individual presentation and productivity during the early stages of adulthood makes room for a perspective that downplays the importance of personal achievement and instead focuses on sharing experience and wisdom in the interest of others or the common good. Sometimes, generativity is understood in terms of preparation for coming to terms with the finitude of one's own life and the desire or need to leave a legacy for future generations (Kruse, 2012; Remmers, 2017). Erikson and others in his tradition believe generativity to be a particular strength of older people. Erikson's notion of generativity is developed further and operationalized for empirical research (e.g., Kotre, 1984; McAdams, 2013).





This research has convincingly shown that generativity is beneficial for the flourishing and wellbeing of older people (Hofer et al., 2014; McAdams & De St. Aubin, 1992). However, modern Western societies are not always very receptive to the generative potential of their older members, so older people feel overlooked or underused.

### **3.2 Ego-integrity**

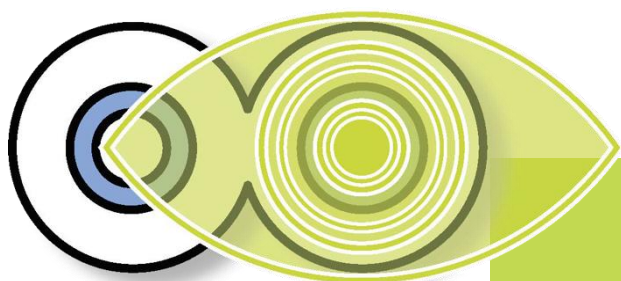
Another potential of old age suggested by Erikson (1997) is ego-integrity, which he perceives as the developmental task of the last phase of life, preceding death. Ego-integrity involves coming to terms with one's life in retrospect, leading to a sense of self-acceptance and life affirmation. Looking back on one's life helps people give a meaningful ordering to life events and thus creates a sense of narrative coherence and closure. It enables people to come to terms with what may be unfinished, regret, and guilt. Ruminating about the past, however, can also lead to stagnation and a sense of meaninglessness (Hofer et al., 2020).

Although people's life narratives may be fragmented and the ideal of closure impossible, the need for ego integrity and coherence address an important concern for many older people. Drawing up the balance of one's life and coming to a self-understanding is highly important for the experience of meaningfulness (Moore, Metcalf & Show, 2000). It helps people reflect and look back on their lives, recognize what is meaningful to them and make peace with unresolved difficulties from the past (Hupkens, Machielse, Goumans & Derkx, 2018).

The idea behind ego-integrity has laid the foundation for several narrative interventions for older people, such as life review, developed in the sub-discipline of narrative gerontology (Butler, 1963; De Medeiros, 2014). A satisfactory, identity-supporting life narrative requires biographical work and a supportive social context. Social isolation and alienation from society prevent people from maintaining the kind of narrative identity-work that constitutes a sense of meaning (Remmers, 2017).

### **3.3 Gerotranscendence**

Another significant body of literature emphasizing the potential of older people concerns spiritual development in later life (Atchley, 2009; Bengtson & Silverstein, 2019; Johnson & Walker, 2016). An interesting theory in this regard is Tornstam's gerotranscendence theory (1989). According to gerotranscendence theory, growing older comes with a change in perspective on oneself, social relations, and the world. Generally speaking, gerotranscendence comprises a shift from values and purposes that focus on the self towards more universalistic, transcendent values (Remmers, 2017).

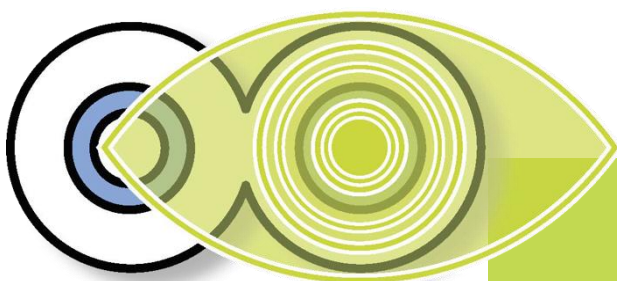


Gerotranscendence includes three dimensions. The *self-dimension* consists of a changed relationship to one's own body, a transcendence of previous ego-related concerns, recognition of shadow sides of one's personality, and increased altruistic motives and actions. The *relational dimension* includes a more compassionate and understanding attitude towards others, including people with different opinions, and a preference for a small number of meaningful contacts rather than a large number of superficial contacts. People also tend to feel more detached from social pressures and care less about conventions. The *cosmic dimension* includes a new appreciation of nature and wonders about what transcends the self, a different, more personal relation to God or another spiritual entity, a preference for contemplation in solitude, and a sense of increased connection with previous and future generations (Braam, Bramsen & Van Tilburg, 2006; Tornstam, 1997).

Gerotranscendent older adults have shifted their perspective and self-understanding and, in the process, acquire wisdom, compassion, and self-transcendence, which expectedly helps them come to terms with the challenges and losses of later life. Tornstam believes that gerotranscendent older people can be a resource to society. Therefore, the deficit perspective commonly associated with old age stands in the way of fully benefiting from older people's resources (Tornstam, 2005).

Table 1 - Potentials of older adults

<p><b>Generativity</b></p>	<ul style="list-style-type: none"> <li>• Passing wisdom and experiences to the next generation</li> <li>• Contribute to future generations or to the common good</li> <li>• Leave a legacy for future generations</li> <li>• Generativity is beneficial for older adults' flourishing and wellbeing</li> </ul>
<p><b>Ego-integrity</b></p>	<ul style="list-style-type: none"> <li>• Giving a meaningful ordering to life events</li> <li>• Making peace with unresolved difficulties from the past</li> <li>• Development of a coherent life narrative and a sense of closure</li> <li>• Self-understanding, self-acceptation, and life affirmation</li> <li>• A coherent life narrative is necessary for experiencing life as meaningful</li> </ul>
<p><b>Gerotranscendence</b></p>	<ul style="list-style-type: none"> <li>• Transition from ego-centred values to transcendent values (like wisdom, compassion, self-transcendence)</li> <li>• Spiritual development in later life</li> <li>• Coming to terms with challenges and losses</li> <li>• Gerotranscendence leads to greater life satisfaction</li> </ul>





## 4. Social needs

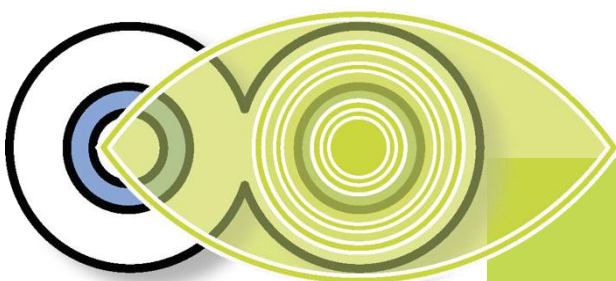
### 4.1 Introduction: feeling connected

Part of the critiques against the 'successful' ageing model is its focus on physical and mental health (Chapter 2) while neglecting other aspects of the ageing experience, particularly social aspects (Tesch-Römer & Wahl, 2017). In the psychological literature, social connections with others are understood as a timeless and fundamental element of human life (e.g., Baumeister & Leary, 1995; Maslov, 1943; O'Donnell et al., 2014). Though social connections and social integration are significant sources of human motivation, their realization may be endangered in many ways, resulting in loneliness, social isolation, and compromised health and well-being. Therefore, in recent years, the importance of including social aspects in the research on frailty in older people is increasingly recognized in academic literature (Bergman et al., 2007; De Donder et al., 2019; Gobbens et al., 2010, 2011; Hodge et al., 2013; Markle-Reid & Brown, 2003; Pickard et al., 2019).

### 4.2 Theoretical insights into social needs

A crucial way to understand the fundamental role of interpersonal relationships in people's personal lives is the belongingness theory (Baumeister & Leary, 1995), which focuses on the need to belong as a fundamental psychological motivation. Belongingness theory states that individuals have a strong need for closeness and social belonging and are thus motivated to make interpersonal contacts and satisfy their need to belong (Baumeister, 1991). The need to belong refers to creating and maintaining long-lasting interpersonal ties with a limited number of people: ties characterised by frequent and pleasant interactions in a long-term relationship of caring for and about each other's wellbeing (Stillman et al., 2009). The need to belong is also interpreted more broadly as the need to experience personal involvement in an environment that causes the individual to feel like an integral part of that environment (e.g., Hagerty et al., 1992). Thus, being connected to other people refers to having fulfilled personal contacts and feeling union, closeness, or communion with others in a broad sense.

Within the tradition of network research, there are three main approaches, focusing on different functions of social relationships: the social network approach, the social integration approach, and the social support approach (Machielse, 2006). The various functions (as summarised in Table 2) are not strictly separated but often closely linked.



- 1) The social network approach emphasises that personal relationships are essential for the development and maintenance of the *identity and self-respect* of people. People build their identity and self-respect by internalising the appreciation of significant others (Cohen & Syme, 1985; Heller & Rook, 2001; Myers, 2000). This appreciation takes place permanently in daily life, given that people's behaviour in interactions with others is constantly judged and evaluated by themselves and others.
- 2) The social integration approach emphasises the human need to *feel part of a social group* they can identify with and experience personal involvement and friendship. Belonging to a group of people that are regarded as worthy also gives individuals a social identity and a frame of reference that influences the values and norms they develop as well as the choices and plans they make (Ashida & Heaney, 2008; Heller & Rook, 2001; Myers, 1999).
- 3) The social support approach emphasises the different types of *social support* social relationships provide. In the literature, three main types of support are distinguished. *Instrumental support* is about the material or practical help that meets the immediate need of the involved person, such as money, food, clothing, household help, advice or information. *Emotional support* gives those involved the feeling that others care about them, that attention is being paid to their experiences and feelings, and that they can talk about personal problems. There is also support in the form of *social companionship*, that is, the joint undertaking of social activities such as shopping, going to see a movie, or having a cup of coffee together (Fischer, 1982; Van der Poel, 1993). Social relationships form a protective factor when problems occur, thanks to their supportive effect.

People's networks can vary greatly and may include individuals with very different social roles, for example, family members, friends, acquaintances, neighbours, and fellow members of an association or organisation. The scope of a personal network can vary too. Some people have a very extended network with many family members, friends and acquaintances, whereas others have relationships with a limited number of persons. The importance people attribute to the different relationships in a personal network varies per individual and culture (Billington et al., 1998; Hewstone & Stroebe, 2001; Morrill et al., 2005; Steinbach et al., 2020).

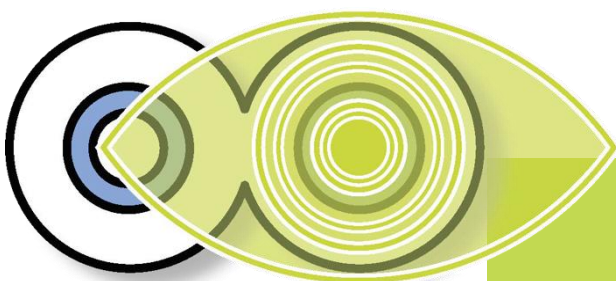


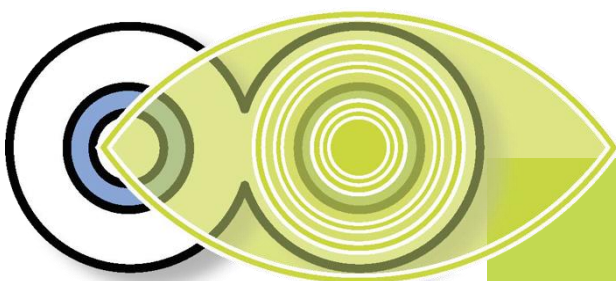
Table 2 - Social network dimensions and related functions of social relationships

<p><b>Personal relationships</b></p>	<ul style="list-style-type: none"> <li>• Attachment, love</li> <li>• A sense of security, closeness and comfort provided by others</li> <li>• Reassurance of worth, supplied by the reactions of others</li> <li>• Reliable alliances for the provision of mutual assistance</li> <li>• The opportunity to obtain guidance for dealing with stressful events</li> </ul>
<p><b>Social integration</b></p>	<ul style="list-style-type: none"> <li>• Belonging to a group of people that are regarded as worthy</li> <li>• Feeling part of a social group to identify with</li> <li>• Experience personal involvement and friendship</li> <li>• Sharing values and norms</li> </ul>
<p><b>Social support</b></p>	<ul style="list-style-type: none"> <li>• Instrumental support (practical, financial, advice)</li> <li>• Emotional support (love, affection, attention, friendship)</li> <li>• Companionship support (visiting each other, joint activities)</li> </ul>

### **4.3 Social relationships, health, and wellbeing**

Social relationships are vital to human functioning, both psychological and physical health and wellbeing. Empirical research shows that positive social relationships are crucial determinants of positive psychological outcomes, such as happiness, subjective wellbeing, life satisfaction, and physical health outcomes (e.g., Heller & Rook, 2001; Jehoel-Gijsbers, 2004; Pescosolido & Levy, 2002; Sarason et al., 2001).

Some psychologists posit that social relationships only influence personal wellbeing in a stress context, whereas there is no positive influence when no dramatic events occur; this is known as the 'buffering hypothesis' (see Cohen & Wills, 1985). Others believe that social relationships contribute to wellbeing regardless of stress level but have different functions in different situations. In this view, social relationships contribute substantially to the experience of meaning in life because they offer the possibility to satisfy belongingness needs (Baumeister, 1991; Dumitrache et al., 2019; Heller & Rook, 2001; Lambert et al., 2013; Pescosolido & Levy, 2002). This applies especially to personal relationships with spouses, family and friends. Still, social engagement in a broader sense (for example, involvement in civic society, cultural activity, and volunteering) also has a positive influence on feelings of wellbeing (Berkman & Glass, 2000; Lee & Robbins, 1998; Pescosolido & Levy, 2002; Sarason & Duck, 2001; Sherman et al., 2011; Steptoe & Fancourt, 2019). Some studies suggest that feeling engaged in society may be relatively more



important to the health and wellbeing of older adults than the perceived availability of social support (Schwartz, Ayalon & Huxhold, 2021).

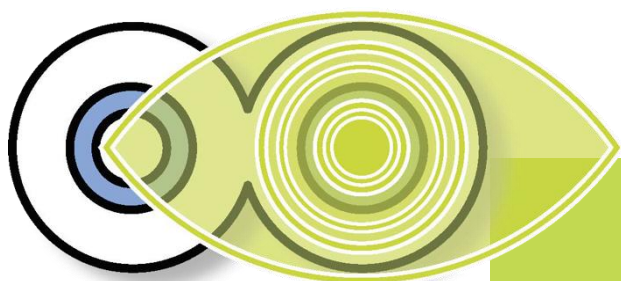
#### **4.4 Social needs in later life**

Positive personal relationships are essential in all phases of life, but people's social needs may evolve over the years (Carstensen, 1995; Tornstam, 1997). In her socioemotional selectivity theory, Carstensen posits that older persons become more selective in their relationships and prefer social relationships with high emotional quality. They need persons to communicate with on a deeper level, especially in severe illness, physical limitation or other crises, such as the loss of dear ones. Proximity to death also stimulates adaptations involving the purposeful selection of relationships that provide the most meaning (Carstensen, 1995; Carstensen et al., 2003; Lang & Carstensen, 2002). Tornstam gerotranscendence theory describes a similar change and posits that older persons are more selective in their choice of social and other activities. They shed the company and activities that lack content and prefer one-to-one communication to more superficial contact with many people (Tornstam, 1997).

While the need for deep, meaningful contact becomes stronger with age, the possibilities for maintaining relationships wane. As people age, the size and quality of a network often change (Huxhold & Fiori, 2018; Victor et al., 2009; Yang & Victor, 2011). Changes in the size of the network usually take place because of harsh circumstances or life events that are more likely to occur as people age, like spousal bereavement, declining physical and cognitive abilities, decreased mobility and an enhanced need for care (Machielse & Hortulanus, 2013; Victor et al., 2009). Due to deteriorating health and increasingly limited mobility, maintaining existing contact becomes more difficult because people can no longer physically visit each other (Pescosolido & Levy, 2002).

Health problems can also affect the nature of existing relationships. The dependency that arises due to health issues and functional limitations can have consequences for mutual connections and roles. For instance, it becomes more challenging to maintain reciprocity in a relationship if one partner becomes dependent on the care provided by the other (Grootegoed et al., 2013).

With age, maintaining existing contacts becomes more complex, and new connections do not always meet the need for emotional depth. When the need for social connectedness and belonging remains unfulfilled, people may become lonely or socially isolated. The loss of significant others in personal life and the decline of social engagement in the broader community in a phase in which the need for in-depth contact with a high emotional quality actually increases,



often leads to feelings of loneliness and sometimes even results in social isolation<sup>1</sup> (Burholt et al., 2020; Cornwell et al., 2014; Tiilikainen & Seppänen, 2017; Victor et al., 2009). These feelings can also occur when people feel excluded or 'superfluous' because they no longer fulfil a social role or are dependent on the care of others (Machielse & Duyndam, 2020). Loneliness and social isolation are associated with poor health and wellbeing, depression, sadness, lower self-esteem, chronic illness, and mortality (Baumeister & Leary, 1995; Baumeister & Vohs, 2002; Brewer, 2005; Cacioppo & Hawkley, 2003; Cornwell & Waite, 2009; Holt-Lunstad & Steptoe, 2021; O'Donnell et al., 2014; Pantell et al., 2013; Pescosolido & Levy, 2002; Sarason et al., 2001; Steptoe et al., 2012).

Empirical studies indicate that one-third of the adult population in Europe suffers from frequent loneliness and about 10% from social isolation, with eastern Europe recording the highest prevalence of both phenomena (d'Hombres et al., 2021; De Jong Gierveld et al., 2012). A comprehensive European review study identified the main risk factors for loneliness and social isolation in older adults: not being married/partnered and partner loss; a limited social network; a low level of social activity; poor self-perceived health; depression/depressed mood and an increase in depression (Dahlberg et al., 2021). Other studies show that older people from ethnic minorities or the LGBT group are at a greater average risk of loneliness and social isolation (e.g., Wills et al., 2020). At the same time, older persons seem to be more resilient to losses in their network than younger people (Birditt et al., 2020; Cornwell et al., 2020; Mair, 2019). They employ individual and social strategies to cope with and regulate the disclosure of loneliness and isolation (Nevesa et al., 2019).

## **4.4 Sources for the fulfilment of social needs**

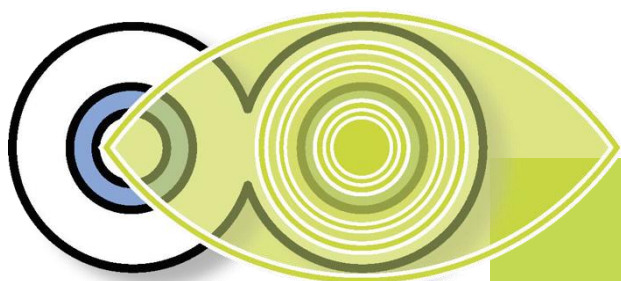
The literature mentions various sources for fulfilling the social needs of older adults.

### **4.4.1 Close ties with a spouse, family, and friends**

In a life phase in which major life events such as health problems or loss occur more often, the need for meaningful social relationships increases. A network capable of providing adequate social support helps cope with changes and mitigate their adverse effects (Machielse, 2006). A close network of intimates is also essential to fulfil the need for coherence because social losses may reorder one's ability to see the world as comprehensible, manageable, and meaningful (Johnson, 2012; 2016; Silverstein & Heap, 2015). In reflecting on their past, people can recall pleasant memories and painful or problematic issues associated with guilt and anger. Deal with these issues, especially the emotional quality of the relationships in the network, is of great importance. This quality is primarily related to the investments that have been made earlier into social contact:

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<sup>1</sup> Definitions of different types of loneliness and social isolation can be found in Appendix I.





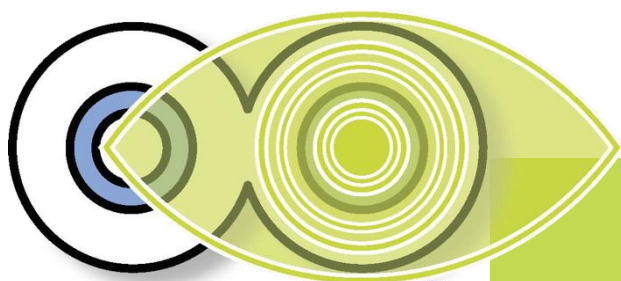
time spent together over the years, activities undertaken jointly, and shared experiences and memories (Machielse, 2006; Van Busschbach, 1992). New relationships entered into at a later age rely less on this type of investment and more on shared circumstances or experiences (such as peer-to-peer contact) (e.g., Tiilikainen & Seppänen, 2017).

#### **4.4.2 Social participation in the broader community and meaningful activities**

As people age, social participation may cease, including social contacts and a social role or status, such as having a job or raising children. In this respect, many studies emphasise the need to find meaningful activities, such as volunteering, being involved in a church or a neighbourhood association, or other civic and political participation forms (Henning et al., 2020; Huxhold & Fiori, 2018; Lam & Garcia, 2020). Many older people carry out *generative activities* that fulfil their social needs to feel appreciated, such as caring for grandchildren or dependent family members (Erikson, 1997; Remmers, 2017; Villar et al., 2021). *Volunteering* is often seen as an opportunity for social participation for older and retiring adults that might positively affect life satisfaction (Bjälkebring et al., 2021; Jongenelis & Pettigrew, 2020). While volunteering meets the need for social participation, such participation requires both social and personal resources. It must be compatible with duties and activities in other areas of life, for example, family commitments. The rate of volunteering also decreases at the higher end of the age spectrum; engagement in volunteering weakens substantially in the "fourth stage" (Bjälkebring et al., 2021; Simonson, Vogel & Tesch-Römer, 2017).

#### **4.4.3 Connectedness with an impersonal other, with nature, or with a transcendent or cosmic reality.**

Spirituality refers to a connection with something more extensive than the individual human being, a transcendent realm that might, but need not necessarily be interpreted along religious lines (Coleman et al., 2011, 2015; Edmondson, 2015; Kruse and Schmitt, 2019; MacKinlay, 2016). By situating oneself within a larger whole to which one considers oneself to belong, the idea of connectedness can be fulfilled more spiritually or religiously (Apostel, 1998; Tornstam, 1997). This is the case, for example, when people feel connected with an impersonal Other, with God and/or with nature, or when they feel a desire for the wellbeing of future generations (Atchely, 2009; Johnson & Walker, 2016; Laceulle, 2013).





## 5. Meaning needs

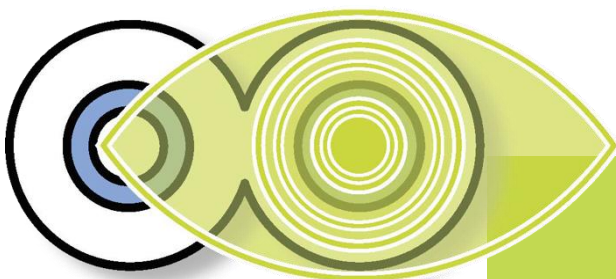
### 5.1 Introduction

Meaning is an existential concern fundamental to the human condition (Frankl, 1959). People are believed to be hard-wired to experience meaning; however, the extent to which they actively engage in the search for it differs (Steger et al., 2008). Meaning in life is not a constant and stable factor but rather fluctuates throughout life and relies on developmental processes. Hupkens et al. (2018) compare the search for meaning with a winding river that finds its way through the landscape and changes continuously in connection with the environment. In this process, meaning can be actively created when people make choices (setting purposes for themselves, identifying and acting upon moral values, engaging in social relations, et cetera) and passively discovered (for example, through silent contemplation or spiritual practices). In current models of successful ageing, meaning in life remains an underrepresented domain, which deserves more attention in scholarly and policy efforts to improve the care for older people.

### 5.2 Theoretical insights into meaning in life

Theories and research about meaning in life can focus on at least four different elements: 1) its content: what provides meaning in life, which needs should be fulfilled, what are the sources of meaning in life?, 2) the process by which meaning in life can be attained: how do people find or create meaning in their lives?, 3) the experience of meaning in life: how does it feel, what does it bring to consider one's life meaningful subjectively?, and 4) what circumstances promote (or impede) meaning in life and what resources are beneficial for developing and maintaining a sense of meaning? (Hupkens et al., 2019).

Although research on meaning in life is a growing field of study, there is no consensus on defining or conceptualising the term. However, an integrated approach is generally desirable (Park, 2017). Brandstätter et al. (2012) synthesised the definitions of meaning in life underlying different existing assessment measurements of meaning: "*Meaning in life is a highly individual perception, understanding or belief about one's own life and activities they value and importance ascribed to them. Meaning and purpose are related to order, fairness, coherence, values, faith and belonging. (...) meaning in life comprises the engagement in or commitment to goals or a life framework and the subsequent sense of fulfilment and satisfaction or lack thereof*" (Brandstätter et al., 2012: 1044).



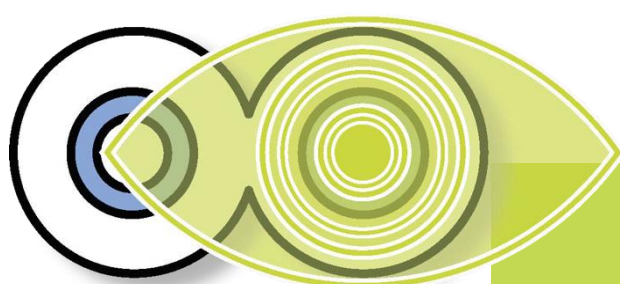
There are several theoretical conceptualisations of meaning in life, distinguishing between various dimensions of the concept, some of which are overlapping. Four influential models have been summarised in Appendix II. In this study, we choose to focus mainly on the model of meaning needs formulated by Baumeister and later added to by Derkx because their needs-based approach provides the most concrete distinctions for enabling caregivers to recognise elements of meaning (Baumeister, 1991; Derkx, 2011; Derkx et al., 2019). Though this model presupposes that all dimensions or needs should be present to some extent to experience life as meaningful, there are indications that the need for social connectedness plays a more fundamental role than others (Derkx et al., 2019; Lambert et al., 2010). Social threats, such as exclusion, loneliness and isolation, tend to reduce the sense of meaning in life. In such cases, other sources of meaning such as autonomy (control) or achievement (purpose) can sometimes serve as compensation. However, they are rarely a complete substitute, resulting in lower degrees of meaning in life for people lacking a sense of social belonging (Zhang et al., 2019).

Table 3 – Meaning needs, according to Baumeister and Derkx

Purpose	<ul style="list-style-type: none"> <li>• Having goals to strive for that give direction and a sense of fulfilment</li> </ul>
Moral worth/ Moral justification	<ul style="list-style-type: none"> <li>• Having a value orientation or to feel connected to specific moral values, and to the need to sense that one's life is following these values</li> </ul>
Efficacy/Competence	<ul style="list-style-type: none"> <li>• Having the feeling to control what happens in life, or the ability to influence the circumstances rather than be overwhelmed by them</li> </ul>
Self-worth	<ul style="list-style-type: none"> <li>• Having a positive feeling about oneself and one's activities.</li> <li>• A positive self-evaluation and a sense of self-esteem, derived from the appreciation and recognition of others</li> </ul>
Coherence/ Comprehensibility	<ul style="list-style-type: none"> <li>• Making sense of one's life as a larger whole, feeling a sense of integration and connection between different parts that together constitute the life story underlying one's sense of identity</li> </ul>
Connectedness	<ul style="list-style-type: none"> <li>• Feeling connected to others and/or feeling part of something valuable</li> </ul>

Further relevant distinctions made in conceptualising meaning include:

- 1) The distinction between the meaning *in* life or personal meaning, and meaning *of* life, or cosmic meaning (Moore, Metcalf & Show, 2000). Whereas meaning *in* life refers to a broad field of experiences, needs, motivations, cognitions and emotions that constitute meaningfulness (or lack thereof) in people's daily lives (Hupkens et al., 2018; Park 2017), the concept of the meaning *of* life refers to fundamental ontological and philosophical questions about the world and our human place in it (Metz, 2013).

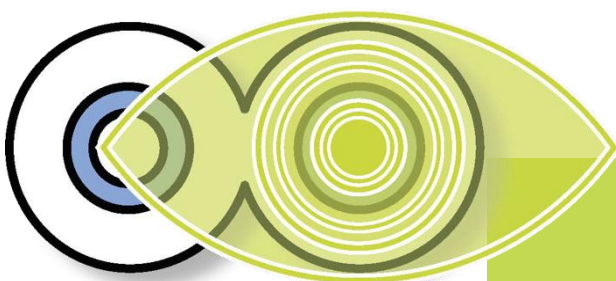


- 2) The distinction between meaning as a *part of daily existence* or meaning as a response to situations of *crisis or existential trauma*. In the first case, meaning infuses daily existence in modest and seemingly trivial ways (Edmondson, 2015; Marcoen, 2006). Mundane daily activities, social contacts or religious and spiritual practices provide people with a sense of purpose and connectedness (King et al., 2006). In the second case, meaning issues arise because one's most fundamental values and choices are called into question, for example, due to sickness, loss, or social exclusion (Frankl, 1959; Hicks & King, 2009; Park, 2010; Steger et al. 2008). In those situations, the motivation to search for meaning can be interpreted as a striving to restore coherence with one's global meaning framework so that meaning needs such as control, purpose, or self-worth can be experienced again (Park, 2017).
- 3) The distinction between situational or everyday meaning, or global or overall meaning (Kashdan & Steger, 2007). Situational meaning tends to fluctuate throughout the days of our lives, depending on the circumstances and shows significant diversification from person to person and from moment to moment (Machell et al., 2015). Global meaning refers to the comprehensive evaluation of meaningfulness that tends to remain relatively stable throughout life, regardless of the situational aspects. In contrast. Whereas personal and situational meaning seems connected with daily life practices, situations of crisis or distress which cause a breach in the flow of everyday life tend to evoke questions related to global meaning. However, it is likely that the urgency of meaning in life questions fluctuates throughout life and is not experienced by everyone to the same degree (Schlegel & Hicks, 2016; Schleger et al., 2011).

### 5.3 Meaning, health, and wellbeing

The presence or absence of meaning in life can significantly impact health, wellbeing and quality of life (Beach et al., 2020; Hupkens et al., 2019; Moore, Metcalf & Schow, 2000; Ryff 2012; Takkinen & Ruoppila, 2001; Wong, 2012). Meaning is related to a positive attitude towards life, a sense of communion with others, engagement in meaningful activities, a sense of inner strength and harmony, and a better point of departure for coping with the adversities of later life (Steger et al., 2006; Zika & Chamberlain 1992). Meaning helps people cope with health issues and confrontations with death and finitude (Krause, 2007, 2009; Krok, 2014; Manning, 2019).

On the other hand, ill health, meaning-threatening events in the external worlds (such as crime, civil conflicts or abuse), economic hardship and mental burdens such as worrying, loneliness or hopelessness tend to undermine people's vitality and sense of meaning (Söderbacka, Nyström &



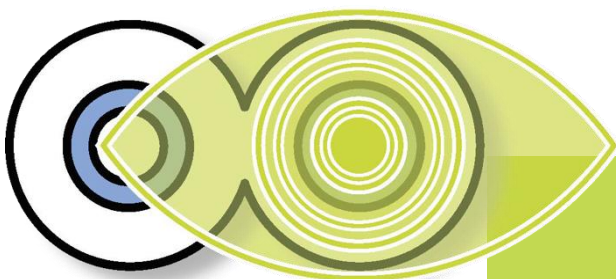
Fagerström, 2016). A low sense of meaning in life is associated with various negative wellbeing outcomes, such as depression, hopelessness and a loss of the will to live (Hedberg et al., 2010; Volkert et al., 2017).

## ***5.4 Meaning needs in later life***

During the second half of life, meaning in life seems to gain importance. This is manifested, for instance, in the increasing need for life review, the need for adjustment to different roles (for example, after retirement, upon becoming care-dependent or following a change in place of dwelling), or the confrontation with loss and finitude, which tends to increase with age (Aydin, Isik & Kahmaran, 2020; Crescioni & Baumeister 2013; Krause 2012; Krok 2014; Reker et al., 1987). The emphasis on meaning-seeking and meaning-making processes may also shift during life. For example, finding a purpose or goal in life may be crucial for younger people, whereas reconciliation with the past and looking back at one's life with a sense of contentment and peacefulness may gain more urgency in later years (Krause, 2012).

Although empirical research shows an explicit need for meaning in older people, old age tends to come with several circumstances that make it more challenging to maintain the experience of meaning. The decline in physical and mental health, a loss of social roles and the death of significant others, such as spouses or friends, can significantly affect people's ability to experience meaning (Krause, 2004). A decline of meaning in life can also be caused by a loss of purpose, less experienced possibilities for personal growth or a diminished sense of coherence due to adverse life events (Clark, Marshall, Ryff & Rosenthal, 2000; Hupkens et al., 2019).

Moreover, research suggests that particular meaning needs, such as purpose or control (autonomy), become less important for older people (Ryff & Kim, forthcoming). In contrast, other meaning needs, such as connectedness or comprehensibility, may increase in importance. Positive affect associated with close personal relationships and a positive mood experienced in the present is more related to meaning in life in older compared to younger people (Hicks et al., 2012). The nature of the need for excitement may also alter in later life, as suggested by studies showing that older people tend to value low-arousal positive affect (emotions such as peacefulness or relaxation), whereas younger people have a preference for high-arousal positive affects (emotions such as excitement or ecstasy) (Chu et al., 2020). This shift may be related to changes in their emotional preferences and motivations in social relations (Carstensen et al., 2003; Carstensen, Isaacowitz & Charles, 1999). However, the need for excitement as a sense of wonder can also be argued to become more important in later life if wonder is interpreted more spiritually (feeling a transcendent connection to nature or the cosmos, for instance), as Tornstam's gerotranscendence theory states (Tornstam, 1989).



## 5.5 Sources of meaning in later life

The literature offers a wide variety of candidate sources to fulfil the needs for meaning. Purposeful activities, close relationships and valued social roles and identities, religion and spirituality, personal achievements and cultural worldviews are among the resources people use to fulfil their meaning needs (Hedberg et al., 2009; Hicks & King, 2009; Hupkens et al., 2019; Jonsén, Norberg & Lundman, 2015; Man-Ging et al., 2019; Noviana, Miyazaki & Ishimaru 2016; Nygren et al., 2005; Penick & Fallshore, 2005; Silberman, 2005; Wong, 2012; Zhang et al., 2019).

Sources contributing to a sense of meaning in daily life can be linked to social events (positive contacts with friends or family, friendly interaction with people in the street or caretakers), or to achievement events (managing to realise a specific goal, such as doing something for a friend, pursuing tasks for volunteer work, church or charity, or even a mundane goal like taking a set number of steps to improve one's fitness) (Machell et al., 2015). Both social events and achievement events in daily life can contribute to fulfilling a variety of meaning needs, such as self-worth, control or purpose. Interestingly, positive trivial daily events seem to have a more extensive influence on everyday meaning than negative trivial daily events, even though psychological literature states that adverse events generally weigh heavier on our psychological wellbeing (Baumeister et al., 2001).

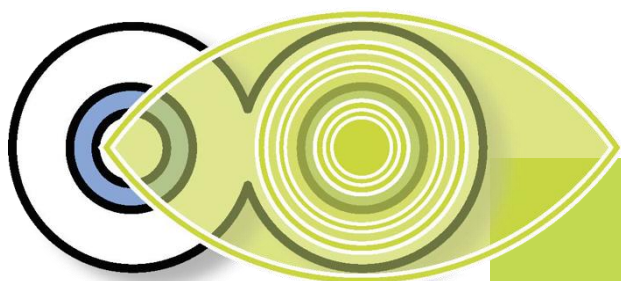
For older people, three categories of meaning sources stand out in particular:

### 5.5.1 Social relationships

Social relationships are perhaps the most fundamental source of meaning for older people (Krause & Rainville, 2020). In particular, reciprocity in relationships was considered essential for generating a sense of meaning (Duppen et al., 2019; Fegg et al., 2007; Hupkens et al., 2019). Furthermore, meaningful social contact can help older people to realise their potential for generativity, ego-integrity and gerotranscendence. Feeling socially connected also buffers against a variety of threats to meaningfulness, such as illness, depression, loneliness and confrontations with loss and finitude.

### 5.5.2 Meaningful activities

Meaningful activities in daily life also play an important role in maintaining a sense of meaning. A significant way meaning in everyday life is fostered is through routines and daily habits. Indeed, many of the major sources of meaning in life, such as work, religion or relationships, take shape in the form of routines. As such, routines can be beneficial for experiencing a sense of coherence, can contribute to realising one's goals and purposes, give a sense of control and self-worth and help one to connect one's life to a larger context of social and cultural practices, many of which



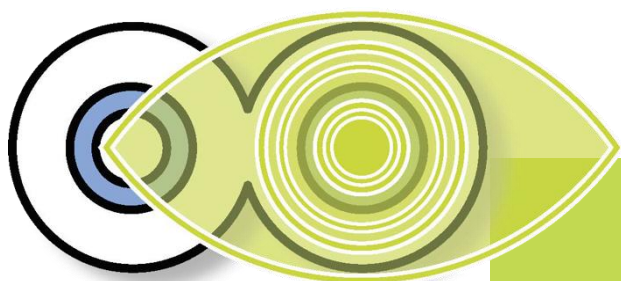


also rely intensely on shared routines and habits (Heintzelman & King, 2019). However, some studies have found that routines, particularly in older people, can also be negatively related to meaning in life and correlate with depression and anxiety. Hence, the image is mixed (Zisberg et al., 2009).

### 5.5.3 Religion and spirituality

Religion and spirituality are, for many people, important providers of meaning in life. Particularly for older generations, religion serves as a global meaning framework capable of providing a sense of belongingness, coherence, a set of values and moral directions, a framework to understand reality in terms of significance and purpose, et cetera (Krok, 2015; Krok & Zarzycka, 2021; Krause & Hayward, 2012; Park, 2005). It guides them in finding answers to pressing existential and moral questions and provides a connection with a transcendent reality. People who have a close relationship with God, maintained by participating in religious activities, tend to have a higher sense of meaning. Feeling a closer relationship with God also makes it more likely to provide social and emotional support to others. Giving this support is in itself a factor that is beneficial to the experience of meaning. Thus, religion and social connectedness are significantly intertwined, and both contribute to higher levels of meaning (Krause & Hayward, 2012). Even for those older people who no longer dwell in traditional religious institutions, spirituality in many forms remains an important source of meaning (Spännäri & Laceulle, 2021). Higher levels of spirituality are associated with lower levels of depression and anxiety, less fear of death, and positive mental wellbeing. Being confronted with existential meaning questions, for instance, about one's nearing end, the presence of a high sense of spirituality is beneficial for addressing such questions satisfactorily (Aydin, Isik & Kahraman, 2020). For palliative patients, spiritual wellbeing and meaning in life appear to be vital in coping with their nearing death and the psychological stress associated with it (Bernard et al., 2017).

Some of these meaning sources become less readily available as people age. Others remain at the same level of accessibility. Beneficial factors for continuing access to sources of meaning in life include higher education, higher income, higher quality of social relations, higher everyday competence, employment, marriage, and good physical and mental health (Hupkens et al., 2018). Notably, the overall strength of meaning, in general, does not seem to diminish if the relative weight of some sources of meaning changes (Penick & Fallshore, 2005; Wong, 1989). Some of the transitions in later life - retirement or moving to a care institution - may require personal transformation processes to adapt oneself. Still, if done so successfully, people may continue to experience life as meaningful (Wong, 2002).





## 6. Potentials and needs according to SeeMe participants

### 6.1 Data collection

From the literature review (Chapters 2-5) and the SeeMe problem statement (indicated in Chapter 1), we derived fourteen main topics and 26 subtopics to explore empirically the potentials of older adults, their social and meaning needs and ways to address these needs (see Appendix III). This resulted in an interview guide<sup>2</sup> that centred around four main topics:

- 1) *Assistance/help/care*: from who, how often, what kind, and how satisfied?
- 2) *Social relationships*: type of network, changes, wishes/needs, how satisfied?
- 3) *Meaning in life*: purpose, values, control, self-worth, coherence, meaning needs?
- 4) *Attuning to needs*: expectations and experiences, match with needs, competencies caregiver?

Interviews were held with 16 older adults involved in a local care project<sup>3</sup> chosen by each of the six partners in the SeeMe project. All of the interviewed older adults received (some) care or assistance but were in good health. Half of the older adults (eight participants) lived independently (all six from Belgium, the Netherlands (UHS) and Spain, and two from Germany). The other half lived in a care home (all 6 from Italy and the Netherlands (AA), and two from Germany). All interviews were part of the entire SeeMe project, which also covered interviews with caregivers (see the overview in Table 4). This report focuses on interviews with older adults only.

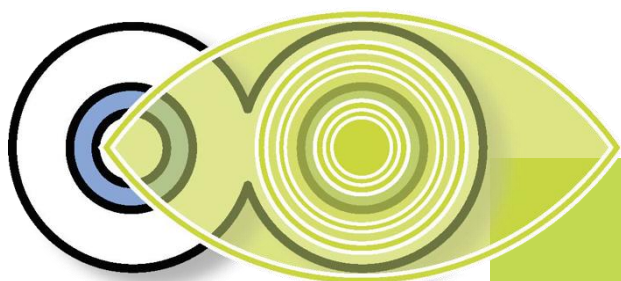
All interviews were summarised, coded and analysed in ATLAS.ti using a coding scheme with forty entries (see Appendix III), divided into five main categories:

- 1) Potentials of older adults (talents and dreams)
- 2) Social needs
- 3) Meaning needs
- 4) Attuning to needs
- 5) Conditions (discourses and framing; context)

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<sup>2</sup> The full interviewguide can be found on the website [www.seemeproject.eu](http://www.seemeproject.eu) or requested from the authors.

<sup>3</sup> Further information about the six SeeMe partners and their selected local care project can be found on the website [www.seemeproject.eu](http://www.seemeproject.eu) and in Report 3 – Case studies (also available on the website).



The outcomes of the data analysis as presented below follow these five main categories. In line with the problem statement of the SeeMe project, we will stress salient, surprising and inspiring findings that add insight into social and meaning needs and how to accommodate them in care settings.

Table 4 – Overview of SeeMe interviews for this report

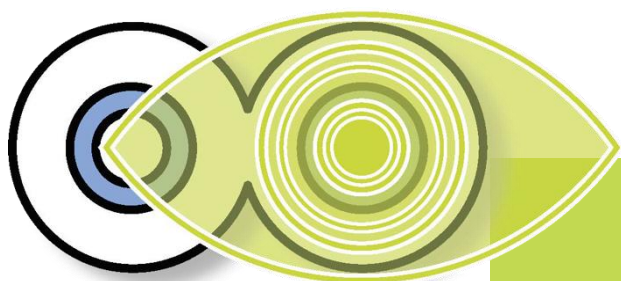
Country	Older adults	Extramural	Intramural
Belgium	2	x	
Germany	4	x	x
Italy	3		x
Netherlands (UHS)	3	x	
Netherlands (AA)	2		x
Spain	2	x	
Total	N = 16		

## 6.2 Data analysis

### 6.2.1 Potentials of older adults

The older adults indicate being well aware of changes that might come up in their lives while getting older. Noticeably, they seem to prepare themselves positively by seeking manners to maintain their autonomy. Some give examples of giving up their large house with a garden (D6) and moving timely to other housing or a care home, foremost to be closer to relatives or seeking less laborious housing conditions (SP1, D4). One respondent, who is determined to stay independent, deals with her autonomy consciously by avoiding risks – like falling – and installing an alarm button, just to be sure (NL3).

Regarding dreams and talents, older adults often refer to the wish to make a journey, take a boat trip, go to the sea, visit a relative and the like. Sometimes they are inspired to learn something new, like digital abilities for using the internet or a mobile phone. Others have a very active social life and are well connected to their children, family, and neighbours. They also participate actively in diverse groups and activities (like a dance group, a social support group and a philosophy group, NL1). One respondent prefers to see himself as a volunteer – instead of a care-receiving older adult - helping other people and being a member of multiple organisations (BE2) and likes



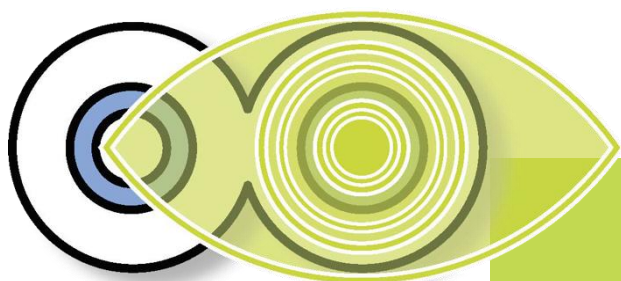
this role. Also inspiring is the example of a respondent who - maltreated in his youth and has developed strong feelings of justice – had obtained a fascination for indigenous people (NL2). He filled his house with related objects and took their vision as guidance in life (NL2).

Respondents often actively try to cope with limitations positively, while they recognise the negative aspects. They know, for example, that their memory is deteriorating and that they need help (NLa1). Adapting to things – becoming a chameleon - not to make it harder than it is, and often thinking for oneself that "*other people are worse off than me*" (SP2). Some respondents realise and explicitly state that they don't have control over all situations anymore and accept this without bitterness: "*everything is fine the way it is*" (D3). It seems to offer a sense of security. Also, in these dependency conditions, some express that - though "*you also have to come to terms with the fact that you can't do that anymore*" (D5) – they realise they need to be proactive in seeking help and support. "*You can't expect, so now I'm here, now you do something for me. I must approach people myself*" (D6). Regarding health issues, a respondent expressed a similar acceptance when saying that it is crucial to live in the present and enjoy what's in the moment (NL1): "*We see today, we see this moment. Yesterday is already... history, and tomorrow we don't see yet!*" (D6).

### 6.2.2 Social needs

Not surprisingly, the interview reports demonstrate the great value that older adults attach to fulfilling social needs. Sometimes respondents keep stressing the importance of seeing family members, even while being frequently visited (NLa1). Remarkably, respondents often refer to needing a community or a group of people just for the dynamics, and the atmosphere: "*it's the community that makes it*" (D4). Being part of a community almost seems to be an aim as such: to have some buzz, to have people around: "*otherwise one is getting bored*" (Sp2); enjoy the walkability and flexibility of the town (D3); to have opportunities for helping or for getting support, to do activities, or for talking (BE4, D6); having coincidental encounters (D6); to share time, getting a smile (IT3); et cetera.

But still, some people express dissatisfaction with their social contacts, despite having a varied social network (NL1). This seems to be caused by being unable to participate as actively as possible due to health problems. Or similarly, not being able to be standing very long, thus needing activities that one can join while being seated on a chair (BE4). It applies to social needs and meaning needs that people take "*activities*" not so much as an end but as a means to satisfy these needs (SP1).



Older adults' stories indicate that loneliness is enforced by physical limitations (hard of hearing, immobility), restricting them from fulfilling their need for social contacts and activities (BE4). Many of them refer to difficulties with a shrinking or absent social network. Also, changing neighbourhoods may contribute to that. One respondent (NL2) is very negative about immigrants because he can't bond with them and doesn't get support from them. Along the same line, most respondents need an emotional link with social relationships, caregivers included. Otherwise, activities seem less effective (SP2).

Several respondents show that social needs often go together with meaning needs. This also applies to their contact with a caregiver, who often provides both, like the volunteer who helps the older client with practical things, provides affective support, and is available when needed (SP1). But it applies to the older adults themselves, who get meaning from helping other people who need them (BE2), or respondents who need social contact not to be lonely but also for learning new things (BE4).

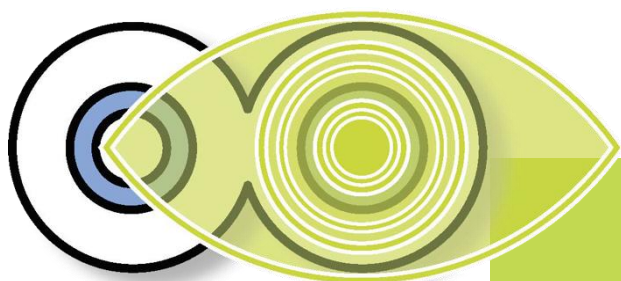
### 6.2.3 Meaning needs

Often older adults refer to a strong need to have *control* – talking about having or not having this control - as is reflected too in the wish to have enough autonomy (IT1, NL1). In addition, they stress the need for *reciprocity*. Some even posit that they foremost give something to the care project concerned instead of receiving something. One respondent (NL2) says he attends activities (of the care project) to let the volunteers know that he appreciates that they are organising things. There is a clear need for "*being relevant*", either having responsibilities or meaning something to others (BE2). This also applies to "*daily meaning*", just doing things together (SP2).

Many respondents mention explicitly that care primarily focuses on medical or physical health only and that they need more (social and, in particular) *emotional support* (SP1). Regularly respondents mention a volunteer for being especially important to them in this (meaning related) emotional respect (SP1).

Often respondents remunerate about their life, seeking *explanations*, analysing their choices or behaviour, and making a kind of *narrative* that they value, or at least a kind of *rationale* that gives them peace with how they lived their life. "*We made something out of our lives. [...] That was, I did it for a long time.*" There is no wishful aspiration, though. "*Great that I got to experience that, that's how I see it. ... So we did everything that we were able to do, what we felt like doing. And now I'm at that age, now I'm here, and I'm also quite satisfied here.*" (D5)

But life stories can also be negative and *detrimental*, indicating family problems during youth and broken relationships or lack of support from their social network during adulthood. Some respondents indicate that the *existential part* of the meaning in life is hard to be confronted due



to adverse events, an unhappy past or broken life plans (SP1, SP2). One respondent states that her emotions related to the past are abundant and very contentious: *"I can't think about the past either because it's not pleasant, you also have things that make you suffer (...) The past brings me nothing but misfortunes, and I see the future as very black."* (SP1)

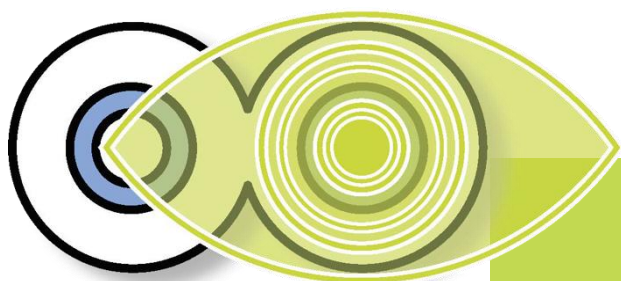
Still, in these cases, respondents refer to the past constantly while trying to stay positive or create a peaceful image. There have been joyful and less joyful moments, *"but I always say I'm fine"* (D4). Others constantly fluctuate between explaining their past, softening it and putting it in perspective on the one hand and keeping expressing negative feelings and regret (SP1). One older adult stresses the importance of memories: *"I miss the sand and the air of the sea. This was my youth. My memories are important. These make my life less boring"* (NL5). This narrative-like perspective expresses that those respondents connect meaningful ageing with a deeper examination of one's own life. They also see current activities as important when contributing to more significant meaning, not just to *daily* meaning. Therefore, some indicate that activities must be more than doing the activity itself. They should have a meaning or purpose (D4).

Various respondents appear to be easy-going and accepting of things. They don't need to achieve that much anymore in life: *"If you're getting older, you have to let go of things, and be grateful and happy for small things"* (NL5). Others express strong values that seem to determine their 'meaning'. An example of the latter is the older adult who says to adhere firmly to truthfulness and justice, reacting strongly if others don't meet these standards (NL2). *"That is another thing, I can't stand that... injustice. You don't get away with that with me."* (NL2). Still, in this case, the respondent finds it particularly important to be valued and appreciated by others (NL2).

#### 6.2.4 Attuning to needs

Concerning optimising manners to attune to the needs of older adults, the interviews regularly display similar themes.

- 1) Having a good *match* with the caregiver seems to be an essential condition. One respondent (SP2) states that she needs to feel well with others, including caregivers because she is silent if she does not connect.
- 2) Another way of attuning is doing things that the older adults *used to do* in the past, whether they are used to organising activities, have a coordinating role (BE2), always have been a reader (SP1), or have been doing needlework all their life (D3). One respondent participates in a 'needlework group'; she used to knit for her children and always had been good at it. Knitting stockings is her *"very dearest hobby"* now.
- 3) A salient form of attuning that came to the fore was to *activate and facilitate* the older adults being the person they want to be (and not become lazy, alone, and lose desires, as respondent SP2 says). In one case, a caregiver (GP) made the respondent, who lived alone





for a long time, realise she was lonely and needed more help. The GP advised her to move to a nursing home, which she later learned was right (SP1).

- 4) An important issue for fulfilling needs is having social contact with peers, who have similar intellectual or social interests. As one respondent (BE2) states, he needs to dialogue with people who can follow his intellect and are a bit sophisticated, who are at his level.

### 6.2.5 Conditions and context

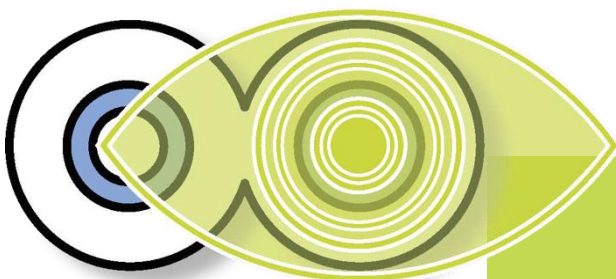
Many respondents mention activities to be important as facilitators. At the same time, health and mobility form essential conditions to which care needs to be attuned. Not only because of physical restrictions to participate but also because medical help and things like transportation are costly (BE4), and online solutions (like ordering groceries through the internet) require digital skills.

All older adults get help in house cleaning. Some receive assistance for personal hygiene, dressing and/or preparing mail. Others also get assistance from a medical professional and some 'network' help from family or neighbours. This concerns mainly practical help or administrative/digital help. Only one respondent (BE4) states that not many people want to help her. No one in her apartment building does so because they think she is a burden. She has a pessimistic view of society and feels like she has no control over her life. This respondent (BE4) also hinted at a negative societal discourse, not feeling valued by society and her family. She became a member of a right-wing nationalist party because they did show that they cared about her. Getting votes during the election made her feel valued. In none of the other interviews, direct comments were made on societal discourses that might frame growing old, positively or negatively.

## 6.3 Summary

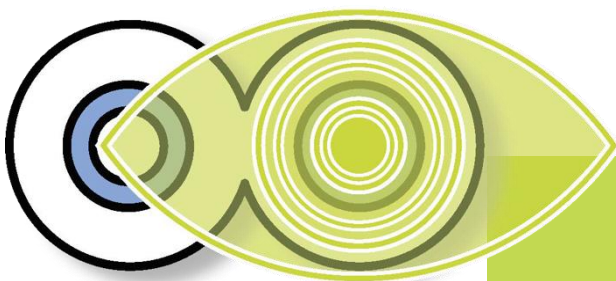
The older adults appeared to show a clear awareness of their situation, both of the limitations and potential. They coped with that in a positive, active way or by accepting the situation. In this respect, remaining autonomous and having dreams are two salient aspects. Social relationships are crucial. This applies to family members and relationships with caregivers - whether professional, volunteer or informal. Being part of a community that offers all kinds of (coincidental) resources, activities, and opportunities seems even more important. Physical and other limitations seem particularly important because they frustrate such kinds of social participation.

Addressing social and meaning needs often goes together. In this regard, reciprocity is a keyword for respondents: they need to be relevant and giving something (back) is very meaningful. Also, older adults often provide narratives or explanations to give meaning to difficult periods or events in their life. Not surprisingly then, they value activities that relate meaningfully to their life story





and memories. In this line, connecting activities with what the older adults used to do and whom they used to be (i.e., to roles they had) is a preferred way to attune to individual needs. A good match between caregiver and clients is vital in that respect, also for activating and facilitating the client well.



## 7. Conclusions

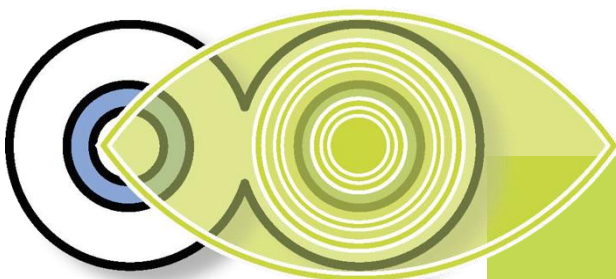
### 7.1 Potentials, social needs and meaning needs

Our literature review proves the vital role of *social relationships* in later life. A suitable social network buffers against loneliness and social isolation and enhances the quality of life. Social connections with family and friends and engagement in the broader community make them feel known and appreciated, and these feelings positively affect their health and wellbeing. Older adults who are well-embedded socially are better capable of coping with deteriorating physical and mental health and growing dependence.

The literature also suggests that good social relationships are vital for realising one's *potential* in later life, particularly generativity and relational gerotranscendence. Carstensen's socio-emotional selectivity theory provides one possible explanation for this crucial role of social connection in later life. As the perceived remaining future time diminishes, emotion regulation goals and generativity goals become more important (Lang & Carstensen, 2002).

Finally, the literature clarifies a strong relationship between older people's social and meaning needs. Having valuable social relations seems vital for the experience of *meaning in life* (Krause & Rainville, 2020; Lambert et al., 2010; Macia et al., 2021). In later life, positive social relationships are important for creating coherence in life (Tornstam & Törnqvist, 2000). As the balance of life is drawn up, existential questions about the lived life and the approaching end also come to the fore (Cozzolino & Blackie, 2013), and thinking and talking about one's life helps shape its elements into a coherent whole. Having one's life recollections and interpretations heard with active interest may be vital to coming to terms with lived events (Johnson, 2012). Older people who have no one to share their thoughts and life experiences with may feel a sense of worthlessness, triggering feelings of meaninglessness and existential loneliness (Bolmsjö et al., 2019; Sjöberg et al., 2018). This experience creates suffering and makes life more difficult, as individuals might lose touch with parts of their experiential self, which are needed to govern life adequately.

The lack of meaningful relationships and social roles also has far-reaching consequences for self-worth, another aspect of meaning in life (Crocker and Wolf, 2001; Derkx, 2011). In a life phase in which people are confronted with radical life changes, self-confidence and self-respect are important competencies when finding a new balance (Fry and Keyes, 2010; Von Faber et al., 2001).



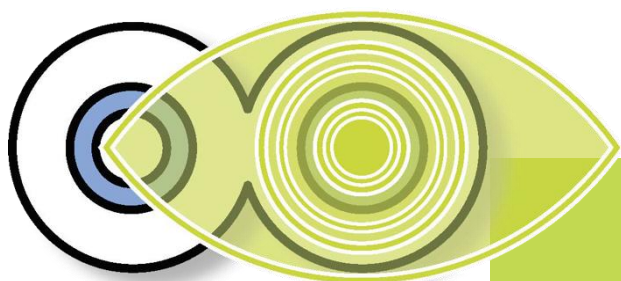
The connection between close relationships and meaning is reciprocal. Personal relationships and family connections meet the need for connectedness and increase the feeling that life is meaningful (Derkx et al., 2019; Krause & Rainville, 2020; Lambert et al., 2010; Penick & Fallshore, 2005). At the same time, the belief that life is meaningful aids in forming new relationships (Stillman & Lambert, 2013). Having fulfilled meaning needs, such as self-worth, purpose, or coherence, enables people to engage in better social relationships, enhancing the fulfilment of their social needs.

The findings from the empirical study underscore the reciprocal relationship between social and meaning needs evident from the literature. The interviews with older adults indicated that social relationships and contacts are a core source of meaning in life. Activities for older adults and the role of the caregivers may contain both, which is something that older adults value. In addition, narratives and explanations of life events also formed a threat in the interviews, giving meaning to life like often depicted in the literature. Connecting activities to individual life stories and having reciprocal relationships with caregivers is vital. A personal relationship with the caregiver contributes substantially to the experience of meaningfulness, for example, when a person who comes to offer domestic help is also a listening ear for biographical reflection or other meaning issues. The interviews also stressed how important being part of a community is to older adults. It was salient how communities were presented as a value by themselves, given all kinds of (coincidental) resources and opportunities that communities offer.

We can conclude that positive social contacts with other people are vital for realising one's potential and experiencing meaning in life. This conclusion suggests that efforts to improve the care for older people and their life situation should target social and meaning needs in conjunction, not as separated categories. Paying attention to meeting people's social needs improves the satisfaction of their meaning needs. For example, attention to coherence by narrative interventions focusing on life stories can benefit both social and meaning needs fulfilment (Stillman & Lambert, 2013; Marcià et al., 2021).

## ***7.2 Positive health, quality of life, and psychological wellbeing***

The findings of this study on the potentials of older people and their social and meaning needs point to a strong relationship with other central concepts like positive health, quality of life and (psychological) wellbeing.

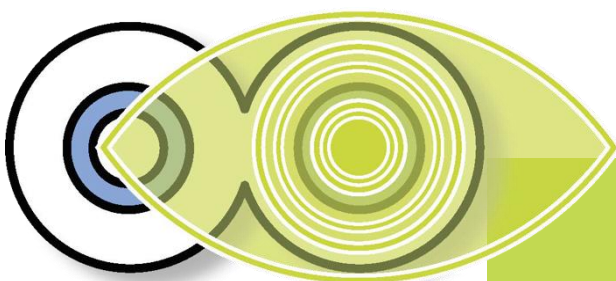


- 1) *The positive health concept* by Huber et al. (2013) pleads for a holistic view of health that encompasses domains such as social participation, meaning and spirituality, quality of life, meaningful relations and activities, besides more common health aspects of physical and mental functioning. Thus, meaning in life and social connectedness are perceived as an intrinsic part of health, rather than just one of the factors potentially influencing health outcomes.
- 2) *Quality of life* (QoL) is an increasingly important outcome measure in health research and involves a growing field of study. There are strong indications that the degree to which older people's social and meaning needs are met is highly influential in their quality-of-life experience. A German study, using the CHAPO (challenges and potentials) model of quality of life to explore the life quality of the oldest old, demonstrated that both a livable environment and the life abilities of the person impact life results in terms of experienced quality of life. A positive impact requires that sufficient resources are available to people and that the value system of the surrounding environment is stimulating their flourishing, rather than impeding it by increasing their vulnerability (Wagner et al., 2018).
- 3) Another concept closely connected to meaning in life is *psychological wellbeing* (Ryff & Singer, 2008; Steger et al., 2008). The literature about psychological wellbeing distinguishes between a hedonic and a eudaemonic variant, whereby hedonic approaches to wellbeing emphasise positive affect and overall life satisfaction. In contrast, eudaemonic approaches to wellbeing take a broader view and focus on actualising one's potential, living a life of purpose and meaning, having nourishing social relations and striving for a life of value and virtue (Ryan & Deci, 2001; Ryff & Singer, 2008). Meaning in life shows closer overlap with eudaemonic approaches to psychological wellbeing, although it should be noted that the need for moral justification characteristic of meaning in life (Baumeister, 1991; Derkx, 2011) is missing from conceptualisations of eudaemonic wellbeing (Hupkens et al., 2018).

How all these concepts are connected and affect each other is a complex matter, partially because multiple definitions are used.

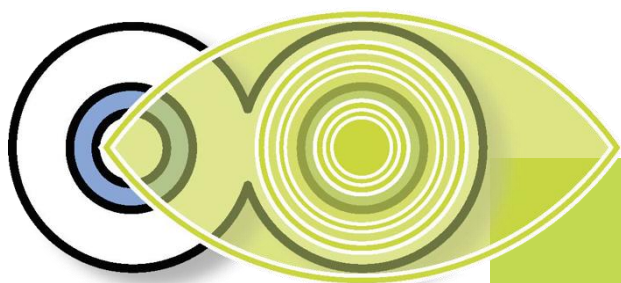
### **7.3 Implications for improving caregiver competences**

Some of the self-evident resources of the fulfilment of social needs and meaning needs are at risk of becoming unavailable in later life due to a loss of functional abilities and significant others who previously safeguarded a sense of belonging and recognition, and due to the loss of specific

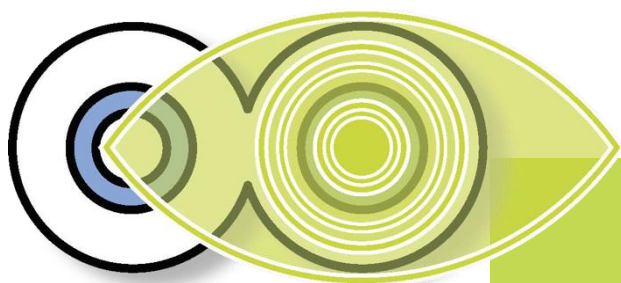


valued social roles and purposes (Krause, 2004). The overview of the literature concerning the social and meaning needs of older persons and how others can appropriately meet them suggests some concerns that caregivers should learn to consider.

- 1) More knowledge about the *potentials* of older people (such as *generativity*, *ego-integrity* and *gerotranscendence*) can assist caregivers in recognising and accommodating people in their social and meaning needs. Facilitating intergenerational contact with children or grandchildren can, for example, help people realise their potential for generativity. Intergenerational contact can also take many other forms, such as mentoring relations with younger people (Santini et al., 2018). Feeling valued by others, both as unique persons and for their skills, regardless of chronological age, helps older people use their strengths and talents optimally.
- 2) It is important to treat older people, not as dependent care recipients but with respect for their *autonomy* and *uniqueness* as human beings (Duppen et al., 2019; Fegg et al., 2007; Hupkens et al., 2019). Internalized (unintentional) ageist assumptions about older people prevent their talents and potential to be seen (Gullette, 2017). The awareness of the detrimental role of culturally-induced (implicit) ageist stereotypes in recognising the possibilities and meeting older people's needs can help caregivers adapt their behaviour and treatment.
- 3) Several studies indicate that having a sense of *independence*, *choice*, or *self-determination*, particularly over the activities and social contacts one engages in, is important for people's experience of meaning in life (Baumeister, 1991; Martela, Ryan & Steger, 2018; Ryff & Singer, 2008). It is thus valuable for caregivers to learn how to accommodate people to exercise their autonomy and make their choices and preferences seriously.
- 4) Making an effort to get to know people, not just as they are in late life, but their *life narratives* as well can be very helpful in understanding the needs and wishes of older people and in helping them put their strengths and talents to good use, even if sometimes in adapted form due to restrictions in physical or mental functioning. Narrative and biographical interventions (such as life reviews or life books) can benefit (De Medeiros, 2014).



- 5) Both social and meaning needs rely strongly on *qualitative personal relationships between the caregiver and care recipient*. Reciprocal and in-depth relationships are essential for fulfilling older people's social and meaning needs and a source of social connectedness and meaning themselves. Therefore, relational skills, such as empathy, listening, responsiveness, et cetera, should be primordial in training caregivers.
- 6) As people in later life are more explicitly confronted with *existential issues* concerning the loss of close relatives, dependency and decreased autonomy, and awareness of finitude and death, they strongly need to talk with others about these existential matters (Bolmsjö, 2001). Sharing significant aspects of life is necessary to 'move on' (e.g., Johnson, 2016; Sjöberg et al., 2018). Acknowledging the pain of losses experienced by listening and being there for them in an unconditional way can generate a sense of belonging and value that is also beneficial to the experience of meaning (Hupkens et al., 2019).
- 7) For people who are inclined to identify with a religious or spiritual meaning framework, offering access to *religious/spiritual rituals and practices*, and continuing to include them in the religious community even when institutionalised, is highly important in the fulfilment of their social and meaning needs (MacKinlay, 2006).
- 8) Older people in *nursing homes* require others (such as professional or informal caregivers) to maintain a say in how their daily lives are organised and filled (Aberg et al., 2020). This means that residents can live their lives as they choose, for instance, by having one's preferences met when it comes to dinner and bedtimes, self-chosen company, having privacy in one's personal space or listening to the music of one's taste. Participation in meaningful activities and continued social engagement with family, friends and fellow residents are supportive factors for residents' autonomy (Mikkelsen et al., 2010). In contrast, a lack of privacy and the inability to go outside when one desires to do so impede residents' autonomy (Hoek et al., 2019). Creating a pleasant living environment with sufficient private space, a 'homely' feeling, the ability to go outside in nature, and being surrounded by valued personal belongings are helpful interventions.
- 9) Answering older people's social and meaning needs requires offering *a palette of meaningful activities* (De Vriendt et al., 2019; Dragese et al., 2017; Harmera & Orrell, 2008; Haugan et al., 2016). This requires a person-specific approach that takes the preferences and wishes of older people into account because preferences about activities can vary significantly among individuals (Baumann & Eiroa-Orosa, 2016). It also requires an organisational setting that facilitates such an approach.





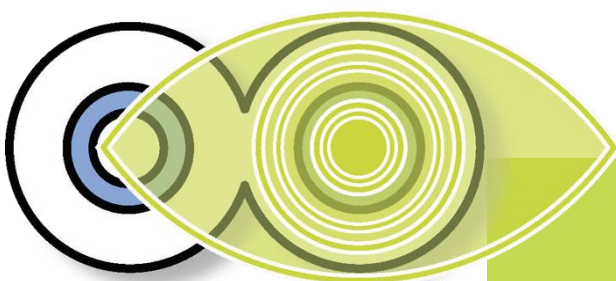
- 10) The proper fulfilment of social and meaning needs implies awareness of the *diversity of older people and cultural differences*, for example, gender differences, differences in ethnic background, and socio-demographic characteristics such as income, place of dwelling and number of social contacts (Golovchanova et al., 2021; Fegg et al., 2007; Pinquart, 2002; Volkert et al., 2017). It also presupposes that caregivers have an eye for the material environment: comfortable housing, accessibility of nature, availability of (technological or other) aids for mobility, et cetera.

The findings on the roles and competencies of caregivers came back in the interviews with older adults. This applied explicitly to how caregivers may attune to older persons' individual social and meaning needs. Above all, the results confirm that the personal relationship between the caregiver and the older adult is of great importance. The older clients want to feel respected and retain their autonomy and 'right' to dream. Also, a good match between the caregiver and care receiver is presented as a requirement for activities to be significant.

Older adults are usually aware of their situation and willing to deal with it actively or accept it. They are often keen to be supported by others. The findings indicate that a caregiver may facilitate older adults in fulfilling social and meaning needs by connecting to their life histories. In line with the literature, knowledge about the autobiography of the clients, and getting to know them, is important. Not surprisingly, older adults value activities that relate meaningfully to their life history and memories. This underlines that awareness of the diversity of clients is of particular importance for caregivers. It is a prerequisite for attuning well to the older adults' individual social and meaning needs.

## 7.4 Final words

This overview shows that the fulfilment of social and meaning needs, in their mutual relatedness, is dependent on a complex amalgam of personal, social, cultural, and organisational factors. This implies that caregivers should learn to recognise what lies within and beyond their scope of influence. In institutions, the likelihood of social and meaning needs being met is higher if the awareness of its importance is not restricted to single professionals taking valuable initiatives but is appropriately embedded in the whole organisation and supported by the management and organisational structures (Van der Vaart & Van Oudenaarden, 2018). This calls for the development of new strategies to enhance the quality of life of the individual, the organisation, and the caregivers (Tesch-Römer & Wahl, 2017).

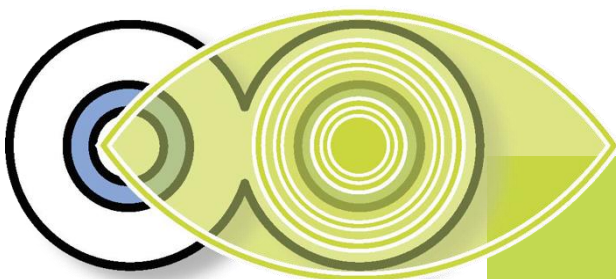


## Appendix I

### Definitions of loneliness and social isolation

Loneliness refers to a subjective and negatively experienced discrepancy between the quality and number of actual relationships and a person's desires or standards about relationships (e.g., Cacioppo & Cacioppo, 2014; Cornwell & Waite, 2009; De Jong Gierveld & Kamphuis, 1985; Weiss, 1973). In the literature, three types of loneliness are distinguished:

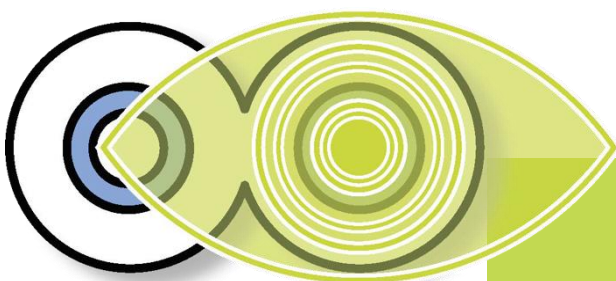
- 1) **Social loneliness** refers to a lack of relatives, friends, colleagues, or other acquaintances the person regularly socialises with (Weiss, 1973). Social loneliness arises from a lack of social integration and participation in broader social contexts.
- 2) **Emotional loneliness** refers to the absence of close, intimate relationships, including a partner or a close friend. Emotional loneliness is related to lost and unfulfilled relationships, involving the loss or lack of a partner, and the absence of a meaningful friendship (Tiilikainen & Seppänen, 2017; Weiss, 1973).
- 3) **Existential loneliness** refers to the feeling of being fundamentally alone – with the ensuing emptiness, sadness, and longing accompanying this experience (Bolmsjö et al., 2019; Ettema et al., 2010; Van Tilburg, 2020). Existential loneliness differs from social and emotional loneliness and may occur regardless of whether one has a family, friends, or other close acquaintances (Larsson et al., 2019). It may manifest itself at major life events that threaten the life that someone has led up to that point, and one is thrown back on oneself (Ettema et al., 2010). Emotional and existential loneliness are closely related but differ in some respects. Existential loneliness, in particular, involves a loss of meaning in life (Larsson et al., 2019; Van Tilburg, 2020).
- 4) Whereas loneliness relates to a subjective experience, **social isolation** refers to the objective lack of a personal network or meaningful ties (see, e.g., Cloutier-Fisher et al., 2011; De Jong Gierveld, Dykstra & Schenk, 2012; Dickens et al., 2011; Dury, 2014; Machielse, 2020; Nicholson, 2012; Zavaleta, Samuel & Mills, 2014). Although loneliness and social isolation are often used interchangeably, empirical research suggests they may have independent impacts and should, therefore, be regarded as distinct characteristics (Cattan et al., 2003; Dickens et al., 2011; Dury, 2014; Gardiner, Geldenhuys & Gort, 2018; Machielse, 2015, 2020, 2021). People with an extensive network can have severe feelings of loneliness. In contrast, people with a small network can be satisfied because the quality of the relationships meets their social needs (Dykstra, 2001; Meeuwesen, 2006).



## Appendix II

### Conceptualisations of meaning dimensions

Wong (2012)	<ul style="list-style-type: none"> <li>• Purpose</li> <li>• Understanding</li> <li>• Responsibility</li> <li>• Emotion/enjoyment</li> </ul>
Steger (2012) Martela & Steger (2016) Martela & Steger (2016)	<ul style="list-style-type: none"> <li>• Cognitive (coherence)</li> <li>• Motivational (purpose)</li> <li>• Affective (significance)</li> </ul>
Krause (2004)	<ul style="list-style-type: none"> <li>• Values</li> <li>• Purpose</li> <li>• Goals</li> <li>• Reconciliation of the past</li> </ul>
Baumeister (1991) Derx (2011) Derx et al. (2019)	<ul style="list-style-type: none"> <li>• Purpose</li> <li>• Efficacy (competence)</li> <li>• Moral worth (values)</li> <li>• Self-worth</li> <li>• Comprehensibility</li> <li>• Connectedness</li> <li>• Excitement</li> </ul>



## **Appendix III**

### **Topics of the coding scheme**

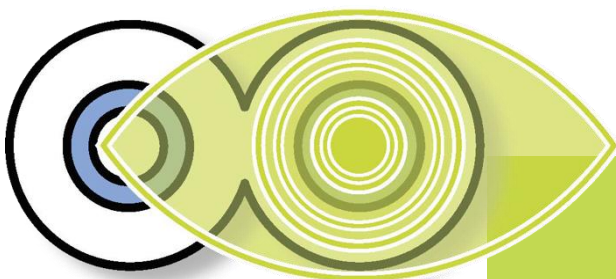
The basic 14 main topics (with 26 subtopics) of the extended coding scheme.

#### **Meaningful ageing**

- Autonomy and wellbeing
- Potentials of older people
  - Generativity: contribution older people to future generations
  - Sharing experience and wisdom
  - Creativity
- Ego-integrity
  - Coming to terms with one's life
  - Ruminating about the past, reminiscence
  - Narrative coherence
- Gerotranscendence
  - Spiritual development in later life
  - Forgiveness, compassion, self-transcendence

#### **Social needs in later life**

- Talk with others about existential matters
- Relationships, selective, emotional quality
- Social roles in later life
  - Socially and culturally valued roles,
  - Loss of valued roles, the realisation of one's dreams
- Social relations in later life
  - Quality, size of network
  - Investments done
- Social frailty: Loneliness and social isolation
  - Loss of significant others
  - Existential loneliness, basic lack of connectedness



## Meaning needs in later life

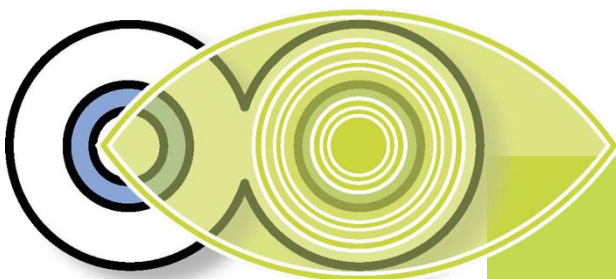
- Global and situational meaning
- Existential meaning and daily meaning
- Narrative coherence,
- Outstanding sources of meaning in later life
  - Social relationships (long-lasting)
  - Meaningful activities
  - Religion and spirituality
- Self as the source of meaning (values, character)

## Attuning to needs

- Expectations and experiences
- Match with needs
- Competencies caregiver

## Conditions

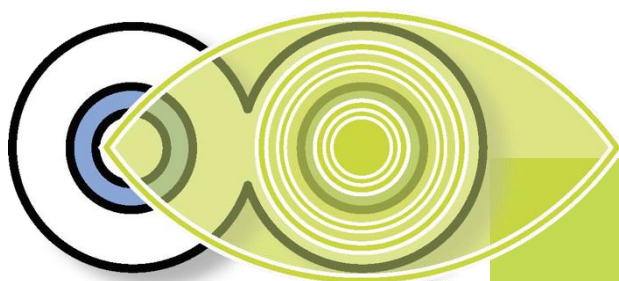
- Individual, social, organisational, societal-cultural-material



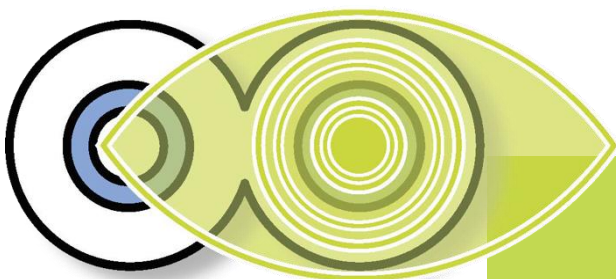


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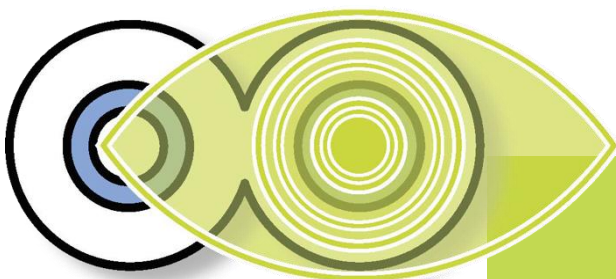
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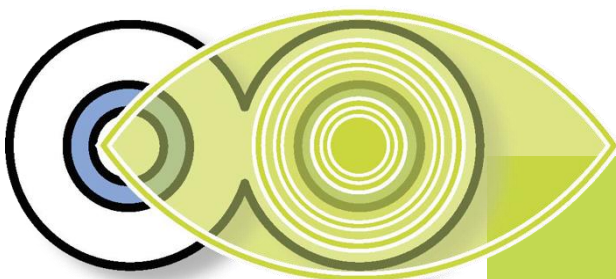


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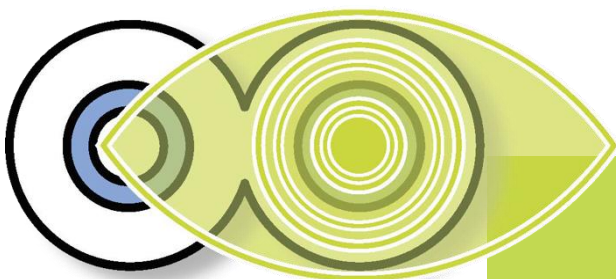




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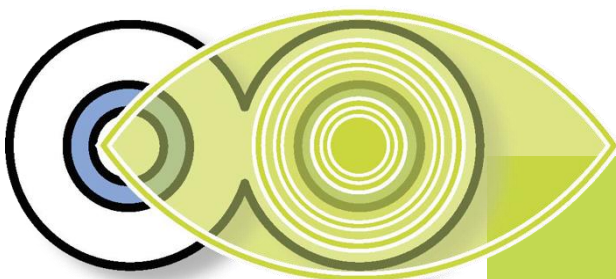


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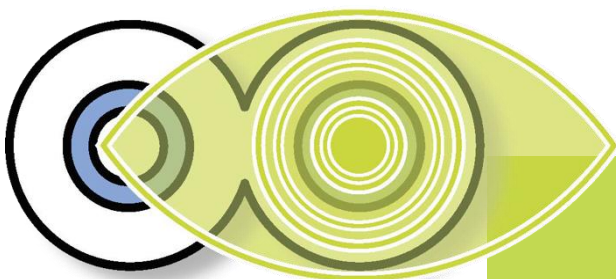




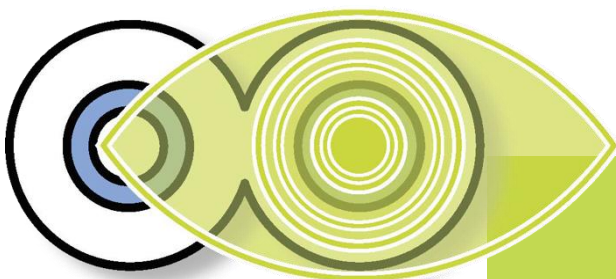
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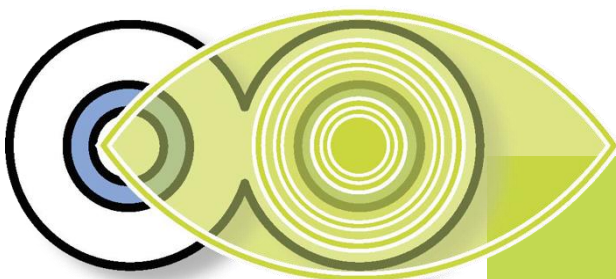


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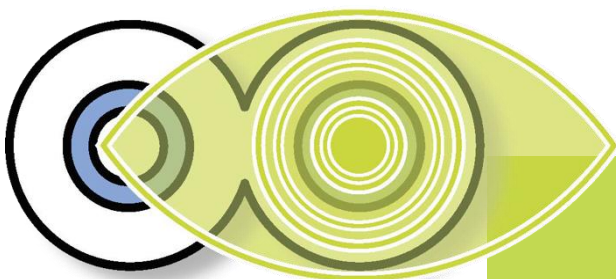




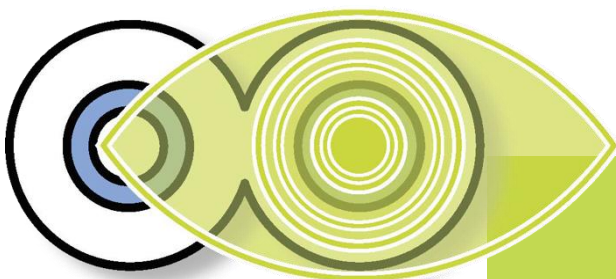
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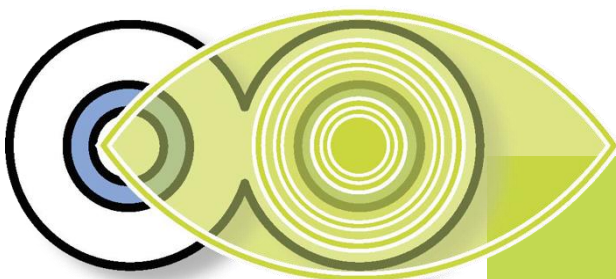


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