



Social inclusion through Meaningful ageing

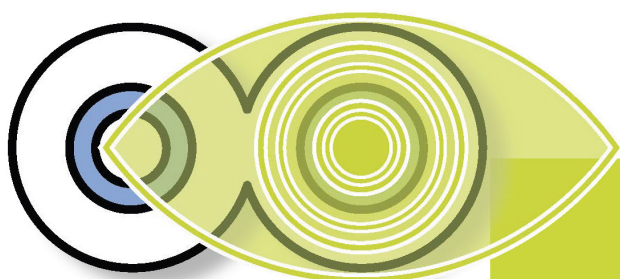
## European research report 1:

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

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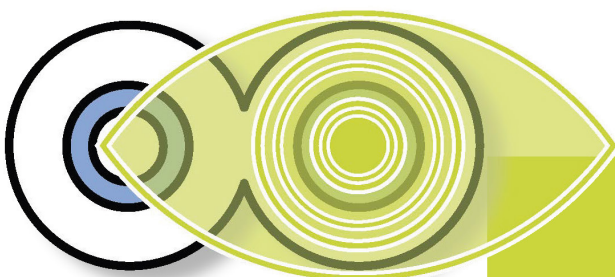
# 1. Introduction

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 potentials 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 its implications for providing care to older adults (Chapter 7).

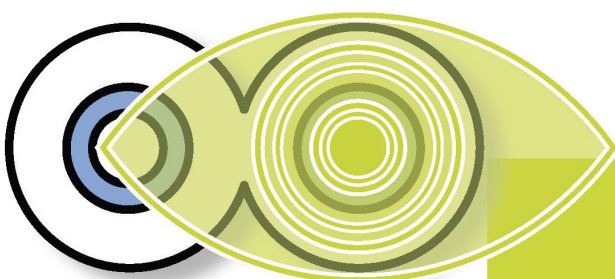


## 2. The dominant perspective on ageing: successful ageing

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 potentials 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 for 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).

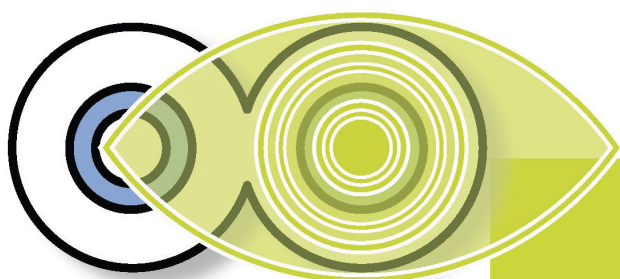
**3) The 'successful' ageing discourse tends to disregard a good old age's spiritual and meaning dimensions.**

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).

There is a clear scientific need for a more comprehensive view of ageing, given these critics.



## 3. The positive potentials of older people

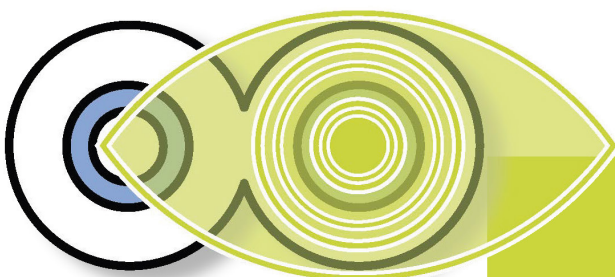
In the literature, an increasing awareness exists that a more positive view of ageing is urgently needed, not just for the wellbeing of the individual, but also for societies, to make sure the potentials of older people for contributing valuable things to the community do not remain underused. Moreover, 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 operationalised 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 potentials of their older members, so that older people feel overlooked or underused.

### 3.2 *Ego-integrity*

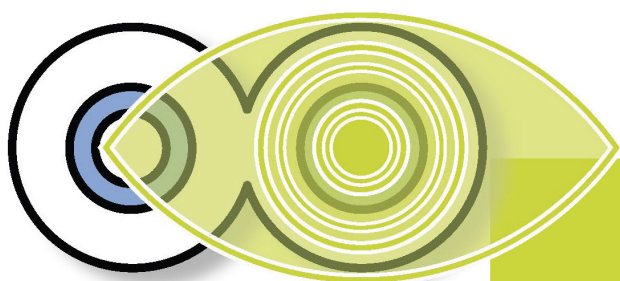
Another potential of old age suggested by Erikson (1997) is ego-integrity, which he perceives as the developmental task of the last phase of life, preceding death. Ego-integrity involves coming to terms with one's life in retrospect, leading to a sense of self-acceptance and life affirmation. Looking back on one's life helps people give a meaningful ordering to life events and thus create 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 addresses 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, recognising what is meaningful to them and making 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 emphasising the potentials of older people concerns spiritual development in later life (Atchley, 2009; Bengtson & Silverstein, 2019; Johnson & Walker, 2016; Remmers, 2017). An interesting theory in this regard is Lars Tornstam's gerotranscendence theory (Tornstam 1989; 2005).

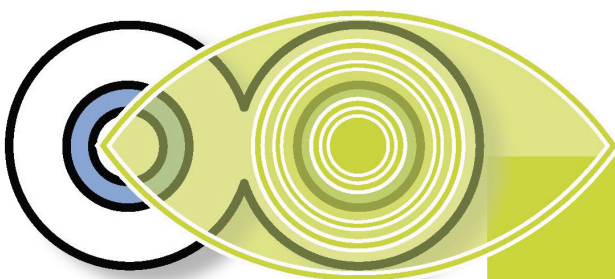


According to gerotranscendence theory, growing older comes with a change in perspective on oneself, social relations and the world. Generally speaking, gerotranscendence comprises a shift from values and purposes that focus on the self towards more universalistic, transcendent values (Remmers, 2017).

Gerotranscendence includes three dimensions.

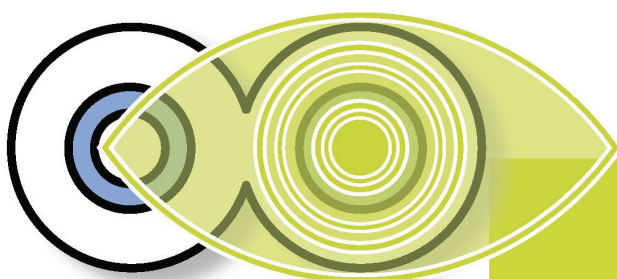
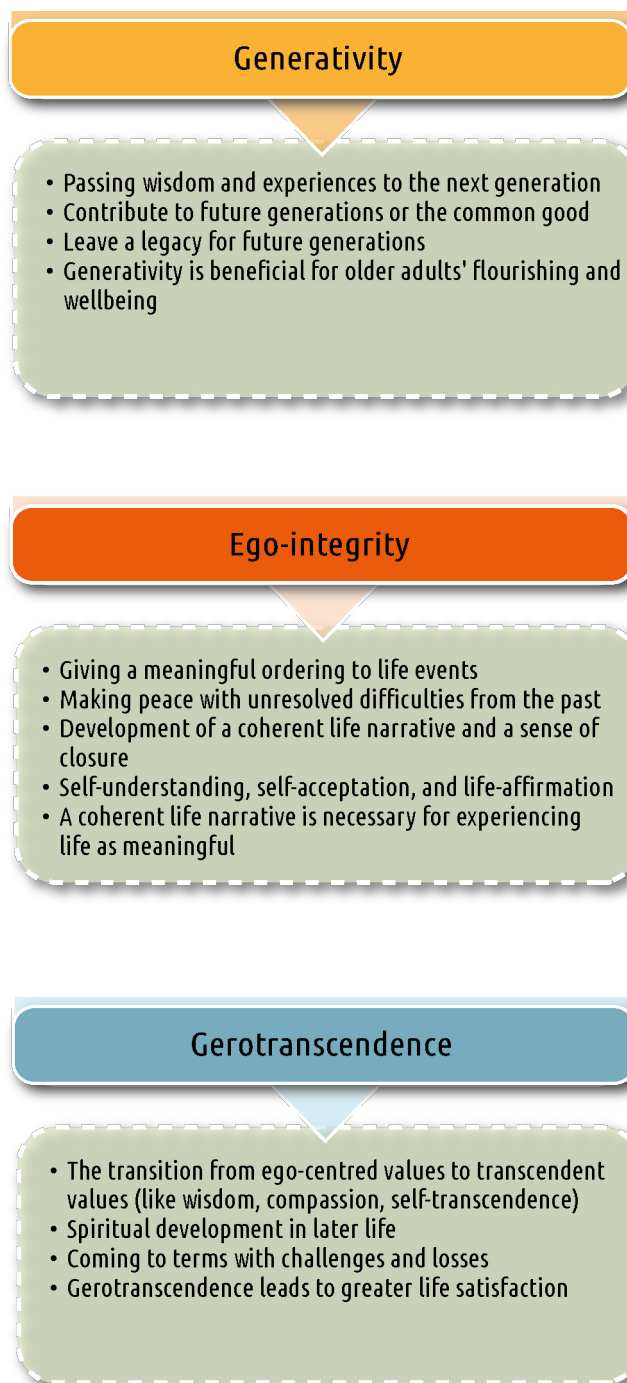
- **The self-dimension** consists of a changed relationship to one's own body, a transcendence of previous ego-related concerns, recognition of shadow sides of one's personality, and increased altruistic motives and actions.
- **The relational dimension** includes a more compassionate and understanding 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**



## 4. Social needs

### 4.1 Introduction: feeling connected

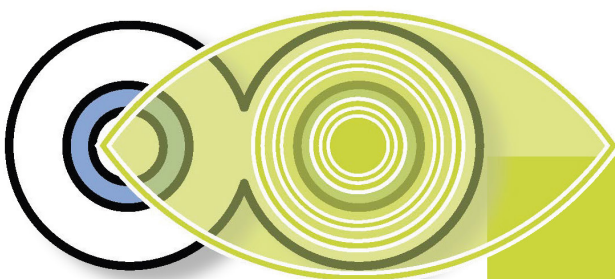
Part of the critiques against the 'successful' ageing model is its focus on physical and mental health (Chapter 2) while neglecting other aspects of the ageing experience, particularly social aspects (Tesch-Römer & Wahl, 2017). In the psychological literature, social connections with others are understood 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 a significant source of human motivation, its realisation may be endangered in many ways, resulting in loneliness, social isolation and compromised health and wellbeing. Therefore, in recent years, the importance of including social aspects in the research on frailty in older people is increasingly recognised 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

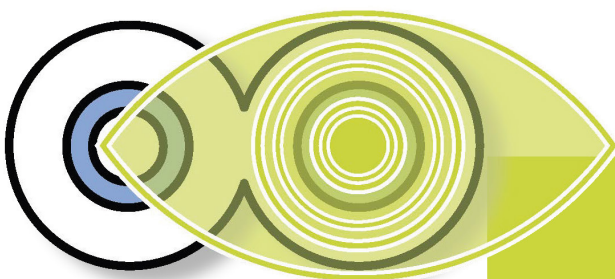
A crucial way to understand the fundamental role of interpersonal relationships in people's personal lives is the belongingness theory (Baumeister & Leary, 1995), which focuses on the need to belong as a fundamental psychological motivation. Belongingness theory states that individuals have a strong 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., Hagerly et al., 1992). Thus, being connected to other people refers to having fulfilling 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).

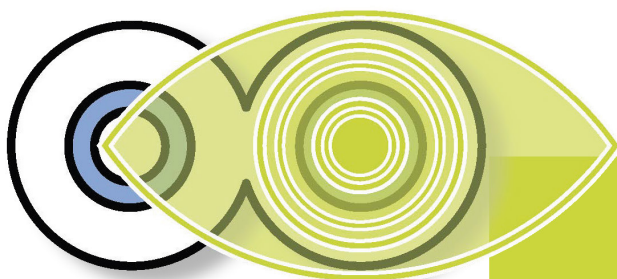


The various functions (as summarised in Table 2) are not strictly separated but often closely linked.

- **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.
- **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).
- **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 a 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.



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



People's networks can vary greatly and may include individuals with very different social roles, for example, family members, friends, acquaintances, neighbours, 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.

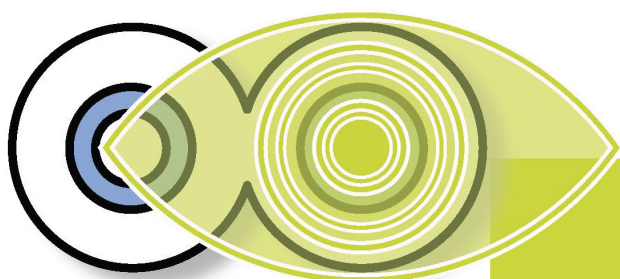
The importance people attribute to the different relationships in a personal network varies per individual and culture (Billington et al., 1998; Hewstone & Stroebe, 2001; Morril et al., 2005; Steinbach et al., 2020).

### **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, 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).

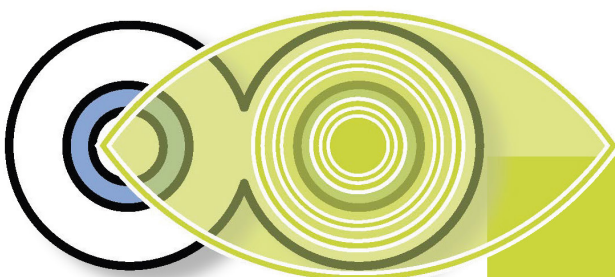


## 4.4 Social needs in later life

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 contacts 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 contacts 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 contacts with a high emotional quality actually increases, often leads to feelings of loneliness and sometimes even results in social isolation (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 suffer 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 disclosure of loneliness and isolation (Nevesa et al., 2019).

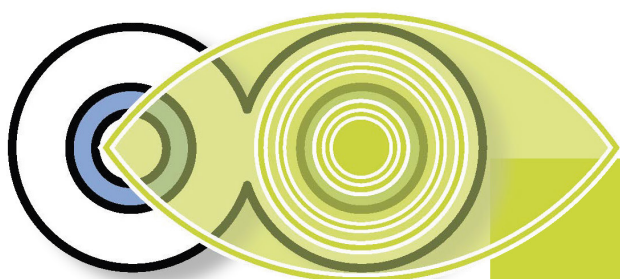
Definitions of different types of loneliness and social isolation can be found in Appendix I

## 4.5 Sources for the fulfilment of social needs

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

### 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



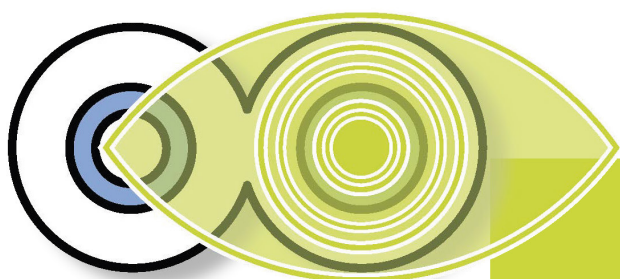
for coherence because social losses may reorder one's ability to see the world as comprehensible, manageable, and meaningful (Johnson, 2012; 2016; Silverstein & Heap, 2015). In reflecting on their past, people can recall pleasant memories and painful or problematic issues associated with guilt and anger. To 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: time spent together over the years, activities undertaken jointly, 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).

### 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 need 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).

### 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 to the wellbeing of future generations (Atchely, 2009; Johnson & Walker, 2016; Laceulle, 2013).





## 5. Meaning needs

### 5.1 Introduction

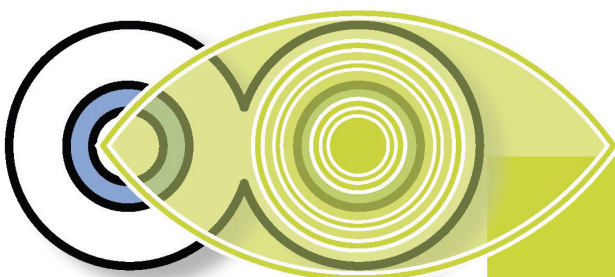
Meaning is an existential concern fundamental to the human condition (Frankl, 1959). People are believed to be hard-wired to experience meaning; however, the extent to which they actively engage in the search for it differs (Steger et al., 2008). Meaning in life is not a constant and stable factor but 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 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?**

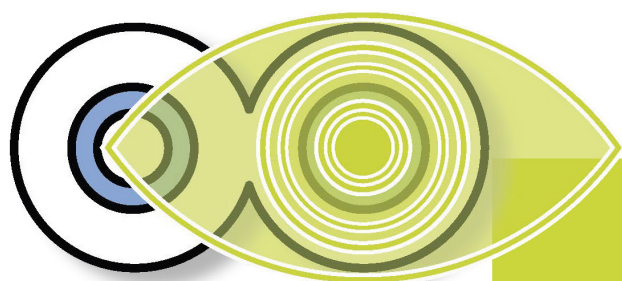
(Hupkens et al., 2019).



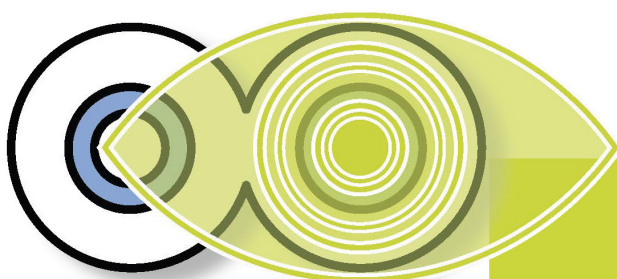
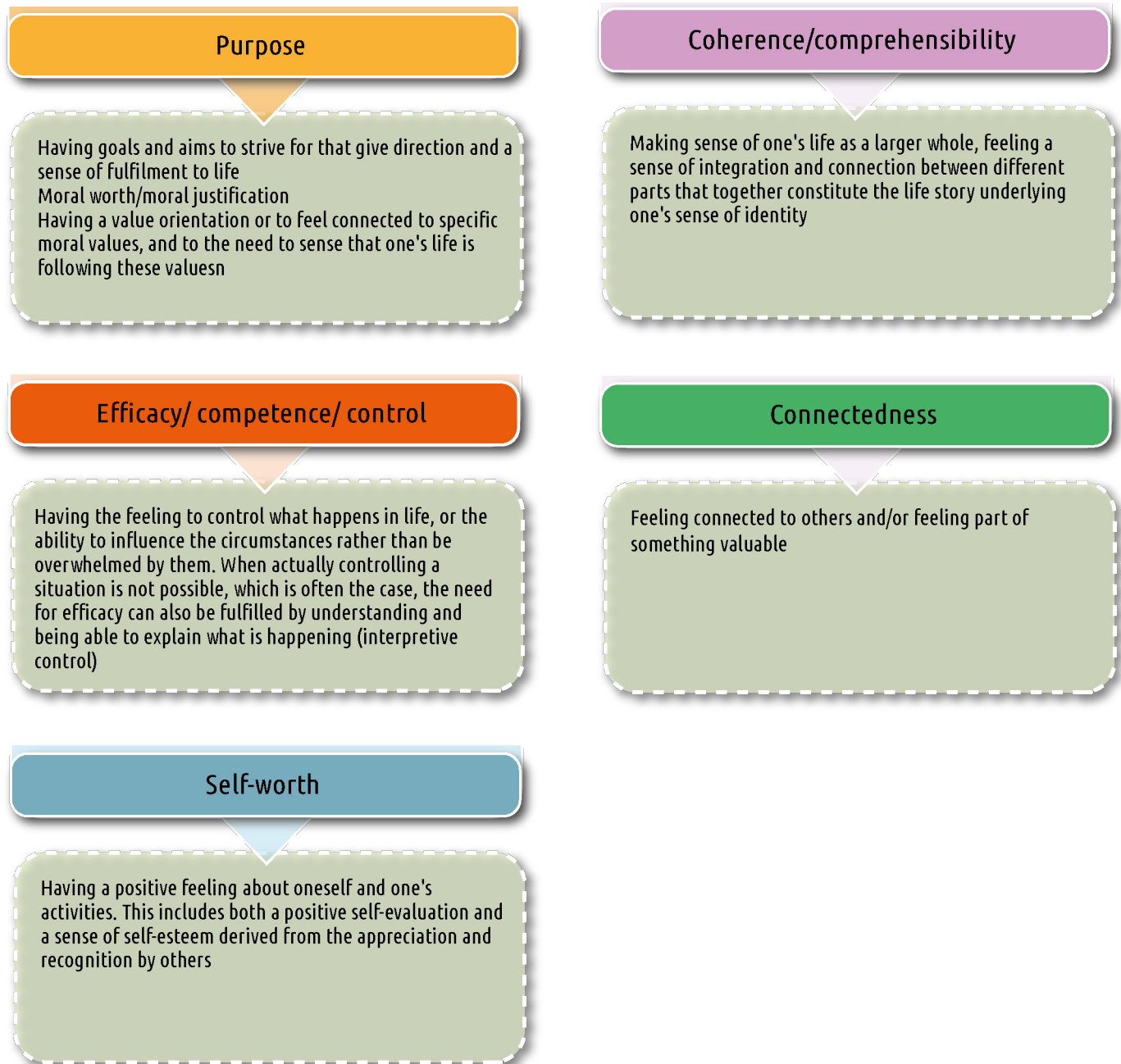
Although research on meaning in life is a growing field of study, there is no consensus on defining or conceptualising the term. However, an integrated approach is generally desirable (Park, 2017). Brandstätter et al. (2012) synthesised the definitions of meaning in life underlying different existing 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).

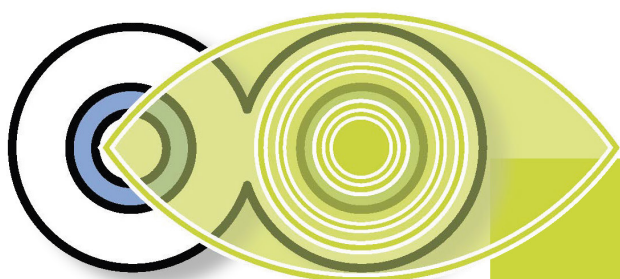


**Table 3 – Meaning needs, according to Baumeister and Derkx**



Further relevant distinctions made in conceptualising meaning include:

- 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) of people's daily lives (Hupkens et al., 2018; Park 2017), the concept of meaning of life refers to fundamental ontological and philosophical questions about the world and our human place in it (Metz, 2013).
- The distinction between meaning as a part of daily existence or meaning as a response to situations of crisis or existential trauma's. 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).
- 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, and 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).

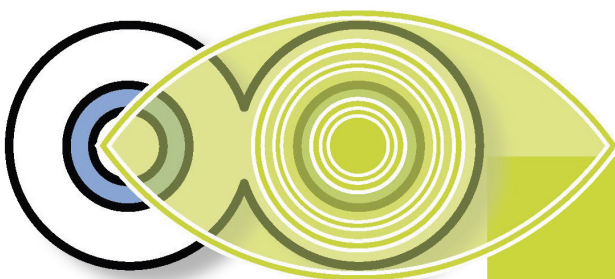
On the other hand, ill health, meaning-threatening events in the external worlds (such as crime, civil conflicts or abuse), economic hardship and mental burdens such as worrying, loneliness or hopelessness tend to undermine people's vitality and sense of meaning (Söderbacka, Nyström & Fagerström, 2016). 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 in 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



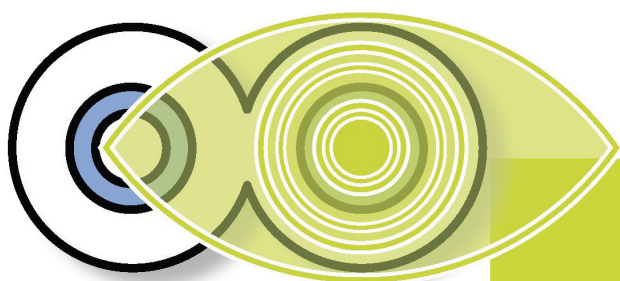
(autonomy), become less important for older people (Ryff & Kim, forthcoming). In contrast, other meaning needs, such as connectedness or comprehensibility, may increase in importance. Positive affect associated with close personal relationships and a positive mood experienced in the present is more related 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:

1) **Social relationships are perhaps the most fundamental source of meaning for older people (Krause & Rainville, 2020).**

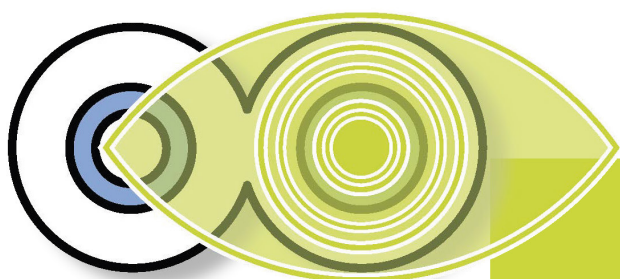
In particular, reciprocity in relationships was considered essential for generating a sense of meaning (Duppen et al., 2019; Fegg et al., 2007; Hupkens et al., 2019). Furthermore, meaningful social contact can help older people to realise their potential for generativity, ego-integrity and gerotranscendence.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

2) **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 be a contribution 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).

3) **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 to 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



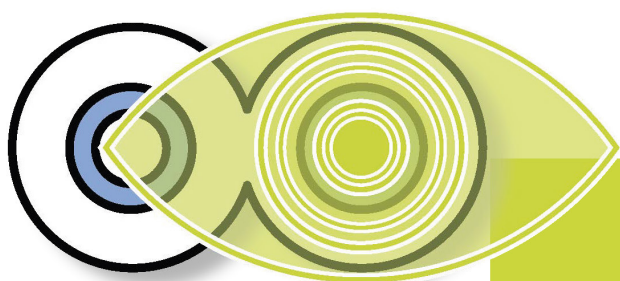
contribute to higher levels of meaning (Krause & Hayward, 2012). Even for those older people who no longer dwell in traditional religious institutions, spirituality in many forms remains an important source of meaning (Spännäri & Laceulle, 2021). Higher levels of spirituality are associated with lower 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).





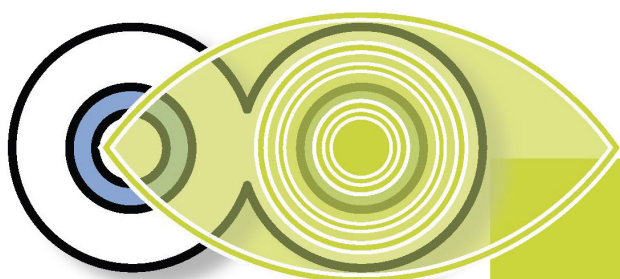
This resulted in an interview guide that centred around four main topics:

- 1) **Assistance/help/care:**  
from who, how often, what kind, 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 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.

**Table 4 – Overview of SeeMe interviews for this report**

| Country           | Older adult | Extra mural | Intra mural |
|-------------------|-------------|-------------|-------------|
| Belgium           | 2           | X           |             |
| Germany           | 4           | X           | X           |
| Italy             | 3           |             | X           |
| Netherlands (UHS) | 3           | X           |             |
| Netherlands (AA)  | 2           |             | X           |
| Spain             | 2           | X           |             |
| Total             | N=16        |             |             |



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:

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

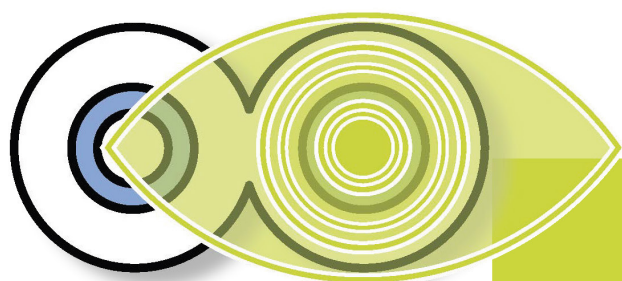
The outcomes of the data analysis as presented below follow these five main categories. In line with the problem statement of the SeeMe project, we will stress salient, surprising and inspiring findings that add insight into social and meaning needs and how to accommodate them in care settings.

## 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 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 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).



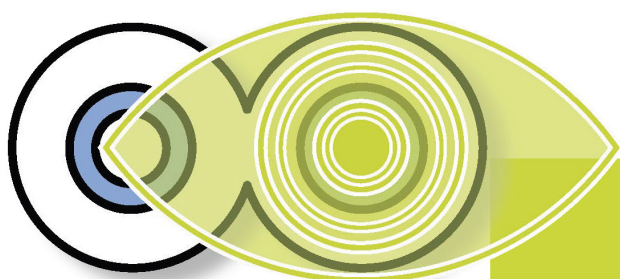
Respondents often actively try to cope with limitations positively, while they recognise the negative aspects. They know, for example, that their memory is deteriorating and that they need help (NL1). Adapting to things – becoming a chameleon - not to make it harder than it is, and often thinking for 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 (NL1). Remarkable, respondents often refer to needing a community or a group of people just for the dynamics, 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).

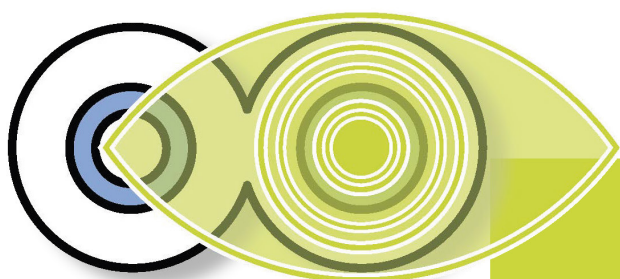
Older adults' stories indicate that loneliness is enforced by physical limitations (hard of hearing, immobility), restricting them from fulfilling their need for social contacts and activities (BE4). Many of them refer to difficulties with a shrinking or absent social network. Also, changing neighbourhoods may contribute to that, like one respondent (NL2) is very negative about immigrants because he can't bond with them and doesn't get support from them. In 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 the 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 it 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, 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 the youth and broken relationships or lack of support by their social network during adulthood. Some respondents indicate that the existential part of meaning in life is hard to be confronted with 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



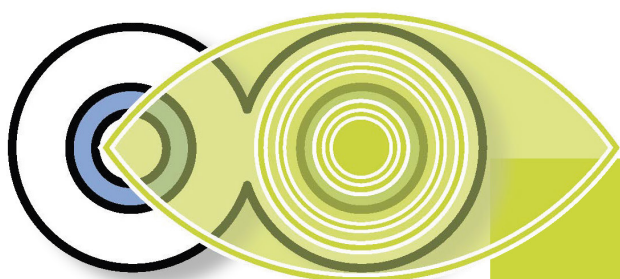
past, softening it and putting it in perspective on the one hand and keeping expressing negative feelings and regret (SP1). One older adult stresses the importance of memories: "I miss the sand and the air of the sea. This was my youth. My memories are important. These make my life less boring" (NL5). 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, accepting 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.

- 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.
- 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.
- 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).
- 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

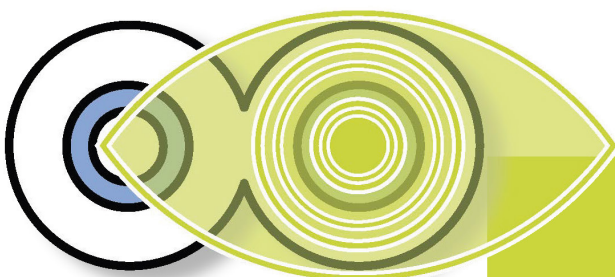
Many respondents mention activities to be important as facilitators. At the same time, health and mobility form essential conditions to which care needs to be attuned. Not only because of physical restrictions to participate but also because medical help and things like transportation are costly (BE4), 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 meals. 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 potentials. 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 kind 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

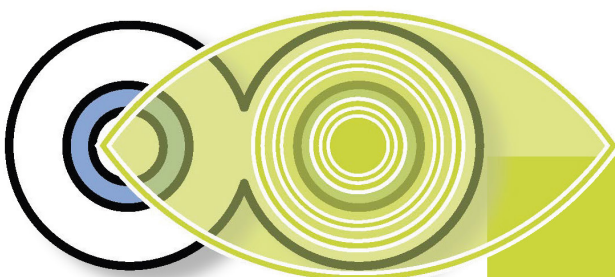
### 7.1 *Potentials, social needs and meaning needs*

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 potentials 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.

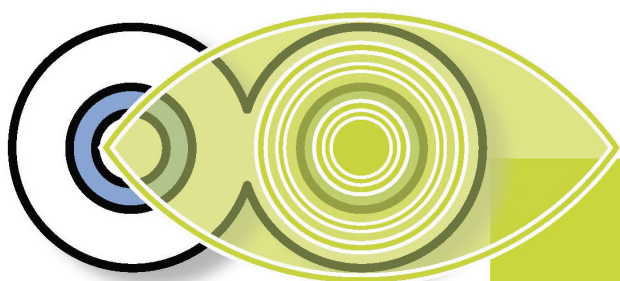
The lack of meaningful relationships and social roles also has far-reaching consequences for self-worth, another aspect of meaning in life (Crocker and Wolf, 2001; Derkx, 2011). In a life phase in which people are confronted with radical life changes, self-confidence and self-respect are important competencies 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 the 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 potentials 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).

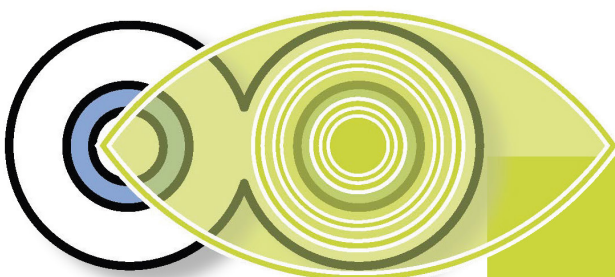




## 7.2 Positive health, quality of life, and psychological wellbeing

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

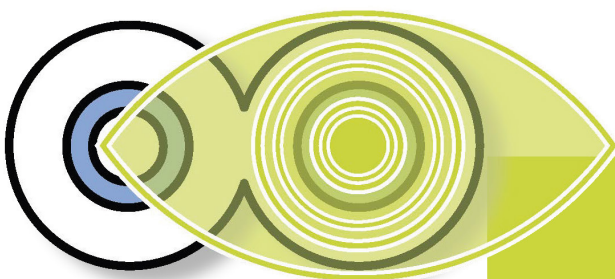
Some of the self-evident resources of the fulfilment of social needs and meaning needs are at risk of becoming unavailable in later life due to a loss of functional abilities and significant others who previously safeguarded a sense of belonging and recognition, and due to the loss of specific valued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

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 contacts with children or grandchildren can, for example, help people realise their potential for generativity. Intergenerational contacts 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.

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 potentials 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.

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,



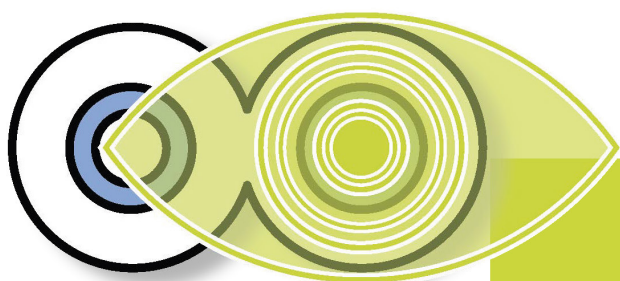
Making an effort to get to know people, not just as they are in late life, but their life narratives as well, can be very helpful in understanding the needs and wishes of older people and in helping them put their strengths and talents to good use, even if sometimes in adapted form due to restrictions in physical or mental functioning. Narrative and biographical interventions (such as life review or life books) can benefit (De Medeiros, 2014).

Both social and meaning needs rely strongly on qualitative personal relationships between 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 in this respect.

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).

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).

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 a 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, being surrounded by valued personal belongings are helpful interventions



Answering older people's social and meaning needs requires offering a palette of meaningful activities (De Vriendt et al., 2019; Drageset, Haugan & Tranvag, 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.

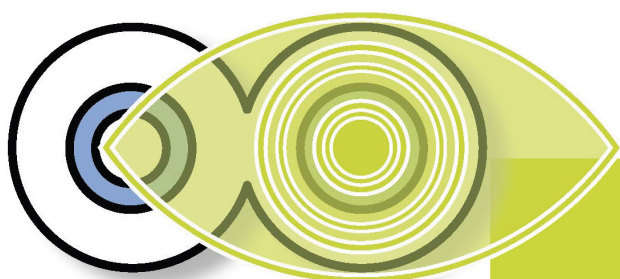
The proper fulfilment of social and meaning needs implies awareness of the diversity of older people and cultural differences, for example, gender differences, differences in ethnic background, and socio-demographic characteristics such as income, place of dwelling and number of social contacts (Golovchanova et al., 2021; Fegg et al., 2007; Pinguart, 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 the 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 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, 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 enhancing 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 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).

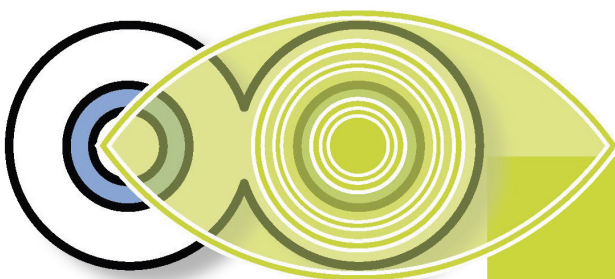
In the literature, three types of loneliness are distinguished:

- 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, 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).

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)

- Purpose
- Understanding
- Responsibility
- Emotion/enjoyment

Steger (2012);  
Martela & Steger (2016)

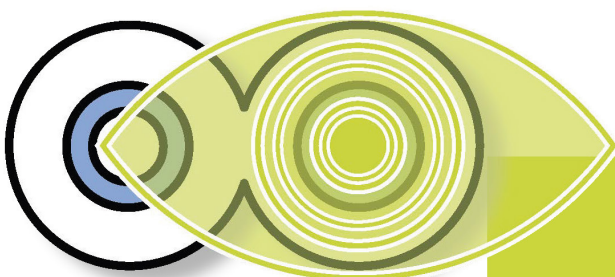
- Cognitive (coherence)
- Motivational (purpose)
- Affective (significance)

Krause (2004)

- Values
- Purpose
- Goals
- Reconciliation of the past

Baumeister (1991);  
Derkx (2011);  
Derkx et al. (2019)

- Purpose
- Efficacy (competence)
- Moral worth (values)
- Self-worth
- Comprehensibility
- Connectedness
- Excitement



## Appendix III – Topics of the coding scheme

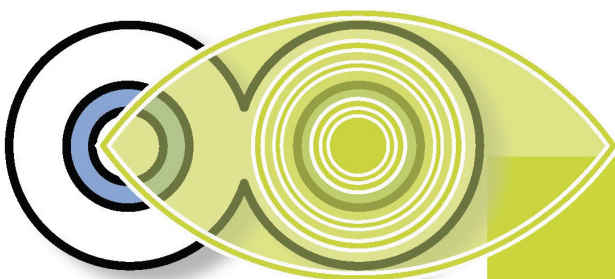
### The basic 14 main topics (with 26 subtopics) of the extended coding scheme.

#### Meaningful aging

- **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, 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

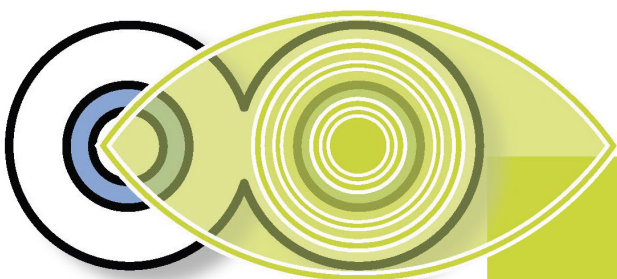
- Global and situational meaning
  - Existential meaning and daily meaning
  - Narrative coherence,
- **Outstanding sources of meaning in later life**
    - Social relationships (long lasting)
    - Meaningful activities
    - Religion and spirituality
  - **Self as source of meaning (values, character)**

## Attuning to needs

- Expectations and experiences
- Match with needs
- Competencies caregiver

## Conditions

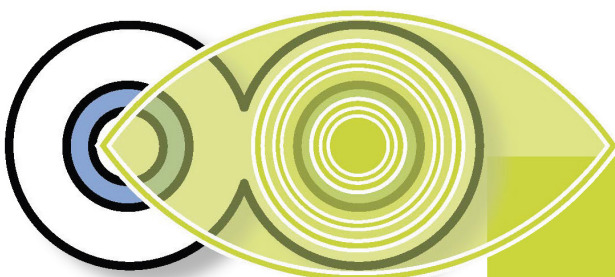
- **Individual, social, organisational, societal-cultural-material**





## References

- Åberg, C., Gillsjö, C., Hallgren, J., & Berglund, M. (2020).** "It is like living in a diminishing world": Older persons' experiences of living with long-term health problems - prior to the STRENGTH intervention. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), 1747251. doi:10.1080/17482631.2020.1747251
- Apostel, L. (1998).** Een ander geloven. een nieuw transcenderen. over niet-theïstische spiritualiteit [another faith. A new transcendence. on non-theistic spirituality]. In J. Mysjkin (Ed.), *Atheïstische spiritualiteit [atheistic spirituality]* (pp. 23-37). Brussel: VUB Press.
- Ashida, S., & Heaney, C. A. (2008).** Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health*, 20(7), 872-893. doi:10.1177/0898264308324626
- Atchley, R. C. (2009). *Spirituality and aging*. Baltimore, MD, US: Johns Hopkins University Press.
- Aydın, A., Işık, A., & Kahraman, N. (2020).** Mental health symptoms, spiritual well-being and meaning in life among older adults living in nursing homes and community dwellings. *Psychogeriatrics: The Official Journal of the Japanese Psychogeriatric Society*, 20(6), 833-843. doi:10.1111/psyg.12613
- Baumann, D., & Eiroa Orosa, F. J. (2016).** Mental well-being in later life: The role of strengths use, meaning in life, and self-perceptions of ageing. *International Journal of Applied Positive Psychology*, 1, 21-39. doi:10.1007/s41042-017-0004-0
- Baumeister, R. F. (1991).** *Meanings of life*. New York: Guilford.
- Baumeister, R. F., Bratslavsky, E., Finkenauer, C., & Vohs, K. D. (2001).** Bad is stronger than good. *Review of General Psychology*, 5(4), 323-370. doi:10.1037/1089-2680.5.4.323
- Baumeister, R. F., & Vohs, K. D. (2002).** The pursuit of meaningfulness in life. *Handbook of positive psychology* (pp. 608-618). New York, NY, US: Oxford University Press.
- Baumeister, R., & Leary, M. (1995).** The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529. doi:10.1037/0033-2909.117.3.497
- Beach, V. L., Brown, S. L., & Cukrowicz, K. C. (2021).** Examining the relations between hopelessness, thwarted interpersonal needs, and passive suicide ideation among older adults: Does meaning in life matter? *Aging & Mental Health*, 25(9), 1759-1767. doi:10.1080/13607863.2020.1855102



**Bengtson, V. L., & Silverstein, M. (2019).** *New dimensions in spirituality, religion, and aging.* New York: Routledge.

**Bergman, H., Ferrucci, L., Guralnik, J., Hogan, D. B., Hummel, S., Karunanathan, S., & Wolfson, C. (2007).** Frailty: An emerging research and clinical Paradigm—Issues and controversies. *The Journals of Gerontology: Series A*, 62(7), 731-737.  
doi:10.1093/gerona/62.7.731

**Berkman, L. F., & Glass, T. (2000).** Social integration, social networks, social support, and health. In L. F. Berkman, & I. Kawachi (Eds.), *Social epidemiology* (pp. 158-162). New York: Oxford University Press.

**Bernard, M., Strasser, F., Gamondi, C., Braunschweig, G., Forster, M., Kaspers-Elekes, K., . . . Borasio, G. D. (2017).** Relationship between spirituality, meaning in life, psychological distress, wish for hastened death, and their influence on quality of life in palliative care patients. *Journal of Pain and Symptom Management*, 54(4), 514-522.  
doi:10.1016/j.jpainsymman.2017.07.019

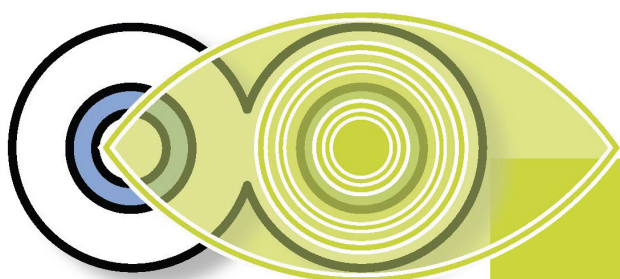
**Billington, R., Hockey, J., & Strawbridge, S. (1998).** *Exploring self and society.* London: Palgrave.

**Birditt, K. S., Sherman, C. W., Polenick, C. A., Becker, L., Webster, N. J., Ajrouch, K. J., & Antonucci, T. C. (2020).** So close and yet so irritating: Negative relations and implications for well-being by age and closeness. *The Journals of Gerontology: Series B*, 75(2), 327-337.  
doi:10.1093/geronb/gby038

**Bjälkebring, P., Henning, G., Västfjäll, D., Dickert, S., Brehmer, Y., Buratti, S., . . . Johansson, B. (2021).** Helping out or helping yourself? volunteering and life satisfaction across the retirement transition. *Psychology and Aging*, 36(1), 119-130. doi:10.1037/pag0000576

**Bolmsjö, I. (2001).** Existential issues in palliative care: Interviews of patients with amyotrophic lateral sclerosis. *Journal of Palliative Medicine*, 4(4), 499-505.  
doi:10.1089/109662101753381647

**Bolmsjö, I., Tengland, P., & Ränggård, M. (2019).** Existential loneliness: An attempt at an analysis of the concept and the phenomenon. *Nursing Ethics*, 26(5), 1310-1325.  
doi:10.1177/0969733017748480



**Braam, A. W., Bramsen, I., van Tilburg, T. G., van der Ploeg, Henk M., & Deeg, D. J. H. (2006).** Cosmic transcendence and framework of meaning in life: Patterns among older adults in the netherlands. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 61(3), 121. doi:10.1093/geronb/61.3.s121

**Brandstätter, M., Baumann, U., Borasio, G. D., & Fegg, M. J. (2012).** Systematic review of meaning in life assessment instruments. *Psycho-Oncology*, 21(10), 1034-1052. doi:10.1002/pon.2113

**Brewer, M. B. (2005).** The psychological impact of social isolation: *Discussion and commentary*. In K. D. Williams, J. P. Forgas & W. Von Hippel (Eds.), *The social outcast: Ostracism, social exclusion, rejection, and bullying* (pp. 333-345). New York, NY, US: Psychology Press.

**Burholt, V., Windle, G., Gott, M., & Morgan, D. J. (2020).** Technology-mediated communication in familial relationships: Moderated-mediation models of isolation and loneliness. *The Gerontologist*, 60(7), 1202-1212. Retrieved from <https://doi.org/10.1093/geront/gnaa040>

**Busschbach, J.T. van (1992).** Investeren in relaties: Verschillende visies op sociaal kapitaal als verklaring voor veranderingen in het persoonlijke netwerk. In: W. Jansen & G.L.H. van den Witteboer (1992). *Sociale netwerken en hun invloed* (pp. 57-71). Amsterdam/Meppel: Boom.

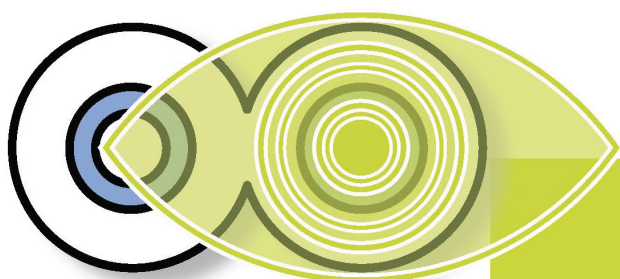
**Butler, R. N. (1963).** The life review: *An interpretation of reminiscence in the aged*. *Psychiatry*, 26(1), 65-76. doi:10.1080/00332747.1963.11023339

**Cacioppo, J. T., & Cacioppo, S. (2014).** Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, 8(2), 58-72. doi:10.1111/spc3.12087

**Cacioppo, J. T., & Hawkley, L. C. (2003).** Social isolation and health, with an emphasis on underlying mechanisms. *Perspectives in Biology and Medicine*, 46(3), 39.

**Carr, K., & Weir, P. L. (2017).** A qualitative description of successful aging through different decades of older adulthood. *Aging & Mental Health*, 21(12), 1317-1325. doi:10.1080/13607863.2016.1226764

**Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999).** Taking time seriously. A theory of socioemotional selectivity. *The American Psychologist*, 54(3), 165-181. doi:10.1037//0003-066x.54.3.165



**Carstensen, L. L. (1995).** Evidence for a life-span theory of socioemotional selectivity. *Current Directions in Psychological Science*, 4(5), 151-156. doi:10.1111/1467-8721.ep11512261

**Carstensen, L., Fung, H., & Charles, S. (2003).** Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion*, 27(2), 103-123. doi:10.1023/A:1024569803230

**Cattan, M., Newell, C., Bond, J., & White, M. (2003).** Alleviating social isolation and loneliness among older people. *International Journal of Mental Health Promotion*, 5(3), 20-30. doi:10.1080/14623730.2003.9721909

**Chu, S. T., Fung, H. H., & Chu, L. (2020).** Is positive affect related to meaning in life differently in younger and older adults? A time sampling study. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 75(10), 2086-2094. doi:10.1093/geronb/gbz086

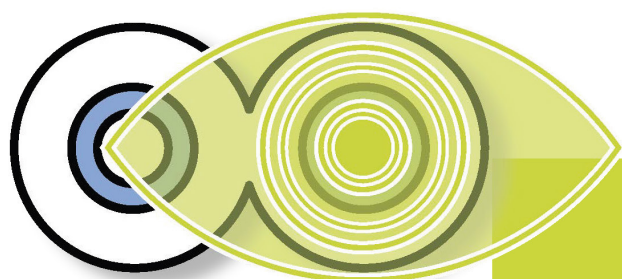
**Clarke, P. J., Marshall, V. W., Ryff, C. D., & Rosenthal, C. J. (2000).** Well-being in canadian seniors: Findings from the canadian study of health and aging. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 19(2), 139-159. doi:10.1017/S0714980800013982

**Cloutier-Fisher, D., Kobayashi, K., & Smith, A. (2011).** The subjective dimension of social isolation: A qualitative investigation of older adults' experiences in small social support networks. *Journal of Aging Studies*, 25(4), 407-414. doi:10.1016/j.jaging. 2011. 03.012

**Cohen, S., & Syme, S. L. (1985).** Issues in the study and application of social support. In S. Cohen, & S. L. Syme (Eds.), *Social support and health* (pp. 3-22). San Fransisco: Academic Press.

**Cohen, S., & Wills, T. A. (1985).** Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357. doi:10.1037/0033-2909.98.2.310

**Cole, T. R., Ray, R. E., & Kastenbaum, R. (2010).** *A guide to humanistic studies in aging: What does it mean to grow old?*. Baltimore: The Johns Hopkins University Press. doi:10.1017/S0144686X11000262 Retrieved from <https://www.cambridge.org/core/journals/ageing-and-society/article/abs/thomas-r-cole-ruth-e-ray-and-robert-kastenbaum-eds-a-guide-to-humanistic-studies-in-aging-what-does-it-mean-to-grow-old-the-johns-hopkins-university-press-baltimore-maryland-2010-400-pp-hbk-31-isbn-13-978-0-8018-9433-6/87CD7CC7C131F22620373D84921954E4>



**Coleman, P. G., Ivani-Chalian, C., & Robinson, M. (2015).** Self and meaning in the lives of older people: Case studies over twenty years. Cambridge: Cambridge University Press. Coleman, P. G., Carare, R. O., Petrov, I., Forbes, E., Saigal, A., Spreadbury, J. H., . . . Kendrick, T. (2011). Spiritual belief, social support, physical functioning and depression among older people in bulgaria and romania. *Aging & Mental Health*, 15(3), 327-333. doi:10.1080/13607863.2010.519320

**Cornwell, B., Goldman, A., & Laumann, E. O. (2021).** Homeostasis revisited: Patterns of stability and rebalancing in older adults' social lives. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 76(4), 778-789. doi:10.1093/geronb/gbaa026

**Cornwell, B., Schumm, L. P., Laumann, E. O., Kim, J., & Kim, Y. (2014).** Assessment of social network change in a national longitudinal survey. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 69 Suppl 2, 75. doi:10.1093/geronb/gbu037

**Cornwell, E. Y., & Waite, L. J. (2009).** Social disconnectedness, perceived isolation, and health among older adults. *Journal of Health and Social Behavior*, 50(1), 31-48. doi:10.1177/002214650905000103

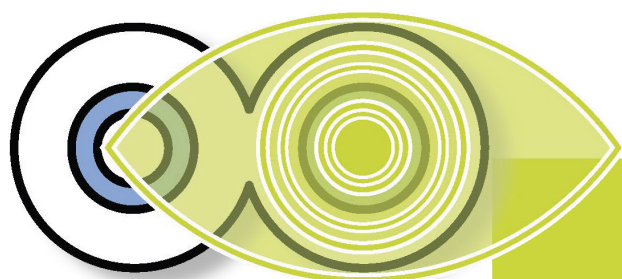
**Cozzolino, P. J., & Blackie, L. E. R. (2013).** I die, therefore I am: The pursuit of meaning in the light of death. In J. A. Hicks, & C. Routledge (Eds.), *The experience of meaning in life: Classical perspectives, emerging themes, and controversies* (pp. 31-45). New York, NY, US: Springer Science + Business Media.

**Crescioni, A. W., & Baumeister, R. F. (2013).** The four needs for meaning, the value gap, and how (and whether) society can fill the void. In J. A. Hicks, & C. Routledge (Eds.), *The experience of meaning in life: Classical perspectives, emerging themes, and controversies* (pp. 3-15). New York, NY, US: Springer Science + Business Media.

**Crocker, J., & Wolfe, C. T. (2001).** Contingencies of self-worth. *Psychological Review*, 108(3), 593-623. doi:10.1037/0033-295x.108.3.593

**Cruikshank, M. (2013).** Learning to be old: *Gender, culture, and aging (3rd ed.)*. Lanham, Maryland, US: Rowman & Littlefield Publishers.

**Dahlberg, L., McKee, K. J., Frank, A., & Naseer, M. (2021).** A systematic review of longitudinal risk factors for loneliness in older adults. *Aging & Mental Health*, 1-25. doi:10.1080/13607863.2021.1876638



**De Donder, L., Smetcoren, A., Schols, Jos M. G. A., van der Vorst, A., & Dierckx, E. (2019).** Critical reflections on the blind sides of frailty in later life. *Journal of Aging Studies*, 49, 66-73. doi:10.1016/j.jaging.2019.100787

**De Jong-Gierveld, J., Dykstra, P. A., & Schenk, N. (2012).** Living arrangements, intergenerational support types and older adult loneliness in eastern and western europe. *Demographic Research*, S11(7), 167-200. doi:10.4054/DemRes.2012.27.7

**De Jong-Gierveld, J., & Kamphuls, F. (1985).** The development of a rasch-type loneliness scale. *Applied Psychological Measurement*, 9(3), 289-299. doi:10.1177/014662168500900307

**De Medeiros, K. (2014).** *Narrative gerontology in research and practice*. New York, NY, US: Springer Publishing Co.

**De Vriendt, P., Cornelis, E., Vanbosseghem, R., Desmet, V., & Van de Velde, D. (2019).** Enabling meaningful activities and quality of life in long-term care facilities: The stepwise development of a participatory client-centred approach in flanders. *British Journal of Occupational Therapy*, 82(1), 15-26.

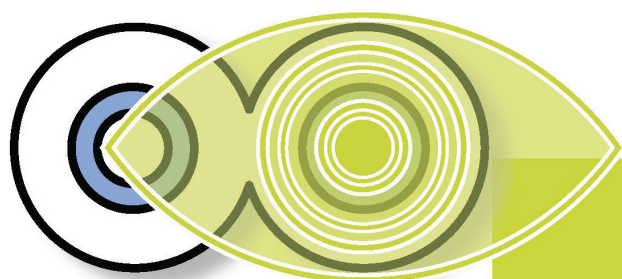
**Depp, C. A., & Jeste, D. V. (2006).** Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *The American Journal of Geriatric Psychiatry*, 14(1), 6-20. doi:10.1097/01.JGP.0000192501.03069.bc

**Derkx, P. (2011).** Humanisme, zinvol leven en nooit meer 'ouder worden': *Een levensbeschouwelijke visie op ingrijpende biomedisch-technologische levensverlenging* Brussel: ASP/VUBPRESS/UPA.

**Derkx, P., Bos, P., Laceulle, H., & Machielse, A. (2019).** Meaning in life and the experience of older people. *International Journal of Ageing and Later Life*, 14(1) doi:10.3384/ijal.1652-8670.19467

**d'Hombres, B., Barjaková, M., & Schnepf, S. V. (2021).** Loneliness and social isolation: *An unequally shared burden in europe*. ().Institute of Labor Economics (IZA). Retrieved from <https://ideas.repec.org/p/iza/izadps/dp14245.html>

**Dickens, A. P., Richards, S. H., Greaves, C. J., & Campbell, J. L. (2011).** Interventions targeting social isolation in older people: *A systematic review*. *BMC Public Health*, 11, 647. doi:10.1186/1471-2458-11-647



**Drageset, J., Haugan, G., & Tranvåg, O. (2017).** Crucial aspects promoting meaning and purpose in life: *Perceptions of nursing home residents*. *BMC Geriatrics*, 17(1), 254. doi:10.1186/s12877-017-0650-x

**Dumitrache, C. G., Rubio, L., & Cordón-Pozo, E. (2019).** Successful aging in spanish older adults: *The role of psychosocial resources*. *International Psychogeriatrics*, 31(2), 181-191. doi:10.1017/S1041610218000388

**Duppen, D., Van der Elst, Michaël C. J., Dury, S., Lambotte, D., & De Donder, L. (2019).** The social environment's relationship with frailty: Evidence from existing studies. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society*, 38(1), 3-26. doi:10.1177/0733464816688310

**Dury, R. (2014).** Social isolation and loneliness in the elderly: An exploration of some of the issues. *British Journal of Community Nursing*, 19(3), 125-128. doi:10.12968/bjcn.2014.19.3.125

**Dykstra, P. A. (2009).** Older adult loneliness: Myths and realities. *European Journal of Ageing*, 6(2), 91-100. doi:10.1007/s10433-009-0110-3

**Edmondson, R. (2015).** Ageing, insight and wisdom: *Meaning and practice across the lifecourse*. Bristol: Policy Press.

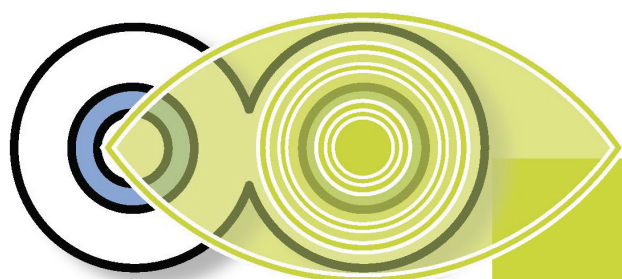
**Erikson, E. H. (1997).** *The life cycle completed*. Extended version with new chapters on the ninth stage of development by joan M. erikson. New York, US: W.W. Norton & Co.

**Ettema, E. J., Derksen, L. D., & van Leeuwen, E. (2010).** Existential loneliness and end-of-life care: A systematic review. *Theoretical Medicine and Bioethics*, 31(2), 141-169. doi:10.1007/s11017-010-9141-1

**Fegg, M. J., Kramer, M., Bausewein, C., & Borasio, G. D. (2007).** Meaning in life in the federal republic of germany: Results of a representative survey with the schedule for meaning in life evaluation (SMiLE). *Health and Quality of Life Outcomes*, 5, 59. doi:10.1186/1477-7525-5-59

**Fischer, C. S. (1982).** To dwell among friends. Chicago: University of Chicago Press. *Frankl, V. Man's search for meaning*. London: Hodder & Stoughton.

**Fry, P. S., & Keyes, C. L. M. (Eds.). (2010).** New frontiers in resilient aging: *Life-strengths and well-being in late life*. New York, NY, US: Cambridge University Press.



**Gardiner, C., Geldenhuys, G., & Gott, M. (2018).** Interventions to reduce social isolation and loneliness among older people: *An integrative review*. *Health & Social Care in the Community*, 26(2), 147-157. doi:10.1111/hsc.12367

**Gilleard, C., & Higgs, P. (2010).** Aging without agency: Theorizing the fourth age. *Aging & Mental Health*, 14(2), 121-128. doi:10.1080/13607860903228762

**Gobbens, R. J. J., van Assen, Marcel A. L. M., Luijkx, K. G., Wijnen-Sponselee, M. T., & Schols, Jos M. G. A. (2010).** The tilburg frailty indicator: Psychometric properties. *Journal of the American Medical Directors Association*, 11(5), 344-355. doi:10.1016/j.jamda.2009.11.003

**Gobbens, R., Assen, M., Luijkx, K., & Schols, Jos M. G. A. (2011).** Testing an integral conceptual model of frailty. *Journal of Advanced Nursing*, 68, 2047-60. doi:10.1111/j.1365-2648.2011.05896.x

**Golovchanova, N., Owiredua, C., Boersma, K., Andershed, H., & Hellfeldt, K. (2021).** Presence of meaning in life in older men and women: The role of dimensions of frailty and social support. *Frontiers in Psychology*, 12, 730724. doi:10.3389/fpsyg.2021.730724

**Grootegoed, E., Van Dijk, D., & Tonkens, E. (2013, February 13).** *Zorgbehoevenden voelen zich met hulp uit hun sociaal netwerk juist verre van redzaam*. *Volkskrant*

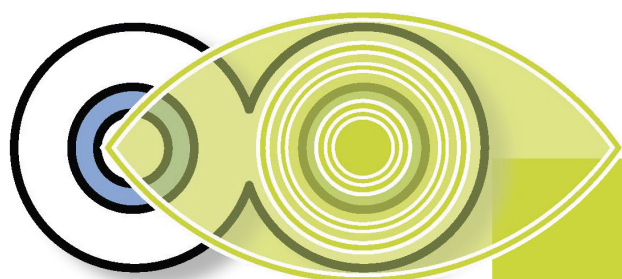
**Gullette, M. (2017).** *Ending ageism, or how not to shoot old people*. New Brunswick, New Jersey: Rutgers University Press.

**Gullette, M. M. (2004).** *Aged by culture*. Chicago: University of Chicago Press.

**Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992).** Sense of belonging: A vital mental health concept. *Archives of Psychiatric Nursing*, 6(3), 172-177. doi:10.1016/0883-9417(92)90028-h

**Harmer, B. J., & Orrell, M. (2008).** What is meaningful activity for people with dementia living in care homes? A comparison of the views of older people with dementia, staff and family carers. *Aging & Mental Health*, 12(5), 548-558. doi:10.1080/13607860802343019

**Haugan, G., Moksnes, U. K., & Løhre, A. (2016).** *Intrapersonal self-transcendence, meaning-in-life and nurse-patient interaction: Powerful assets for quality of life in cognitively intact nursing-home patients*. *Scandinavian Journal of Caring Sciences*, 30(4), 790-801. doi:10.1111/scs.12307





**Hedberg, P., Brulin, C., & Aléx, L. (2009).** Experiences of purpose in life when becoming and being a very old woman. *Journal of Women & Aging*, 21(2), 125-137. doi:10.1080/08952840902837145

**Hedberg, P., Gustafson, Y., Alèx, L., & Brulin, C. (2010).** Depression in relation to purpose in life among a very old population: A five-year follow-up study. *Aging & Mental Health*, 14(6), 757-763. doi:10.1080/13607861003713216

**Heintzelman, S. J., & King, L. A. (2019).** Routines and meaning in life. *Personality and Social Psychology Bulletin*, 45(5), 688-699. doi:10.1177/0146167218795133

**Heller, K., & Rook, K. S.** Distinguishing the theoretical functions of social ties: Implications for support interventions. In B. R. Sarason, & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 119–139). Chichester, England: John Wiley & Sons.

**Henning, G., Stenling, A., Bielak, A. A. M., Bjälkebring, P., Gow, A. J., Kivi, M., . . . Lindwall, M. (2021).** Towards an active and happy retirement? changes in leisure activity and depressive symptoms during the retirement transition. *Aging & Mental Health*, 25(4), 621-631. doi:10.1080/13607863.2019.1709156

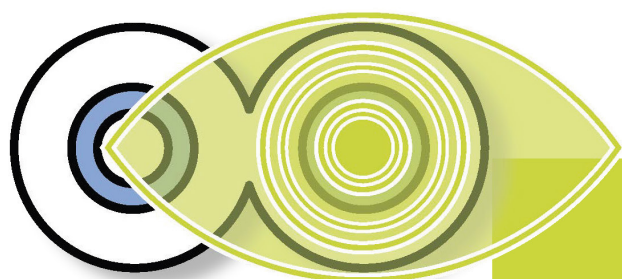
**Hewstone, M., & Stroebe, W. (2001).** Introduction to social psychology: *A european perspective*, 3rd ed. Malden: Blackwell Publishing.

**Hicks, J. A., & King, L. A. (2009).** Meaning in life as a subjective judgment and a lived experience. *Social and Personality Psychology Compass*, 3(4), 638-653. doi:10.1111/j.1751-9004.2009.00193.x

**Hicks, J. A., Trent, J., Davis, W. E., & King, L. A. (2012).** Positive affect, meaning in life, and future time perspective: An application of socioemotional selectivity theory. *Psychology and Aging*, 27(1), 181-189. doi:10.1037/a0023965

**Hodge, A. M., English, D. R., Giles, G. G., & Flicker, L. (2013).** *Social connectedness and predictors of successful ageing*. *Maturitas*, 75(4), 361-366. doi:10.1016/j.maturitas.2013.05.002

**Hoek, L., Haastregt, J., de Vries, E., Backhaus, R., Hamers, J., & Verbeek, H. (2019).** Factors influencing autonomy of nursing home residents with dementia: The perceptions of family caregivers. *The Journal of Nursing Home Research*, 5, 33-39. doi:10.14283/jnhrs.2019.7



**Hofer, J., Busch, H., Au, A., Poláčková Šolcová, I., Tavel, P., & Tsien Wong, T. (2014).** For the benefit of others: Generativity and meaning in life in the elderly in four cultures. *Psychology and Aging*, 29(4), 764-775. doi:10.1037/a0037762

**Hofer, J., Busch, H., Au, A., Poláčková Šolcová, I., Tavel, P., & Tsien Wong, T. (2020).** Reminiscing to teach others and prepare for death is associated with meaning in life through generative behavior in elderlies from four cultures. *Aging & Mental Health*, 24(5), 811-819. doi:10.1080/13607863.2018.1548568

**Holt-Lunstad, J., & Steptoe, A. (2021).** Social isolation: An underappreciated *determinant of physical health*. *Current Opinion in Psychology*, 43, 232-237. doi:10.1016/j.copsyc.2021.07.012

**Huber, M., Van Vliet, M., Giezenberg, M., & Knottnerus, A. (2013).** *Towards a conceptual framework relating to 'health as the ability to adapt and to self manage'*. ().

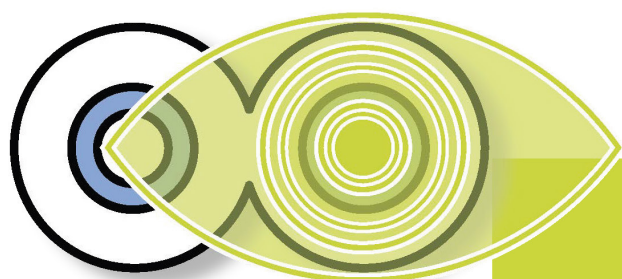
**Hupkens, S., Goumans, M., Derkx, P., Oldersma, A., Schutter, T., & Machielse, A. (2019).** Meaning in life of older adults in daily care: A qualitative analysis of participant observations of home nursing visits. *Journal of Advanced Nursing*, 75(8), 1732-1740. doi:10.1111/jan.14027

**Hupkens, S., Machielse, A., Goumans, M., & Derkx, P. (2018).** Meaning in life of older persons: *An integrative literature review*. *Nursing Ethics*, 25(8), 973-991. doi:10.1177/0969733016680122

**Huxhold, O., & Fiori, K. L. (2019).** Do demographic changes jeopardize social integration among aging adults living in rural regions? *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 74(6), 954-963. doi:10.1093/geronb/gby008

**Jehoel-Gijsbers, G. (2004).** *Sociale uitsluiting in nederland*. (). Sociaal en Cultureel Planbureau. Retrieved from [http://www.scp.nl/Publicaties/Alle\\_publicaties/Publicaties\\_2004/Sociale\\_uitsluiting\\_in\\_Nederland](http://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2004/Sociale_uitsluiting_in_Nederland)

**Johnson, M. (2012).** Biography and generation: Spirituality and biographical pain at the end of life in old age. In M. Silverstein, & R. Giarusso (Eds.), *Kinship and cohort in an aging society: From generation to generation* (pp. 176-190). Baltimore, U. S. A.: John Hopkins University Press.



**Johnson, M., & Walker, J. (2016).** *Spiritual dimensions of ageing*. Cambridge: Cambridge University Press.

**Johnson, M. (2016).** Spirituality, biographical review and biographical pain at the end of life in old age. In: Johnson, M., & J. Walker (eds.). *Spiritual Dimensions of Ageing* (pp. 198-214). Cambridge, UK: Cambridge University Press. <https://doi.org/10.1017/9781316136157.013>

**Jongenelis, M. I., & Pettigrew, S. (2021).** Aspects of the volunteering experience associated with well-being in older adults. *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals*, 32 Suppl 2, 384-390. doi:10.1002/hpja.399

**Jonsén, E., Norberg, A., & Lundman, B. (2015).** Sense of meaning in life among the oldest old people living in a rural area in northern sweden. *International Journal of Older People Nursing*, 10(3), 221-229. doi:10.1111/opn.12077

**Kashdan, T. B., & Steger, M. F. (2007).** Curiosity and pathways to well-being and meaning in life: Traits, states, and everyday behaviors. *Motivation and Emotion Volume*, 31, 159–173.

**King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006).** Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology*, 90(1), 179-196. doi:10.1037/0022-3514.90.1.179

**Kotre, J. N. (1984).** *Outliving the self: How we live on in future generations*. New York, NY, US: W W Norton & Co.

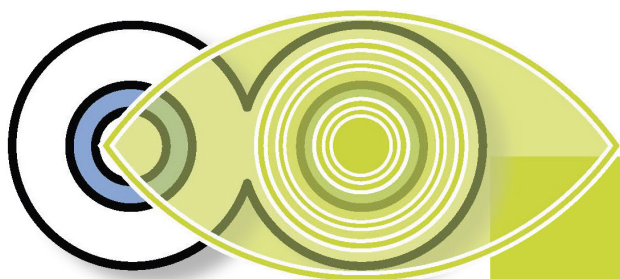
**Krause, N., & Hayward, R. D. (2012).** Religion, meaning in life, and change in physical functioning during late adulthood. *Journal of Adult Development Volume*, 19, 158–169.

**Krause, N. (2004).** Stressors arising in highly valued roles, meaning in life, and the physical health status of older adults. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 59(5), 287. doi:10.1093/geronb/59.5.s287

**Krause, N. (2007).** Evaluating the stress-buffering function of meaning in life among older people. *Journal of Aging and Health*, 19(5), 792-812. doi:10.1177/0898264307304390

**Krause, N. (2009).** Meaning in life and mortality. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 64B(4), 517-527. doi:10.1093/geronb/gbp047

**Krause, N. (2012).** Parental religious socialization practices, connectedness with others, and depressive symptoms in late life. *International Journal for the Psychology of Religion*, 22(2), 135-154. doi: 10.1080/10508619.2011.6385890



**Krause, N., & Rainville, G. (2020).** Age differences in meaning in life: Exploring the mediating role of social support. *Archives of Gerontology and Geriatrics*, 88, 104008. doi:10.1016/j.archger.2020.104008

**Krok, D. (2015).** *The role of meaning in life within the relations of religious coping and psychological well-being.* *J Relig Health*, 54, 2292–2308. Retrieved from <https://doi.org/10.1007/s10943-014-9983-3>

**Krok, D., & Zarzycka, B. (2021).** Interpersonal forgiveness and meaning in life in older adults: *The mediating and moderating roles of the religious meaning system.* *Religion*, 12(1), 37.

**Krok, D. (2014).** The religious meaning system and subjective well-being: The mediational perspective of meaning in life. *Archive for the Psychology of Religion*, 36(2), 253-273. doi:10.1163/15736121-12341288

**Kruse, A. (2012).** *Entwicklung im sehr hohen alter.* In A. Kruse, T. Rentsch & H. P. Zimmermann (Eds.), *Gutes leben im hohen alter. das altern in seinen entwicklungsmöglichkeiten und entwicklungsgrenzenverstehen* (pp. 33-61). Heidelberg: Akademische Verlagsgesellschaft.

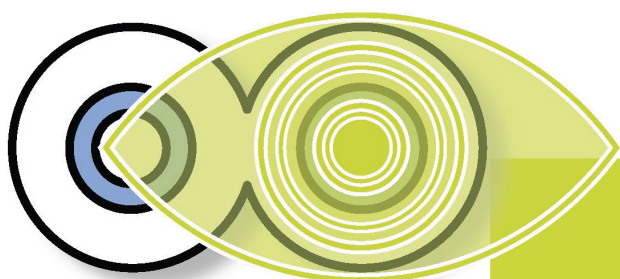
**Kruse, A., & Schmitt, E. (2019).** Spirituality and transcendence. In A. Benetos, J. Robine & R. Fernández-Ballesteros (Eds.), *The cambridge handbook of successful aging* (pp. 426-454). Cambridge: Cambridge University Press. Retrieved from <https://www.cambridge.org/core/books/cambridge-handbook-of-successful-aging/spirituality-and-transcendence/245014CAE5C45BD05071A80B880CEE6E>

**Laceulle, H. (2018).** Aging and the ethics of authenticity. *The Gerontologist*, 58(5), 970-978. doi:10.1093/geront/gnx037

**Laceulle, H. (2013).** Self-realisation and ageing: A spiritual perspective. Ageing, meaning and social structure. Connecting critical and humanistic gerontology, 97-118. Laceulle, H., & Baars, J. (2014). Self-realization and cultural narratives about later life. *Journal of Aging Studies*, 31, 34-44. doi:10.1016/j.jaging.2014.08.005

**Lam, J., & García-Román, J. (2020).** Solitary day, solitary activities, and associations with well-being among older adults. *The Journals of Gerontology: Series B*, 75(7), 1585-1596.

**Lambert, N. M., Stillman, T. F., Baumeister, R. F., Fincham, F. D., Hicks, J. A., & Graham, S. M. (2010).** Family as a salient source of meaning in young adulthood. *The Journal of Positive Psychology*, 5(5), 367-376. doi:10.1080/17439760.2010.516616



**Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013).** To belong is to matter: Sense of belonging enhances meaning in life. *Personality and Social Psychology Bulletin*, 39(11), 1418-1427. doi:10.1177/0146167213499186

**Lang, F. R., & Carstensen, L. L. (2002).** Time counts: Future time perspective, goals, and social relationships. *Psychology and Aging*, 17(1), 125-139. doi:10.1037/0882-7974.17.1.125

**Larsson, H., Edberg, A., Bolmsjö, I., & Rämgård, M. (2019).** Contrasts in older persons' experiences and significant others' perceptions of existential loneliness. *Nursing Ethics*, 26(6), 1623-1637. doi:10.1177/0969733018774828

**Lee, R. M., & Robbins, S. B. (1998).** The relationship between social connectedness and anxiety, self-esteem, and social identity. *Journal of Counseling Psychology*, 45, 338-345.

**Levy, B. (2009).** Stereotype embodiment: A psychosocial approach to aging. *Current Directions in Psychological Science*, 18(6), 332-336. doi:10.1111/j.1467-8721.2009.01662.x

**Machell, K. A., Kashdan, T. B., Short, J. L., & Nezlek, J. B. (2015).** Relationships between meaning in life, social and achievement events, and positive and negative affect in daily life. *Journal of Personality*, 83(3), 287-298. doi:10.1111/jopy.12103

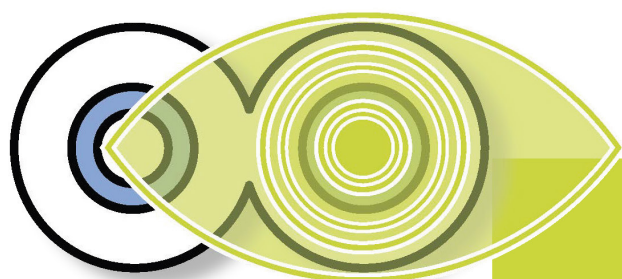
**Machielse, A. (2020).** 'She shouldn't cross the line': experiential effectivity of social guidance trajectories for socially isolated older adults with complex problems. *Ageing & Society*, 1-24. <https://doi.org/10.1017/S0144686X20001725>

**Machielse, A. (2015).** The heterogeneity of socially isolated older adults: A social isolation typology. *Journal of Gerontological Social Work*, 58(4), 338-356. doi:10.1080/01634372.2015.1007258

**Machielse, A. (2006).** *Theories on social contacts and social isolation*. In R. Hortulanus, A. Machielse & L. Meeuwesen (Eds.), *Social isolation in modern society* (pp. 13-36). London/New York: Routledge.

**Machielse, A., & Duyndam, J. (2020).** Strategies of socially isolated older adults: Mechanisms of emergence and persistence. *Journal of Aging Studies*, 53, 100852. <https://doi.org/10.1111/hsc.13319>

**Machielse, A., & Hortulanus, R. (2013).** Social ability or social frailty? the crucial balance between autonomy and connectedness. In J. Baars, J. Dohmen, A. Grenier & C. Philipson (Eds.), *Ageing, meaning and social structure: Connecting critical and humanistic gerontology* (pp. 121-140). London: Policy Press.



**Machielse, A., & Duyndam, J. (2020).** Strategies of socially isolated older adults: Mechanisms of emergence and persistence. *Journal of Aging Studies*, 53, 100852. doi:10.1016/j.jaging.2020.100852

**Machielse, A., Van der Vaart, W., Laceulle, H. & Klaassens, J (2022).** Optimising caregiving competences and skills of professional volunteer and informal caregivers. *European Research Report 2*. SeeMe consortium.

**Macià, D., Cattaneo, G., Solana, J., Tormos, J. M., Pascual-Leone, A., & Bartrés-Faz, D. (2021).** Meaning in life: A major predictive factor for loneliness comparable to health status and social connectedness. *Frontiers in Psychology*, 12, 627547. doi:10.3389/fpsyg.2021.627547

**MacKinlay, E. (2006).** *Spiritual growth and care in the fourth age of life*. London; Philadelphia: Jessica Kingsley Publishers. Retrieved from [http://www.123library.org/book\\_details/?id=2232](http://www.123library.org/book_details/?id=2232)

**Mackinlay, E. (2015).** Spirituality and religion in older adults: Building knowledge in an emerging discipline. *International Psychogeriatrics*, 27(5), 701-703. doi:10.1017/S1041610214002762

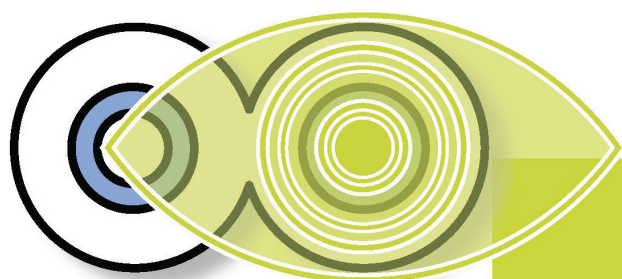
**Mair, C. A. (2019).** Alternatives to aging alone? “Kinlessness” and the importance of friends across european contexts. *The Journals of Gerontology: Series B*, 74(8), 1416-1428. doi:10.1093/geronb/gbz029

**Man-Ging, C. I., Uslucan, J. Ö, Frick, E., Büssing, A., & Fegg, M. J. (2018).** Meaning in life of older adults living in residential and nursing homes. *Journal of Religion, Spirituality & Aging*, 31(3), 305-322. doi:10.1080/15528030.2018.1529648

**Manning, C. (2019).** “Meaning making narratives among non-religious individuals facing end of life,” in *New Dimensions in Spirituality, Religion and Aging*, eds V. L. Bengston and M. Silverstein (New York, NY: Routledge), 59–85. doi: 10.4324/9780429463891-4

**Marcoen, A. (2006).** Zingeving en levensvervulling. In A. Marcoen, R. Grommen & N. Van Ranst (Eds.), *Als de schaduwen langer worden: Psychologische perspectieven op ouder worden en oud zijn* (pp. 379–403). Leuven: Lannoo Campus.

**Markle-Reid, M., & Browne, G. (2003).** Conceptualizations of frailty in relation to older adults. *Journal of Advanced Nursing*, 44(1), 58-68. doi:10.1046/j.1365-2648.2003.02767.x



**Martela, F., Ryan, R. M., & Steger, M. F. (2018).** Meaningfulness as satisfaction of autonomy, competence, relatedness, and beneficence: Comparing the four satisfactions and positive affect as predictors of meaning in life. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being*, 19(5), 1261-1282. doi:10.1007/s10902-017-9869-7

**Martela, F., & Steger, M. F. (2016).** The three meanings of meaning in life: Distinguishing coherence, purpose, and significance. *The Journal of Positive Psychology*, 11(5), 531-545. doi:10.1080/17439760.2015.1137623

**Martinson, M., & Berridge, C. (2015).** Successful aging and its discontents: A systematic review of the social gerontology literature. *The Gerontologist*, 55(1), 58-69. doi:10.1093/geront/gnu037

**Maslow, A. H. (1943).** A theory of human motivation. *Psychological Review*, 50(4), 370-396. doi:10.1037/h0054346

**McAdams, D. P. (2013).** The positive psychology of adult generativity: Caring for the next generation and constructing a redemptive life. In J. D. Sinnott (Ed.), *Positive psychology: Advances in understanding adult motivation* (pp. 191-205). New York, NY, US: Springer Science + Business Media.

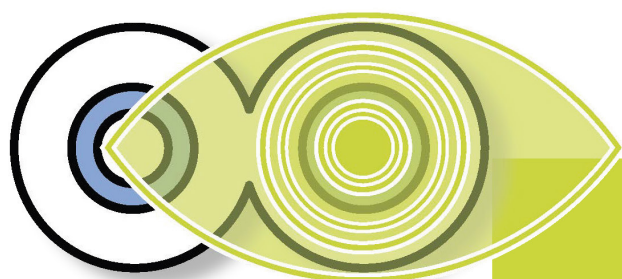
**McAdams, D. P., & de St. Aubin, E. (1992).** A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, 62(6), 1003-1015. doi:10.1037/0022-3514.62.6.1003

**Meeuwesen, L. (2006).** A typology of social contacts. In R. Hortulanus, A. Machielse & L. Meeuwesen (Eds.), *Social isolation in modern society* (pp. 37-59). London/New York: Routledge.

**Metz, T. (2013).** Meaning in life: An analytic study. Oxford, UK: Oxford University Press. Mikkelsen, S. S., Tolstrup, J. S., Flachs, E. M., Mortensen, E. L., Schnohr, P., & Flensborg-Madsen, T. (2010). A cohort study of leisure time physical activity and depression. *Preventive Medicine*, 51(6), 471-475. doi:10.1016/j.ypmed.2010.09.008

**Moore, S. L., Metcalf, B., & Schow, E. (2000).** Aging and meaning in life: Examining the concept. *Geriatric Nursing*, 21(1), 27-29. doi:10.1067/mgn.2000.105790

**Morrill, C., Snow, D. A., & White, C. H. (2005).** Together alone: *Personal relationships in public places*. Oakland, US: University of California Press.



**Myers, D. G. (1999).** Close relationships and quality of life. In D. Kahneman, E. Diener & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 374-391). New York, NY, US: Russell Sage Foundation.

**Myers, D. G. (2000).** The funds, friends, and faith of happy people. *American Psychologist*, 55(1), 56-67. doi:10.1037/0003-066X.55.1.56

**Neves, B. B., Sanders, A., & Kokanović, R. (2019).** "It's the worst bloody feeling in the world": Experiences of loneliness and social isolation among older people living in care homes. *Journal of Aging Studies*, 49, 74-84. doi:10.1016/j.jaging.2019.100785

**Nicholson, N. R. (2012).** A review of social isolation: An important but underassessed condition in older adults. *The Journal of Primary Prevention*, 33(2-3), 137-152. doi:10.1007/s10935-012-0271-2

**Noviana, U., Miyazaki, M., & Ishimaru, M. (2016).** Meaning in life: A conceptual model for disaster nursing practice. *International Journal of Nursing Practice*, 22 Suppl 1, 65-75. doi:10.1111/ijn.12441

**Nygren, B., Aléx, L., Jonsén, E., Gustafson, Y., Norberg, A., & Lundman, B. (2005).** Resilience, sense of coherence, purpose in life and self-transcendence in relation to perceived physical and mental health among the oldest old. *Aging & Mental Health*, 9(4), 354-362. doi:10.1080/1360500114415

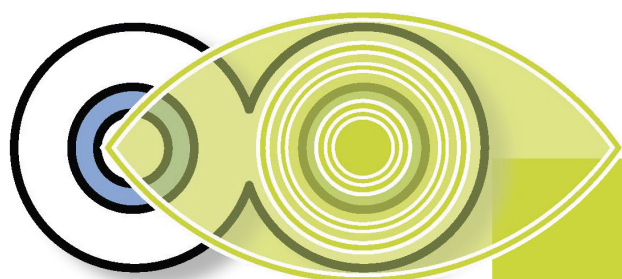
**O'Donnell, M. B., Bentele, C. N., Grossman, H. B., Le, Y., Jang, H., & Steger, M. F. (2014).** You, me, and meaning: An integrative review of connections between relationships and meaning in life. *Journal of Psychology in Africa*, 24(1), 44-50. doi:10.1080/14330237.2014.904097

**Pantell, M., Rehkopf, D., Jutte, D., Syme, S. L., Balmes, J., & Adler, N. (2013).** Social isolation: A predictor of mortality comparable to traditional clinical risk factors. *American Journal of Public Health*, 103(11), 2056-2062. doi:10.2105/AJPH.2013.301261

**Park, C. (2010).** Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136, 257-301. doi:10.1037/a0018301

**Park, C. L. (2005).** Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues*, 61(4), 707-729. doi:10.1111/j.1540-4560.2005.00428.x

**Park, C. L. (2017).** Spiritual well-being after trauma: Correlates with appraisals, coping, and psychological adjustment. *Journal of Prevention & Intervention in the Community*, 45(4), 297-307. doi:10.1080/10852352.2016.1197752





**Penick, J. M., & Fallshore, M. (2005).** Purpose and meaning in highly active seniors. *ADULTSPAN Journal*, 4(1), 19-35. doi:10.1002/j.2161-0029.2005.tb00115.x

**Pescosolido, B. A., & Levy, J. A. (2002).** The role of social networks in health, illness, disease and healing: The accepting present, the forgotten past, and the dangerous potential for a complacent future. In B. A. Pescosolido, & J. A. Levy (Eds.), *Social networks and health* (pp. 3-25). Amsterdam: JAI/Elsevier Science.

**Pickard, S., Cluley, V., Danely, J., Laceulle, H., Leon-Salas, J., Vanhoutte, B., & Romero-Ortuno, R. (2019).** New horizons in frailty: The contingent, the existential and the clinical. *Age and Ageing*, 48(4), 466-471. doi:10.1093/ageing/afz032

**Pinquart, M. (2002).** Creating and maintaining purpose in life in old age: A meta-analysis. *Ageing International*, 27, 90-114. doi:10.1007/s12126-002-1004-2

**Reker, G. T., Peacock, E. J., & Wong, P. T. P. (1987).** Meaning and purpose in life and well-being: A life-span perspective. *Journal of Gerontology*, 42(1), 44-49. doi:10.1093/geronj/42.1.44

**Remmers, H. (2017).** Alter – entwicklungspotenziale – transzendenz: Gesellschaftlich gewandelte sinnkonstruktionen des alters als grundlage einer neuen spiritualität? old age – growth potentials – transcendence: Constructions of meaning of old age and their socially change as basis of a new spirituality? *Spiritual Care*, 6(4), 381-395. Retrieved from <https://doi.org/10.1515/spircare-2017-0018>

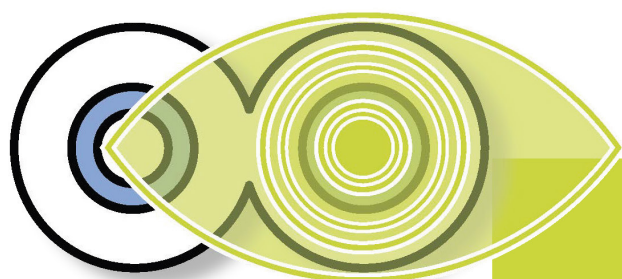
**Rowe, J. W., & Kahn, R. L. (1998).** *Successful aging*. New York: Pantheon Books.

**Ryan, R. M., & Deci, E. L. (2001).** On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52(1), 141-166. doi:10.1146/annurev.psych.52.1.141

**Ryff, C. D. (2012).** Existential well-being and health. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications*, 2nd ed (pp. 233-247). New York, NY, US: Routledge/Taylor & Francis Group.

**Ryff, C., & Kim, E. (2020).** Extending research linking purpose in life to health: The challenges of inequality, the potential of the arts, and the imperative of virtue. In A. L. Burrow, & P. L. Hill (Eds.), *The ecology of purposeful living across the lifespan* (pp. 29-58)

**Ryff, C., & Singer, B. (2008).** Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13-39. doi:10.1007/s10902-006-9019-0



**Santini, S., Tombolesi, V., Baschiera, B., & Lamura, G. (2018).** Intergenerational programs involving adolescents, institutionalized elderly, and older volunteers: Results from a pilot research-action in Italy. *BioMed Research International*, 2018, e4360305. doi:10.1155/2018/4360305

**Sarason, B. R., & Duck, S. (2001).** Personal relationships: *Implications for clinical and community psychology*. New York, NY, US: John Wiley & Sons Ltd.

**Sarason, B. R., Sarason, I. G., & Gurung, R. A. R. (2001).** Close personal relationships and health outcomes: A key to the role of social support. In B. R. Sarason, & S. Duck (Eds.), *Personal relationships: Implications for clinical and community psychology* (pp. 15-41). New York, NY, US: John Wiley & Sons Ltd.

**Schlegel, R. J., & Hicks, J. A. (2017).** Reflections on the scientific study of meaning in life. *Journal of Constructivist Psychology*, 30(1), 26-31. doi:10.1080/10720537.2015. 1119080

**Schlegel, R. J., Hicks, J. A., King, L. A., & Arndt, J. (2011).** Feeling like you know who you are: Perceived true self-knowledge and meaning in life. *Personality and Social Psychology Bulletin*, 37(6), 745-756. doi:10.1177/0146167211400424

**Schwartz, E., Ayalon, L., & Huxhold, O. (2021).** Exploring the reciprocal associations of perceptions of aging and social involvement. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 76(3), 563-573. doi:10.1093/geronb/gbaa008

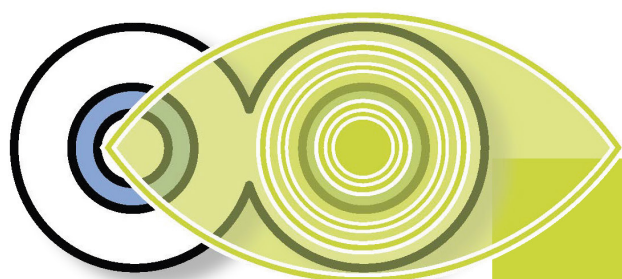
**Sherman, N. E., Michel, R., Rybak, C., Randall, G. K., & Davidson, J. (2011).** Meaning in life and volunteerism in older adults. *Adultspan Journal*, 10(2), 78-90. doi:10.1002/j.2161-0029.2011.tb00127.x

**Silberman, I. (2005).** Religion as a meaning system: Implications for the new millennium. *Journal of Social Issues*, 61(4), 641-663. doi:10.1111/j.1540-4560.2005.00425.x

**Silverstein, M., & Heap, J. (2015).** Sense of coherence changes with aging over the second half of life. *Advances in Life Course Research*, 23, 98-107. doi:10.1016/j.alcr.2014.12.002

**Simonson, J., Vogel, C., & Tesch-Römer, C. (2017).** Volunteering in Germany - key findings of the fourth German survey on volunteering. Berlin, Germany: *Bundesministerium für Familie, Senioren, Frauen und Jugend*.

**Sjöberg, M., Edberg, A., Rasmussen, B. H., & Beck, I. (2018).** Being acknowledged by others and bracketing negative thoughts and feelings: Frail older people's narrations of how existential loneliness is eased. *International Journal of Older People Nursing*, 14(1), e12213. doi:10.1111/opn.12213



**Söderbacka, T., Nyström, L., & Fagerström, L. (2017).** Older persons' experiences of what influences their vitality - a study of 65- and 75-year-olds in Finland and Sweden. *Scandinavian Journal of Caring Sciences*, 31(2), 378-387. doi:10.1111/scs.12357

**Spännäri, J., & Laceulle, H. (2021).** Meaning making in a retirement migrant community: Religion, spirituality, and social practices of daily lives. *Frontiers in Psychology*, 12, 707060. doi:10.3389/fpsyg.2021.707060

**Steger, M. F. (2012).** Making meaning in life. *Psychological Inquiry*, 23(4), 381-385. doi:10.1080/1047840X.2012.720832

**Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006).** The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53(1), 80-93. doi:10.1037/0022-0167.53.1.80

**Steger, M. F., Kashdan, T. B., Sullivan, B. A., & Lorentz, D. (2008).** Understanding the search for meaning in life: Personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of Personality*, 76(2), 199-228. doi:10.1111/j.1467-6494.2007.00484.x

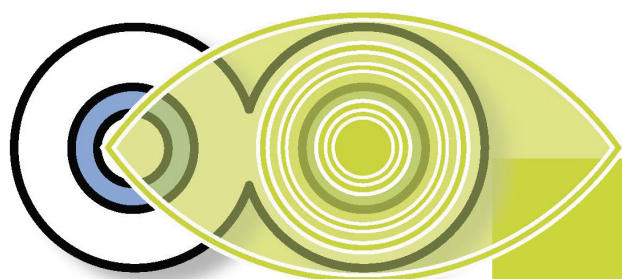
**Steinbach, A., Mahne, K., Klaus, D., & Hank, K. (2020).** Stability and change in intergenerational family relations across two decades: Findings from the German ageing survey, 1996–2014. *The Journals of Gerontology: Series B*, 75(4), 899-906.

**Step toe, A., & Fancourt, D. (2019).** Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use. *Proceedings of the National Academy of Sciences*, 116(4), 1207-1212.

**Step toe, A., Demakakos, P., de Oliveira, C., & Wardle, J. (2012).** Distinctive biological correlates of positive psychological well-being in older men and women. *Psychosomatic Medicine*, 74(5), 501-508. doi:10.1097/PSY.0b013e31824f82c8

**Stillman, T. F., & Lambert, N. M. (2013).** The bidirectional relationship of meaning and belonging. In J. A. Hicks, & C. Routledge (Eds.), *The experience of meaning in life: Classical perspectives, emerging themes, and controversies* (pp. 305-315). Dordrecht: Springer Netherlands.

**Stillman, T. F., Baumeister, R. F., Lambert, N. M., Crescioni, A. W., DeWall, C. N., & Fincham, F. D. (2009).** Alone and without purpose: Life loses meaning following social exclusion. *Journal of Experimental Social Psychology*, 45(4), 686-694. doi:10.1016/j.jesp.2009.03.007



**Takkinen, S., & Ruoppila, I. (2001).** Meaning in life as an important component of functioning in old age. *The International Journal of Aging and Human Development*, 53(3), 211-231. doi:10.2190/H6H6-YAT0-181Y-5BR3

**Tesch-Römer, C., & Wahl, H. (2017).** Toward a more comprehensive concept of successful aging: Disability and care needs. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 72(2), 310-318. doi:10.1093/geronb/gbw162

**Tiilikainen, E., & Seppänen, M. (2017).** Lost and unfulfilled relationships behind emotional loneliness in old age. *Ageing & Society*, 37(5), 1068-1088. doi:10.1017/S0144686X16000040

**Tornstam, L. (2005).** *Gerotranscendence: A developmental theory of positive aging*. New York, US: Springer Publishing Company. doi:10.1017/S0144686X06225261 Retrieved from <https://www.cambridge.org/core/journals/ageing-and-society/article/abs/lars-tornstam-gerotranscendence-a-developmental-theory-of-positive-aging-springer-publishing-company-new-york-2005-213-pp-hbk-3995-isbn-0-8261-3134-4/06B65E0F06DEBB352167B05A48CA01E0>

**Tornstam, L. (1989).** Gero-transcendence: A reformulation of the disengagement theory. *Aging Clinical and Experimental Research*, 1, 55-63.

**Tornstam, L. (1992).** The quo vadis of gerontology: On the scientific paradigm of gerontology. *The Gerontologist*, 32(3), 318-326. doi:10.1093/geront/32.3.318

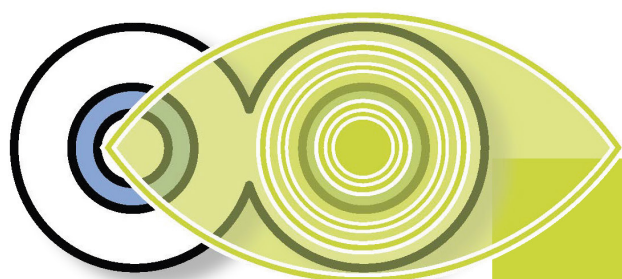
**Tornstam, L. (1997).** Gerotranscendence: The contemplative dimension of aging. *Journal of Aging Studies*, 11(2), 143-154. doi:10.1016/S0890-4065(97)90018-9

**Tornstam, L., & Törnqvist, M. (2000).** Nursing staff's interpretations of "Gerotranscendental behavior" in the elderly. *Journal of Aging and Identity*, 5, 15-29. doi:10.1023/A:1009593330962

**Van der Poel, Mart G. (1993).** Delineating personal support networks. *Social Networks*, 15(1), 49-70. doi:10.1016/0378-8733(93)90021-C

**Van der Vaart, W., & van Oudenaarden, R. (2018).** The practice of dealing with existential questions in long-term elderly care. *International Journal of Qualitative Studies on Health and Well-Being*, 13(1), 1508197. doi:10.1080/17482631.2018.1508197

**Van Tilburg, T. G. (2021).** Social, emotional, and existential loneliness: a test of the multidimensional concept. *The Gerontologist*, 61(7), e335-e344. <https://doi.org/10.1093/geront/gnaa082>



**Victor, C. R., Scrambler, S., & Bond, J. (2009).** Social exclusion and social isolation. In C. R. Victor, S. Scrambler & J. Bond (Eds.), *The social world of older people: Understanding loneliness and social isolation in later life* (pp. 169-200). Maidenhead, England: McGraw-Hill England.

**Villar, F., Serrat, R., & Pratt, M. W. (2021).** Older age as a time to contribute: A scoping review of generativity in later life. *Ageing & Society*, 1-22. doi:10.1017/S0144686X21001379

**Volkert, J., Härter, M., Dehoust, M. C., Ausín, B., Canuto, A., Ronch, C. D., . . . Andreas, S. (2019).** The role of meaning in life in community-dwelling older adults with depression and relationship to other risk factors. *Aging & Mental Health*, 23(1), 100-106. doi:10.1080/13607863.2017.1396576

**Von Faber, M., Bootsma-van der Wiel, A., van Exel, E., Gussekloo, J., Lagaay, A. M., van Dongen, E., . . . Westendorp, R. G. (2001).** Successful aging in the oldest old: Who can be characterized as successfully aged? *Archives of Internal Medicine*, 161(22), 2694-2700. doi:10.1001/archinte.161.22.2694

**Wagner, M., Rietz, C., Kaspar, R., Janhsen, A., Geithner, L., Neise, M., . . . Zank, S. (2018).** Quality of life of the very old: Survey on quality of life and subjective well-being of the very old in north rhine-westphalia (NRW80+). *Zeitschrift Fur Gerontologie Und Geriatrie*, 51(2), 193-199. doi:10.1007/s00391-017-1217-3

**Weiss., R. S. (1973).** *Loneliness: The experience of emotional and social isolation*. Cambridge: The MIT Press.

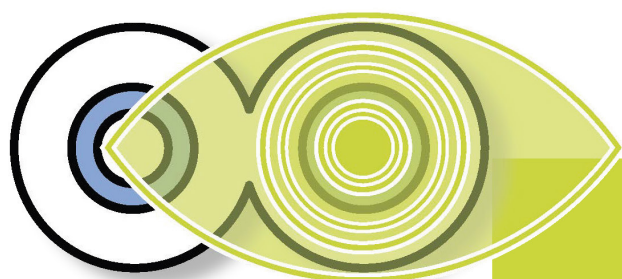
**Wilcock, A. A. (2006).** *An occupational perspective of health*. Thorofare, NJ: SLACK Incorporated.

**Willis, P., Vickery, A., & Jessiman, T. (2020).** Loneliness, social dislocation and invisibility experienced by older men who are single or living alone: Accounting for differences across sexual identity and social context. *Ageing & Society*, 1-23. doi:10.1017/S0144686X20000914

**Wong, P. (2012).** Toward a dual-systems model of what makes life worth living. In P. Wong (Ed.), *The human quest for meaning: Theories, research and applications* (pp. 3-22). New York: Routledge.

**Wong, P. T. P. (1989).** *Successful aging and personal meaning*. *Canadian Psychologist*, 30, 516 -525.

**Wong, T. P. (2002).** Meaning centered narrative therapy. Paper presented at the Yang, K., & Victor, C. (2011). Age and loneliness in 25 European nations. *Ageing & Society*, 31(8), 1368-1388. doi:10.1017/S0144686X1000139X

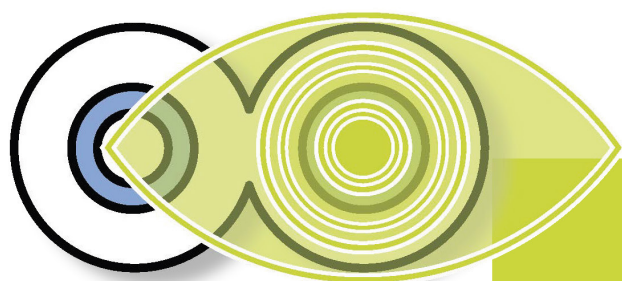


**Zavaleta, D., Samuel, K., & Mills, C. (2014).** *Social isolation: A conceptual and measurement proposal.* (). Queen Elizabeth House, University of Oxford. Retrieved from <https://ideas.repec.org/p/qeh/ophiwp/ophiwp067.html>

**Zhang, H., Sang, Z., Chan, D., & Schlegel, R. (2019).** Threats to belongingness and meaning in life: A test of the compensation among sources of meaning. *Motivation and Emotion*, 43, 242-254. doi:10.1007/s11031-018-9737-8

**Zika, S., & Chamberlain, K. (1992).** On the relation between meaning in life and psychological well-being. *British Journal of Psychology*, 83(1), 133-145. doi:10.1111/j.2044-8295.1992.tb02429.x

**Zisberg, A., Zysberg, L., Young, H. M., & Schepp, K. G. (2009).** Trait routinization, functional and cognitive status in older adults. *International Journal of Aging & Human Development*, 69(1), 17-29. doi:10.2190/AG.69.1.b





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