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Meaning in Life for Socially Frail Older Adults

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ABSTRACT

Being connected with others is fundamental for the experience of a meaningful life. Unfortunately, several older adults have poor networks/social support. The present study focuses on the experience of meaning in life as well as the loss of meaning for socially frail older adults. Results indicate that socially frail older adults experience meaning in life in different dimensions. The article argues that home-care organizations and prevention programs aimed at reducing frailty are encouraged to include evaluations of meaning in life. There is a need for meaningful activities in organizations that ameliorate social connectedness for community-dwelling older adults.

Introduction

Frailty is an important topic in health practice and both gerontological and geriatric research demonstrates that the risk for frailty increases with age (e.g., Dury et al., 2016; Fried et al., 2001). The concept of frailty itself has been defined and operationalized in multiple ways (Boers & Jentoft, 2015). The frailty phenotype (Fried et al., 2001) and the frailty index [as the accumulation of health deficits] (Rockwood & Mitnitski, 2007) are most frequently used in research and clinical practice. Nevertheless, these are often criticized because they emphasize biomedical aspects and functional decline. Since the end of the last century, academics have stressed the need for a more multi-dimensional view of frailty, as they fear that the individual as a whole is endangered when attention to frailty solely concerns physical deficits. Multidimensional frailty operationalizations include psychological, social (Gobbens, van Assen, Luijckx, Wijnen-Sponselee, & Schols, 2010), cognitive (Steverink, Slaets, Schuurmans, & van Lis, 2001), and environmental aspects (De Witte et al., 2013; Dury et al., 2016). Moreover, Gobbens et al. (2010) and De Witte et al. (2013) include life-course determinants in their frameworks and stress that domains cannot be seen in isolation; interaction between these domains and life course determinants can influence adverse frailty outcomes.

Mortality, hospitalization, and institutionalization are most often researched as adverse frailty outcomes (Vermeiren et al., 2016). Only a small number of researchers include decrease of wellbeing as a consequence of frailty (e.g., Andraesen, Lund, Aadahl, & Sorensen, 2015). Recent developments, however, suggest that subjective wellbeing is a potentially protective factor for health and reduces the risk of chronic physical illness (Steptoe, Deaton, & Stone, 2015). Steptoe et al. (2015) distinguish three types of subjective wellbeing: evaluative wellbeing (evaluation of life satisfaction), hedonic wellbeing (mood) and eudemonic wellbeing (judgement about meaning and one's purpose in life). These types are all present in later life despite the prevalence of chronic illnesses or comorbidity that occur with aging (Steptoe et al., 2015). Although the

latter type—meaning in life—has gained more and more attention in the fields of psychology and medicine (Brandstaetter, Baumann, Borasio, & Fegg, 2012), its use in frailty studies is limited. Besides, this appears to be a promising avenue as studies have pointed to the advantages of meaning in life in later life (Battersby & Phillips, 2016). The experience of meaning in life has a protective factor as it empowers people and creates resilience against the misfortunes experienced by older adults (Ryff & Singer, 1998).

There is a tendency to agree that meaning in life is a multidimensional construct, but it is defined and measured in numerous ways (for a review, see Brandstaetter et al., 2012). For this research, the integrative, conceptual framework of Derkx is used (Derkx, 2013, 2015). Derkx includes several of the traditional paradigms on meaning in life and incorporates seven needs for meaning in his conceptual framework.

Early research on meaning in life builds upon the concepts Viktor Frankl discussed in his book *Man's Search for Meaning* (Frankl, 1959). His work, for instance, led to the development of the purpose-in-life test (Crumbaugh, 1968) and Frankl's emphasis on the motivational dimension of meaning was included in the four needs for meaning proposed by Baumeister (1991). The concept of 'meaning needs' is described as a motivation to *find certain types of answers or explanations* (Baumeister, 1991, p. 30). These four needs encompass (1) purpose, (2) value, (3) efficacy, and (4) self-worth; one will feel that life has sufficient meaning when these four needs are satisfied. Purpose can either be intrinsic or extrinsic, an inner fulfillment or reaching a goal. Baumeister (1991) shows that people wish to have purposeful activities—which do not have to be pleasant activities—and that these are related to the future. Value, as a need for meaning, can be described as the belief that one's actions and way of living are right, good, and just. The need for a sense of competence, control, or efficacy refers to the fact that people want to think they have a say in their own lives, that life does not merely happen to them, and that their own choices and decisions matter in the course of their life. The fourth need for meaning is self-worth. For this need, one needs to value oneself in a positive way that can either be seen as feeling better or superior to others or as a need for being valued or respected by others. Baumeister (1991) states that overlap between the four needs exists and that it is possible to combine needs or extend the list with more needs for meaning. It was Derkx (2013, 2015) who extended Baumeister's list with three other needs (Derkx, 2013, 2015): (5) comprehensibility or coherence, (6) connectedness, and (7) excitement. Comprehensibility has found its basis in the work of Antonovsky's theory of salutogenesis (Antonovsky, 1987). Briefly, comprehensibility involves an interest in understanding and explaining the social world, in a desire for order rather than chaos. Connectedness can be expressed in several ways. It includes the need for caring and interaction with one or more friends and relatives or feeling united with something larger. As people look for curiosity in their lives, excitement was added as a seventh need for meaning (Derkx, 2013, 2015).

An important source for meaning in life in older adults is relationships, even in the case when these relationships are shallow (O'Donnell et al., 2014; Stillman & Lambert, 2013). Older adults, for example, often depend on relationships in their social environment for support (Gray, 2009), attachment, reassurance of worth, opportunities for nurturance, and reliable alliances (Weiss, 1973). With aging, however, gaps may arise in support resources due to illness, death of loved-ones or other life events, making it hard for older adults to rely on someone for emotional and practical support (Rook, 2009). Several authors (e.g. Bunt, Steverink, Olthof, van der Schans, & Hobbelen, 2017; De Witte et al., 2013; Duppen, Van der Elst, Dury, Lambotte, & De Donder, 2017) use the concept of social frailty when referring to this lack of support. Social frailty differs from loneliness alone as it includes both resources to fulfill basic social needs as well as social loneliness. The social domain has been longtime neglected in frailty research (Markle-Reid & Browne, 2003). In the last decade, however, multidimensional frailty is more and more acknowledged in research and practice, and several instruments were validated to measure social frailty as a subdimension of frailty such as the Tilburg Frailty Indicator (Gobbens et al., 2010) or the Comprehensive Frailty Assessment Instrument (De Witte et al., 2013). Recent research on risk profiles of multidimensional frailty in community-dwelling older adults indicates that the risk for social frailty is higher than any other

dimension of frailty and particularly affects older adults who have less income, are not married, and have moved in the last ten years (Dury et al., 2016).

Because of this importance of social connections for meaning in life, and because of the reduced social resources of older adults, this qualitative study sought to address how socially frail older adults experience meaning in life. Guided by the seven needs for a meaningful life (purpose, value, efficacy, self-worth, comprehensibility, connectedness and excitement), this research study explores two questions with a focus on socially frail older adults:

- (1) How do socially frail older adults experience meaning in life?
- (2) Do socially frail older adults experience a loss or shortage of meaning in life?

Method

Research approach and data collection

The data used in this qualitative study were collected from a larger mixed method study with frail older adults who participated in the Detection, Support and Care for older people – Prevention and Empowerment (D-SCOPE) project. This four-year project investigates strategies for proactive detection of (potentially) frail community-dwelling older adults, in order to guide them to the right support and/or care with a strong focus on empowerment. During the winter of 2015–2016, 121 older adults at risk of frailty were interviewed. In general, the larger study aimed to examine (a) how older adults perceive frailty, quality of life (QoL), mastery and meaning in life, and (b) the balancing factors that influenced frailty and outcome variables, such as individual factors (e.g. coping, activities of daily living) and environmental factors (e.g. social networks). Results of the larger study can be found elsewhere (Dury et al., 2018; van der Vorst et al., 2017). In the present study that focusses on meaning in life, an analysis was carried out on the data of participants who scored high or mild frail on the social domain on the self-assessment Comprehensive Frailty Assessment Instrument (CFAI) (De Witte et al., 2013).

Participant recruitment and participants' characteristics

Participants were recruited in the Flemish speaking area of Belgium and the city of Brussels, Belgium, using snowball sampling and the help of five home-care organizations. Participants were excluded from the study in cases of hospitalization, when the older participant or the informal caregiver indicated that the older adult was unable to participate, or when the interviewer noted that the older participant was unable to provide adequate answers. For the present study, only the qualitative data from (mild) socially frail participants were derived from semi-structured interviews. The social domain of frailty in the CFAI combined a measurement for social loneliness through propositions from the shortened 'Loneliness' scale (de Jong Gierveld & van Tilburg, 2008) and a measurement for social support. In the latter measurement, insight is gained into the potential support network by asking if the respondent could rely on help, if necessary, from one to ten different persons in the immediate vicinity (De Witte et al., 2013).

Table 1 presents an overview of the participants' characteristics. In total, data from 56 out of 121 participants were included for this study. Only these participants were selected who scored (mildly) frail on the social domain. Apart from being socially frail, they were often also frail for other frailty domains (physical, cognitive, psychological, or environmental). Of the participants, 34 were female, 22 were male, and the mean age was 79.3 years (range 64–94). Older adults with a migration background were deliberately included in the D-SCOPE project. For the present study, 7 participants had a migration background, 49 were Dutch speaking, and 5 French speaking. An



Table 1. Characteristics of participants.

Code	Age	Sex	Marital status	Soc	Cog	Psy	Phy	Env	Total	Code	Age	Sex	Marital status ^c	Soc	Cog	Psy	Phy	Env	Total
R1	80	Female	widowed	++	++	++	++	++	++	R29	84	Male	widowed	+	++	-	+	+	++
R2	74	Female	never married	++	++	++	++	++	++	R30	70	Male	widowed	+	++	++	-	++	+
R3 ^{a,b}	81	Female	widowed	++	++	++	++	+	++	R31	73	Female	never married	+	++	++	-	++	+
R4	75	Female	divorced	++	++	++	++	++	++	R32 ^a	75	Female	widowed	+	++	++	-	+	+
R5	89	Female	never married	++	+	++	++	++	++	R33	83	Female	widowed	++	+	-	-	+	+
R6	79	Male	divorced	++	++	++	+	++	++	R34	81	Male	married	++	+	+	+	+	+
R7	69	Female	divorced	+	++	++	++	++	++	R35 ^a	68	Female	widowed	+	++	+	+	+	+
R8 ^{a,b}	66	Female	widowed	++	++	++	++	-	++	R36 ^a	70	Male	widowed	+	++	+	+	+	+
R9	92	Female	widowed	++	++	++	+	+	++	R37	86	Male	married	+	++	-	+	+	+
R10	85	Female	widowed	+	++	++	++	+	++	R38	72	Male	living together	+	++	-	+	-	+
R11	72	Male	widowed	+	++	++	++	+	++	R39	80	Female	married	+	+	+	+	+	+
R12	80	Female	widowed	+	++	++	++	+	++	R40	74	Female	never married	+	+	+	-	+	+
R13	76	Male	widowed	+	++	+	++	++	++	R41	67	Female	widowed	+	-	+	-	+	+
R14	80	Female	widowed	+	++	+	++	++	++	R42	89	Male	widowed	+	-	+	-	+	+
R15	75	Male	widowed	++	++	++	+	+	++	R43	76	Female	never married	+	+	-	+	+	+
R16	78	Female	married	++	++	+	+	+	++	R44	88	Female	widowed	+	++	+	+	-	-
R17	78	Male	widowed	++	++	+	+	+	++	R45	69	Male	widowed	++	+	-	-	-	-
R18	91	Female	widowed	++	++	+	+	+	++	R46	77	Male	married	+	++	-	-	-	-
R19	81	Female	widowed	+	++	++	+	+	++	R47	78	Male	widowed	+	++	-	-	-	-
R20 ^a	81	Female	widowed	+	++	++	+	+	++	R48	74	Male	married	+	++	-	-	+	+
R21	82	Male	divorced	+	++	+	++	+	++	R49	65	Male	divorced	+	+	-	-	+	+
R22	80	Female	widowed	+	++	+	++	+	++	R50	90	Male	widowed	+	+	-	-	+	+
R23	72	Female	widowed	++	+	+	+	++	++	R51	64	Female	divorced	+	+	-	-	+	+
R24	93	Female	widowed	+	++	++	+	+	++	R52	90	Female	never married	+	-	-	-	-	-
R25	94	Female	widowed	+	++	-	++	+	++	R53 ^a	89	Female	divorced	+	++	+	++	+	+
R26	86	Female	widowed	+	++	++	+	-	++	R54	85	Male	widowed	++	+	+	++	+	+
R27	85	Female	married	+	++	+	+	+	++	R55	90	Male	widowed	+	+	++	-	+	+
R28	81	Male	widowed	+	++	+	+	+	++	R56	77	Female	divorced	+	+	+	+	+	+

^a = migration background, ^b = interpreter present at the interview, ^c marital status as official registered, it was nonetheless possible for never married, divorced and widowed persons to have a partner, which is not registered here. Soc = social frailty, Cog = cognitive frailty, Psy = Psychological frailty, Phy = physical frailty, Env = environmental frailty
 Total = Total frail, ++ = high frail, + = mild frail, - = no - low frail, m = missing

interpreter was present at the time of the interview for one Italian-speaking and one Turkish-speaking participant.

Interview scheme and data analysis

All interviews were digitally recorded with the participant's permission and transcribed verbatim. Each interview opened with the question "How do you experience frailty and what does frailty mean to you?" Depending on the participant's answer, the interviewer went more into detail and further asked if frailty had an effect on their meaning in life, and what gave meaning in their life. Subsequently, the other questions followed. For more information on the entire study design, see (Dury et al., 2018). A panel of experts (see acknowledgements) approved all the questions, helping to ensure the content validity of the interviews (Boeije, 2010).

A hybrid approach of inductive and deductive thematic analysis was used, as discussed by Fereday and Muir-Cochrane (2006). For the deductive analysis, the conceptual framework of seven needs for meaning (Derckx, 2013, 2015) were used a priori in the development of the code manual, these were the main labels. In order to detect sublabels, inductive analysis was used. New themes that emerged from the interviews in the analysis were appointed to a sublabel.

Three researchers were involved in the coding process. First, one researcher from the D-SCOPE project and one researcher experienced in meaning in life research – but not involved in the project – separately coded six identical interviews for the development of a code manual. After this step, two researchers coded the interviews. The first researcher participated in the development of the code manual and coded the Dutch and interpreter-assisted interviews. The second researcher, also involved in the D-SCOPE project, coded the French interviews. The stages of data coding delineated by Crabtree and Miller (1999) were used as a guideline in this procedure. In this iterative process, findings were first discussed with two other D-SCOPE researchers. To increase credibility and to foster reflexivity, findings from the deductive analysis and new insights from the inductive analysis were again discussed with the researcher experienced in meaning in life research who was not involved in the D-SCOPE project. All suggestive interpretations and assumptions were deleted. In the final step, all researchers involved in this study discussed and weighed the interpretations ('investigator triangulation,' Patton, 2015, p. 316).

Quality procedures and ethical approval

To extend the *reliability* of the interviews (Boeije, 2010), nine interviewers were trained before the interviews. For content validity in the interviews (Boeije, 2010), the topic list was developed together with the entire D-SCOPE research group, which consisted of 21 researchers in several disciplines (e.g., old age medicine, psychology, educational sciences, etc.), although all researchers were specialized in gerontology and/or frailty. A commonly used strategy to extend credibility in qualitative studies is to give study participants the opportunity to discuss the research findings; however, it was impossible to discuss the study's findings with the participants because they had been guaranteed anonymity and therefore a member-check could not be held.

The D-SCOPE study was approved by the Ethical Commission Human Sciences of the Vrije Universiteit Brussel (ECHW_031). All participants signed an informed consent agreement.

Results

Meaning in life of socially frail older adults

The experience of meaning in life of socially frail older adults is presented with respect to each category of need for meaning as constructed by Derckx. In general, we see that older adults'

experience of meaning in life is mostly derived from three or more different needs. Older adults do not delineate their meaning in life using one need, but actually talk about meaning in life according to different needs.

Purpose

The need for purpose is seen as connecting life and activities in the present with something of positive value in the future. For the socially frail older adults in this study, with the exception of one person (also the youngest and least frail whose purpose was to go abroad), no respondents had specific plans or goals with a positive value in the future. Nonetheless, it is possible to differentiate two main findings concerning this dimension.

First, several respondents just wanted to continue their daily activities (e.g., going to the service center) as usual, take life as it comes, have some expectations but not too many.

For me it is the daily life: getting up, drinking coffee, doing the housework driving to my mother, reading... especially reading. The daily life, no excesses. (Divorced woman, 65 years)

Second, when a sense of purpose was present, it was described as inner fulfillment without the need to reach a goal or to develop a personal talent. Many respondents found fulfillment in hobbies, going out, and in activities at home. For others, these inner fulfillments overlapped with the need for connectedness with children or grandchildren.

Value/moral worth

Respondents often experienced their way of life as positive and morally worthy. Being able to solve problems in the family, not giving up when problems occur and living soberly without losing joy in life were examples that found their origins in education, religion, or memories of World War II. Some respondents expressed philanthropic thoughts and hope for the future, and referred to the Charlie Hebdo attacks in Paris 2015 that took place in the months before the interviews. Altruistic deeds also demonstrated respondents' moral worth:

A lot of things go lost in a day and sometimes it [happiness] can be found in small things. Those things have an enormous impact on your day. In the morning, when you meet someone who is kind to you, you will feel that for the whole day. (Married man, 86 years)

Efficacy/competence

Being frail does not mean one automatically loses competence. Despite being frail, respondents frequently confirmed that they were able to maintain a level of control and autonomy in their lives and this level of control varied between individuals. Also, being able to make one's own choices and not being dependent for small things in the household was important, along with control over finances and having mastery over formal caregiving.

One way to keep control was to adjust the environment and make it fit with what one wanted or to adapt to the environment. Adjusting to the environment did not occur clearly in the interviews. One respondent adjusted her caring environment by moving all necessary furniture and products to the ground floor in order to continue living in her own house. In the interviews "adapting to the environment" was mostly identified as adapting to situations. One respondent's adaptive coping strategy was to change her way of managing household activities:

A couple of years ago, I fell. The doctor said: "The only thing you won't be able to do from now on is doing the dishes." Then I look at him and said "Man, we'll see about that when I get back home!" "No," he said, "You are going to leave those dishes, it will hurt your back, holding your hands in front of you..." Now, I have a lot of dishes to do, and sometimes I do them in three times. And it hurts, and it burns. Yes, then I take a break, I rest and afterwards I start again. (Divorced woman, 75 years)

Self-worth

The need for self-worth is mostly seen as valuing oneself positively and having the opportunity to be recognized and respected by others. Two distinctions of self-worth can be identified in the interviews. The first type is 'self-worth in comparison with others'. Here, older adults often compared themselves with their institutionalized or dependent peers, or they mentioned that they themselves only needed a minimum of professional help.

I was digging in my garden the other day. Many people of my age are – if they are still alive – in a wheelchair. And I still ride my bike every day. (Widower, 89 years)

The second type of self-worth that emerged in the interviews is pride in physical appearance or pride in one's own realizations. Examples are maintaining visits to the hairdresser, buying new clothes, or leaving a successful business to the children. A peculiar type of pride is the embarrassment of asking for help and the fear of being seen as frail, or dependent, or unsuccessful. One lady without a support network experienced loneliness because she was not able to go to organized activities:

Oh yes, I miss people around me. But I can't go (to activities). They ask me though: "Aren't you joining us? It's an evening organized by the community or the Catholic Union." It's always elegant and in the community hall. But what if I get too tired? I will have to annoy someone by asking: "Can you drop me off at (address)?" This person's pleasure will be gone then. You always have to bother someone. And I don't like that, I used to drive myself, I lost my independence. (Widow, 80 years)

Coherence

Coherent stories make life comprehensible and manageable, and provide a firm identity and continuity. Here, having a clear structure such as living their lives in familiar ways implied continuity.

I: What gives meaning [to] your life?
R: My husband, and comfortable living. Yes, I like it here. I like living here, and I hope it can last.
(Woman, 80 years)

Many of the respondents could explain the events that happened to them, knew their own limits, or understood the world they live in. They understood that they had to retire, that loved ones died, that children moved away to live their own life, and that the world they lived in had become smaller. They understood that they were frail and the limits this frailty imposed, or that the condition they had (e.g., Parkinson's disease) would worsen in the future. Some of them tried to manage their life which made them feel somewhat less frail:

If you understand the reality of life, you are less frail. If you don't, it's dead. (Widower, 78 years)

Another way of understanding life events is by negotiating the circumstances. These respondents found a way, for example, to continue their life in a wheelchair. Another example came from a (never married) woman who was fine with every change as long as she could continue her handicrafts.

Connectedness

The need for connectedness became apparent in a number of different ways. First, a range of respondents found meaning in being connected with a partner, friends, family, in-laws, or even professional caregivers despite being socially frail. When they spoke about long lasting family conflicts or disagreements, some pointed out that there was still a meaningful connection with these relatives.

Second, several older adults responded to the need for connectedness by focusing on what others need of them. In some ways, they felt obligated to keep up with their life for their children's sake or found that others motivated them to continue their life.

My anti-depressants, I should never stop that. I asked once and the neurologist said no. Because I will fall very deep the moment something goes wrong and I won't tide over again. I'm good with it for the moment but sometimes I say ... after all, I won't harm myself, I do love my family too much for that. That's what supports me, being able to see my grandchildren grow up. After all, that's why you go on. (Married woman, 78 years)

Third, the need for connectedness for some respondents was found in their religion or spirituality. Included in this spirituality, a few respondents found meaning by retaining a deep connection with their deceased partner or relative:

There are days when nothing matters anymore. But I am here because she (deceased wife) helps me to be here. (Widower, 75 years)

Excitement

Three main themes were noted in this domain. The first was in transcending daily life, such as by being away from daily activities, celebrating an anniversary, or a newborn in the family, or going on holiday:

Translator: At the moment, she is counting the days until May because she will go back to Turkey. There she has more joy in life because her children and grandchildren live there. (Divorced woman, 79 years)

A second theme was the enjoyment of beauty in life. This beauty was found in art and culture, fauna and flora, and the beauty in everyday life, such as watching little children walking with parents in the streets. A third theme was in transcending 'the known', such as being surprised when new and exciting things happened that gave meaning again. One respondent expressed her desire for meaningful activities when the city services invited her to join a lecture:

The community civil servant called for a lecture about public transport and older adults. That's what I want, something with content! Instead of singers and meals (sighs). (Widow, 80 years)

Loss of meaning?

A loss or shortage of meaning in life was found in three of the seven dimensions: purpose, coherence, and connectedness. Respondents described this loss as a result of getting older or having a smaller network. Not all respondents mentioned a loss of meaning. Others indicated there was a single loss. A group of respondents, who experienced difficult situations and stressful events throughout their lives, elaborated on a series of losses. Nonetheless, and even in the most grievous stories, respondents responded to the loss of meaning by "satisfying" at least one other need for meaning and so compensating the experienced loss.

Lack of purpose

When respondents stated that there was a lack of purpose in life, they referred to a time when they had more purpose and that purpose had faded away as a result of children that grew older, retirement, or disease. One woman with a work history in Human Resources explained it as follows:

People came to me with their problems. I had to hire them and I had to fire them. With all their problems, they came to me. For years I was like a service center. And that was erased for 95%. Also, children and grandchildren don't need me anymore. (Widow, 80 years)

Lack of coherence

A minority of the respondents experienced a lack of coherence. Some felt vulnerable and were afraid of the future after a loved one's death. The ending of such relationships gave a smattering of knowledge about the future. Although they understood their frail situation and the events that had taken place, they did not find it easy to continue life alone. Lack of coherence was also found in stories where respondents said they felt more vulnerable than they used to be:

With age, you become more sensitive. You used to ignore things but now you feel that they hurt you, honestly. I am more emotional than I used to be. On the one hand, because I have been through much I could say “I don’t care!” and “that’s life!” On the other hand, not anymore, now it hits me harder. (Widow, 72 years)

Shortage of connectedness

The shortage of social connectedness was described in numerous ways: First, the death of a spouse, friend(s), or children could lead to a loss of meaningful relationships and the difficulty of finding new friends. Second, networks change over time: Conflicts with children or in-laws, divorce, or separation from a partner could lead to smaller social networks. One older woman, who lost contact with her grandchildren after a conflict with her daughter in law, tried to rectify this loss and aspired to reconnect with one of her grandchildren through using social media. Neighbor networks can change as well: Familiar contact is lost when peers move and younger people move into the neighborhood. Third, quite a few respondents were selective in their relations and two types of selectivity can be distinguished. In the first type, respondents were investing in a selective group of relations where people are bonded by family ties or bonded by similar interests. The second type had no desire for connectedness owing to conflicts or trust issues with neighbors or relatives. However, they expressed a wish for contact with other people. An older childless widow with family disputes had stayed inside her house since her husband died until her general practitioner (GP) forced her to go to a service center:

- R: *The service center, I started to go there this year, I had to.*
 I: *How come?*
 R: *My general practitioner told me, because I cried here all day long. I didn’t eat anymore. My husband died and I ate only sandwiches with syrup for two years. My food didn’t [have] taste alone, it didn’t taste. And now I eat there every Thursday but alone it doesn’t [have] taste.*
 I: *So, your general practitioner told you to go there?*
 R: *Yes, he told me, but it’s only once a week, that’s not enough. Three times a week would be better, because people really look forward to that day. (Widow, 80 years)*

Fourth, being physically frail sometimes led to being socially frail (e.g., not being able to reach the neighbors’ fence) and older adults often wished for more contact with others. Some care-dependent older adults were literally waiting throughout the day for the next professional to arrive, as these were the only people with whom they have contact. Last, being an informal caregiver for a physically frail partner also led to being socially frail.

Discussion

Against a dominant background of negative health or adverse outcomes in frailty research, the present study focused on the experience of meaning in life for socially frail community-dwelling older adults.

The findings of this study indicate that socially frail older adults do experience meaning in life. Using a hybrid approach of inductive and deductive thematic analysis, this study illustrates that seven needs for meaning can be distinguished as described in the conceptual model of Derkx (2013, 2015): purpose, moral worth, competence, self-worth, coherence, connectedness, and excitement. The findings illustrate that respondents experienced a loss of meaning for purpose, coherence, and connectedness. Results received from the inductive thematic analysis in this study suggest a refinement of this model: It is not necessary to satisfy all seven needs to experience one’s life as meaningful. Specifically, one could have a low sense of purposefulness for the future and, all the same, find meaning in the fact that one is able to continue his or her life despite being frail. Generally, there could be a strong emphasis on one need for meaning and less emphasis on other needs without experiencing a shortage of meaning. Respondents who experienced a shortage in one or more types of meaning compensated for the loss with another type.

The findings suggest that the social environment is an important factor in satisfying needs for meaning as well as the cause for loss of meaning. Earlier research confirms that meaning in life is

found in human relationships and is associated with the lived circumstances of older adults (Hupkens, Machiels, Goumans, & Derkx, 2016). In this study, the remaining relationships were an important source of meaning. Apart from family ties, neighbors, professional caregivers, and local officials were alleged to be relationships that provided meaning. Further meaning was found in being a spectator of daily life and participating in organized activities. All these sources are dimensions of the social environment (Duppen et al., 2017) and appear to be crucial to the experience of a meaningful life. Losses in need for meaning in relation to the social environment became apparent in the purpose and connectedness dimensions. Older adults' networks change over time and former social roles as active professionals or (grand)parents may disappear. These results fit with the theoretical framework of Kahn and Antonucci's convoy model of social relations. These social convoys are seen as dynamic and are shaped both by personal and situational factors during the life course (Antonucci & Akiyama, 1987; Kahn & Antonucci, 1980). Two reasons for maintaining a small network remain: First, frail older adults found it hard to establish new relationships because of physical frailty or disabilities. Similar results were found in a recent study on lost relationships in old age (Tiilikainen & Seppanen, 2017). Second, several respondents preferred to have meaningful relationships with only a selection of other people who are closely related or share the same interests. This selectivity in relationships was previously theorized as the socio-emotional selectivity theory by Carstensen: Older adults who feel that less time is left in their life prefer to invest their time in positive emotional relationships rather than expanding their social network (socio-emotional selectivity theory (Carstensen, 1991)).

Several limitations should be noted. First, the respondents for this study were not a homogenous group of socially frail older adults. They were either mildly or highly frail in the social frailty domain and almost all were frail on one or more other frailty domains. Second, different researchers conducted the interviews and there may have been inconsistencies between interviews. Third, during the interviews, a relative was occasionally present or nearby, which is a possible source of bias as socially desirable responses might have been given. Fourth, given the qualitative design of the study, findings cannot be generalized to all socially frail older adults. Finally, in general, we found that the respondents of this study sometimes lacked the language to explain what gave meaning to their life. The conceptual model of Derkx provided a valuable a posteriori explanation in this study. Further qualitative research with a specific focus on these seven dimensions could be beneficial. With respect to other valuable frameworks such as Antonovsky's 'salutogenesis' (Antonovsky, 1987) or Lawton's 'valuation of life' (Lawton et al., 2001) that are also frequently used in gerontological research, this study opted for the concept of Derkx given its multidimensional character that includes both the aspect of comprehensibility in salutogenesis or worth that is central in valuation of life measure. To our knowledge, this is the first study to include meaning in life in frailty research. The qualitative design of the study however does not provide information as to whether less meaning in life is a result of higher levels of social frailty or vice versa. Quantitative research considering meaning in life among frail older adults and other aspects of wellbeing may resolve this issue.

Several implications for practitioners in the field of home-care or community service can be derived from the study. Home-care professionals often focus their work toward practical needs and healthcare issues, and their work in preventing frailty from worsening is undeniable. There should, however, be a greater awareness of methods to support the improvement of meaning in life rather than simply a concern with illness and disability (Stephoe et al., 2015). Our results indicate that professionals can even be a source for meaning in life themselves. Because leisure activities provide meaning, a second implication is relevant to community organizations, clubs, or community officials, who are responsible for ameliorating social or civic participation. Participation in social or leisure activities enables aging in place (Tomioka, Kurumatani, & Hosoi, 2016) and has frequently been associated with health benefits (e.g., Kim, Kim, MaloneBeach, & Han, 2016; Tomioka et al., 2016) and better quality of life (Levasseur, Desrosiers, & Tribble, 2008; Zhang & Zhang, 2015). A recent study in a group of frail older adults in The Netherlands found that the group had no desire for social or civic participation as it was irrelevant to their wellbeing (Van Dijk, Cramm, Van Exel, & Nieboer, 2015). In contrast, most respondents in this study appreciated these organized activities

although one respondent explicitly wanted to have meaningful activities that exceeded the usual coffee gatherings in her local service center. Prevention programs aimed at reducing frailty should include evaluation of meaning in life, supplementary to the usual focus on health factors.

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