Older people’s strategies for meaningful social interactions in the context of eldercare services

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ABSTRACT
Considering that ‘social work with older people’ refers to something that is carried out with older people, it is of crucial importance to reveal the meaning of ‘the social’ from the perspective of the elderly. The aim of this article is to reveal how older people go about achieving meaningful social interactions in everyday life in the context of eldercare services and the role of social work practice within this area. Twenty-six older people have been included in 24 open semi-structured interviews. Prominent features in the findings are that care recipients in eldercare services develop strategies to create a sense of meaningfulness. This is a new dimension of ‘self-created’ person-centred care. The conclusions drawn are that while social work for older people involves someone in charge of something for somebody else, social work with older people indicates an unconditioned practice beyond the performance of services.

KEYWORDS
Social work; older people; eldercare; social interaction

Introduction
In many welfare states, there is an ideal of having a healthy, active life and more and more people reach high age (WHO, 2018). This ideal is closely related to an active social life (Verhoeven & Tonkens, 2013) and citizens are to an increasing extent expected to take a greater responsibility for their own well-being (Lloyd et al., 2014; Szebehely & Meagher, 2018). But, the ideal of being, active, social and independent may turn controversial when frailty and dependence accelerate in high age; and there is even a risk of experiencing marginalisation and stigmatisation when personal long-term values interfere with declining capacities (Söderberg et al., 2013; Grenier et al., 2017). Simultaneously, there are general tendencies to downgrade the social work practice among older people (Lymbery & Postle, 2010). Because of a nationwide reform introduced in Sweden in 1992, the care of older people was placed organisationally under the Social Welfare Services Department governed by the Social Services Act. Eldercare services thus became part of social work under the Social Services Act 2001:453 (2001, p. 453), which states that everyone who needs help in everyday life has the right to apply for assistance. However, as the efforts of social work are becoming less and less visible in the care of the elderly, fewer and fewer apply for social support and far from all are granted the aid they apply for (Söderberg et al., 2015). Simultaneously, legislative and normative priority is given to
achieving an active and meaningful everyday life (Social Services Act 2001:453, Chapters 5, §4). Arising out of a study about how older people (65+) generally experience their everyday life in the 2000s, this article focuses on how older people enrolled in eldercare services go about meeting social needs.

The contrast to meaningful social interactions would potentially be the experience of loneliness. But loneliness is not a problem for everyone in high age and there is no clear evidence that the prevalence of loneliness among older people is increasing over time (Dahlberg et al., 2018). At the international level, research on the social dimension of older people’s everyday life has previously paid attention to the experience of loneliness among older people both living at home (Taube et al., 2016) and in residential homes (Sjöberg et al., 2019). By definition, loneliness may refer to involuntary social loneliness in terms of lack of social contacts with important others (Hauge & Kirkevold, 2010) or existential loneliness meaning the experience of not being able to share existential thoughts with others (Sjöberg et al., 2019). Researchers have studied the co-existing negative and positive dimensions of loneliness (Taube et al., 2016). On the research agenda, attending activities and interventions to reduce loneliness have been suggested (Cattan et al., 2005). In other studies, attention has been drawn to the risk of a supply based on stereotypes and prejudices about older people as a homogeneous group (Jönson & Harnett, 2015; Tornstam, 2011) and to the risk of quantifying social activities with the consequence of downgrading ‘care at the bed-side’ (Storm & Stranz, 2018). However, what has received considerably less attention is research focusing on older people’s everyday choices and initiatives in social interactions to optimise their own wellbeing; in this text referred to as strategies for meaningful social interactions. The aim of this article is to reveal how older people go about achieving meaningful social interactions in everyday life in the context of eldercare services and the role of social work practice within this area. The research questions are:

1. How do care recipients in eldercare services act and react to strengthen the conditions for meaningful social interactions?
2. How do care recipients in eldercare services reason to strengthen the conditions for meaningful social interactions?

In the context of this article, the concept of ‘social interaction’ includes a wide range of social exchanges referred to by the participants in the study. The idea of perceiving social interactions in this way is to open up for social needs and interactions which feel meaningful to the participants and thereby benefit their wellbeing.

This article is based on a qualitative interview study within the framework of the research programme ‘To be old in Småland in the 2000s! What do we know and how do older people perceive their everyday life?’ A survey of the state of knowledge and an insight into the everyday lives of the elderly”, carried out at Linnaeus University in Sweden. This study revealed, among other things, that there is a shortage of demographic research in the region, which in turn leads to consequences regarding the conditions in elderly people’s everyday life (Gynnerstedt et al., 2017). To gain a deeper understanding in this article of how older people enrolled in eldercare services bring about social interactions in line with personal preferences, several theoretical perspectives are applied. They are Rogers (1951) ideas about how people themselves want to develop and find
meaning in life, Antonovsky’s (1987/1991) theory of sense of coherence with special focus on meaningfulness, the notions of social breakdown syndrome and the social reconstruction syndrome reported by Kuypers and Bengtson (1973) and Zusman (1966), and finally the theory of reference groups used by Merton (1968).

**Earlier research and theoretical framework**

**Social interactions and activities as welfare services**

A general trend in welfare services is that there is an increased emphasis on practical support to help citizens cope with their everyday life, referred to as ‘social care’ at the expense of social work practice (Lloyd et al., 2014; Postle, 2001). On the one hand, the care managers are mostly involved in the administrative coordination of services in their role as purchasers in the care of older people (Söderberg et al., 2015; Postle, 2001). On the other hand, providers of the care are struggling with decreasing resources, stress and time-pressure, which jeopardises the preconditions for the social dimension of social work practice (Trydegård, 2012).

In this article, there is a special interest in individual everyday choices and initiatives regarding social interactions intended to benefit own wellbeing. Theoretically, Rogers (1951) is one of the most prominent figures in terms of the client-centred focus. His theoretical notion is very clear; in order to help a person, young or old, sick or healthy, one must proceed from the specific person’s experiences, needs and wishes. In another classic work, Antonovsky (1987/1991) has presented the salutogenic model as a theory to guide health promotion. He thereby drew attention to the importance of a sense of coherence and to the importance of finding ways to cope with life stressors. In the context of this article, there is a special focus on meaningfulness in order to follow up the ability to be fully engaged in one’s own health-creating processes (Antonovsky, 1987/1991). The theoretical approach of the sense of coherence has had a major impact on eldercare research in Sweden (e.g. Borglin et al., 2005), as well as in other countries like Norway (e.g. Sundsli et al., 2012) and Finland (e.g. Sarvimäki & Stenbock-Hult, 2000). Nevertheless, in several welfare systems, there are still indications that the social dimension of eldercare services is diminishing (Lloyd et al., 2014; Smith et al., 2018). The challenge for welfare states remains, and the norm of treasuring social interactions and activity has contributed to a growing research interest in the development of strategies and pedagogical approaches.

As another theoretical perspective, Merton’s (1968) theory of reference groups is added. According to Merton (1968), people cite comparative reference groups as standards or as points of departure for comparisons between themselves and others. What is experienced as fair or unfair, normal or abnormal, satisfying or unsatisfying is to a large extent a matter of expectations and what people find relevant. By using this theory, attention is drawn not only to the social mechanisms applied, but also to the context of the care and the welfare system of which it is a part.

Zusman’s (1966) model of social breakdown adapted to the social reorganisations in late life is also included in the theoretical framework. It describes the interaction between the individual’s social environment and the individual’s self-perception in a vicious circle. Basically, the model proceeds from 1) preconditions or receptiveness for social
breakdown, 2) social labelling as insufficient or incompetent, 3) internalising of the role as sick or dependent, downgrading of knowledge and skills, and 4) self-perception as insufficient or incompetent (Tornstam, 2011, p. 175).

In a further development of the model, Kuypers and Bengtson (1973) have formulated the idea of possible interventions in the vicious circle of social breakdown referred to as the social reconstruction syndrome. Since there is a research focus on meaningful social interactions in this article, this theoretical perspective constitutes a complementary theoretical approach. Kuypers and Bengtson (1973) maintain that norms such as effectiveness, productivity and independence increase the receptiveness to a social breakdown in high age due to declining capacities. Thus, it is crucial to try to release the individual from these norms and instead perceive the value and self-perception as simply being human beings in line with a more humanitarian ideology.

**Methods, material and analysis**

**Data collection and context**

Data were collected as a part of a two-year research programme carried out at Linnaeus University, Sweden. The overarching aim of the programme was to reveal how older people living in the Swedish county of Småland experience and describe their everyday situation. The participants were recruited one by one and by different eldercare workers from eight different municipalities. Twenty-six older people were included in 24 open semi-structured interviews from May 2013 to July 2014. They lived in ordinary housing, at a residential home, or in a safe living accommodation. During two interview sessions, a partner was interviewed as two participants. During two interview sessions, a partner participated, and on one of the occasions an adult child. A friend and/or a care worker participated at two interview sessions. The co-author and a former postdoctoral researcher carried out the interviews, and observations were annotated after each interview session with a special focus on living conditions and environments. The mean age of the older people in the study was 82.9 years and the range was 70–95. Ten of them were aged 70–79, nine 80–89, and seven 90–99. Among the participants, there were 19 women and 7 men, including single and married persons. A third of the participants lived in ordinary housing without formal care services, a third lived in ordinary housing with home-based care, and a third lived in residential homes, including one person in a safe living accommodation. None of the participants was diagnosed with dementia.

A thematic interview guide was used together with questions flowing from the immediate context. The questions focused on personal data and background, descriptions of and reflections on everyday life, and perceived changes in the welfare state. All the interviews were recorded after the consent of the participants. The recorded data were transcribed verbatim, but minor details were changed in the text in order to ensure confidentiality.

**Data analysis**

The transcripts were read reiteratively and a thematic analysis was applied (Braun & Clarke, 2006). The first draft of the analysis was made by the first author alone. Since she
was not part of the data collection in 2013–2014, a so-called secondary analysis was carried out through this procedure (Bryman, 2008). The co-author of the article was the principal investigator of the project and as such participated and followed the whole work closely.

In the coding system, the aim and research questions of the article guided the analysis. In this process, the interpretations were made in close interplay between data, previous research and the theoretical framework, which was expanded successively. During the analysis work, there was an increased research interest in how older people receiving eldercare services develop strategies for meaningful social interactions in everyday life. However, participants who had not been granted assistance from eldercare services also helped visualise strategies applied in order to achieve meaningful social interactions. Thus proceeding from a broad interest in older people’s strategies in social interactions in general, the focus in this article has been narrowed to strategies for social interactions applied by care recipients for meaningful social interactions in everyday life.

In an approach with careful comparison and scrutiny of data instances, three main themes with subordinate sub-themes were finally formulated. Thereby, as it is expressed in hermeneutics, the findings were influenced by a series of choices and interpretations. Data were simultaneously systematically controlled and processed with the greatest possible accuracy (Denzin & Lincoln, 2011). In the presentation of the findings, fictive names have been applied.

In order to strengthen the internal validity of this study, a thematic interview guide served as a checklist during the interview sessions. The findings emerged from a broad representation of older people with the one thing in common that they lived in one of eight municipalities within the same county. Regarding the external validity, the study included a limited number of participants. However, it cannot be ruled out that the findings have similarities to choices and initiatives by older people enrolled in eldercare services elsewhere (Bryman, 2008).

**Findings**

Prominent features in the findings are that older people living in ordinary housing and in residential homes develop personal strategies for meaningful social interactions in the context of eldercare services. The strategies are presented as three partly overlapping main themes. They have been designated Choosing people like oneself, Choosing the right staff at the right time, and Choosing an activity for the fellowship (Table 1).

| Choosing people like oneself | Choosing right staff at the right time | Choosing an activity for the fellowship |
|-----------------------------|--------------------------------------|----------------------------------------|
| Choosing to see people placed on an equal footing | Socialising while receiving care | Expressing a gratitude for being entertained |
| Avoiding people not having the same interests as oneself | Seizing the opportunity for a little talk | Dissociating from other care recipients while expressing fellowship with the staff |
| Stressing the importance of meeting people as vigorous as oneself | Calling for social support | Referring to the importance of getting together |
| Expressing a desire to talk with someone and having fun | Responding to rejected social interactions by quitting the service | Trying to support and save the range of activities on offer |

**Table 1. Overview of strategies for meaningful social interactions.**
Choosing people like oneself

The theme Choosing people like oneself constitutes a strategy based on a selection of desired contacts and an avoidance of others (Antonovsky, 1987/1991; Rogers, 1951). The 94-year-old Daniel living in a residential home described his social habits in the following way:

I take a walk around the block and I go to see that chap who lives a little further away [. . .]. He is spot on when it comes to his head. Then I have a female friend too who lives over there. She was married to one of my best friends [. . .]. Then I have to go far to the other part to see the other two. I would have preferred this residential home to be in such a way so that I would have lived together with some people placed on an equal footing.

Daniel had to walk a bit in order to see some of the residents to whom he could relate intellectually and emotionally (Kuypers & Bengtson, 1973; Zusman, 1966). From his perspective, they were key persons in his social interactions at the residential home and in practice can be interpreted as functioning as a comparative reference group in his everyday life (Merton, 1968).

The 87-year-old Mary also said that she did not have anything in common with residents living close by. When asked whether she felt lonely, Mary answered:

Mary: If there is anything I want, then I go out there, but those who are here, we don’t have the same interest at all [. . .]. They hear poorly and sometimes they understand poorly too.

Interviewer: Then it may get a bit lonely that you don’t have anybody to talk to.

Mary: Then I have the phone.

This could be interpreted to mean that Mary experienced a lack of coherence in her everyday life in the ward. When she felt lonely, she would phone someone. She thereby marked that other residents in the ward were not part of her comparative reference group (Merton, 1968).

The 92-year-old Lisa expressed the need to get to the therapy ward at the residential home to be able to socialise with people who did not live with dementia. However, at this time the therapy ward was threatened by closure. She referred to a meeting with a municipal politician and she declared:

She [municipal politician] said that there was no point in having the therapy. They could just as well close it. Then I asked her if she ever had been to a ward at any point [. . .]. Then I said it once again and looked hard at her “Have you been to a ward at any point? “No” she said. “Then I think you should”, I said. “Because if you had sat up there at the ward and where they live with dementia most of them and you couldn’t talk to anybody there, wouldn’t you like to come down to the therapy too?”

To Lisa the therapy ward was like a meeting place for people like herself. If the politicians carried out their plans to close the therapy ward, there was a risk that she would lose the possibility to see other residents who shared her perception of normal social interactions (Merton, 1968).

Some participants explicitly expressed a desire to sit down and talk with someone to have fun and in that sense have the same expectations of what was satisfying or...
unsatisfying (Merton, 1968). The 71-year-old Elaine lived with disabilities in ordinary housing and she repeatedly referred to various professionals involved in her care. These professionals represented various services encompassing habilitation services including companionship services and eldercare with home-help services. Still Elaine missed someone to talk with. She said:

I would like to have someone, some contact, someone coming to have a little coffee sometimes and sit down and talk, like you do [the interviewer] and like that. It doesn’t have to be a person in authority, but someone who comes, who sits down and talks with me and we don’t have to sit and talk diseases and everything like that, but can have fun.

In the quotation, Elaine expressed that she wanted to be visited by someone and she left it open who that would be. She said that it did not have to be a person in authority, and judging by the quotation it would not necessarily have to be any other professional either. Her criterion was that the person who comes should be able to have fun. With inspiration from Kuypers and Bengtson (1973), one could say that she wanted to be released from reminders of norms that highlighted what she could not accomplish. Instead, she wanted to perceive the value and self-perception of simply being a human being who just wanted to have fun.

**Choosing the right staff at the right time**

The theme *Choosing the right staff at the right time* constitutes a strategy based on the possibility of socialising with staff in a meaningful way while receiving care (Antonovsky, 1987/1991; Rogers, 1951). The 75-year-old Paula, living in ordinary housing with home-help service, referred to one such example as follows:

The girls [the care workers] are so bright and cheery! It’s like crazy! We have so much fun!

Paula described how household duties could pave the way for so much fun in the social interaction with the care workers and she talked about ‘the girls’ with joy. In this way, the quotation indicates that in practice the household duties gave an opportunity for treasured occasions to hang out as ‘girls’. An interpretation of this would be that Paula experienced being part of the same comparative reference group and with the same expectations on the occasions when they met (Merton, 1968).

Other participants refer to how they rather had to seize the opportunity in order to socialise with staff and to have some small talk. The 93-year-old Martha, living in a residential home, said:

They [the care workers] have so many to go to, they say. So there’s a very small staff, you know. There should be a lot more. Because in the evenings when the night nurse comes at 9.30 pm, then it takes just like 5 minutes and off she goes […]. I mean, I’m always ready, so she just puts me to bed and she doesn’t have time to talk to me. In the night then, if I have to pee, then it can be that we talk a little, if she doesn’t get other alarms.

According to the quotation, Martha occasionally chose to talk with the night nurse, while getting assistance to go to the bathroom, that is to say, if the night nurse was not called away by another alarm. Her way to refer to opportunities ‘to talk a little’ in the night could be interpreted as important moments, previously called ‘care at the bed-side’ (Storm & Stranz, 2018) and as a social reconstruction of the value and self-perception as simply being human beings (Kuypers & Bengtson, 1973).
Sometimes there was a need for unplanned social support at difficult moments. The 89-year-old Ana, living in ordinary housing with home-help service, handled such moments by pushing the alarm, even if this use of the alarm had been partly questioned. She said:

Once I was disappointed in them and I was so down-hearted, so I just thought … yes, it turns out that way sometimes. And then they said I can call whatever it is, I can push the alarm and so I did, but then I found out that “it’s only if you have fallen and then we help you up, but not because [laugh] you are down-hearted” […]. It was the only time. I was so disappointed. Almost every time they [the care workers] say “If there is anything, just call”.

Ana called for social support when she felt down-hearted but after being rejected once, she had to be convinced that she actually was allowed to push the alarm at difficult moments. Still she was disappointed. From her perspective, there had been a discrepancy between her prevailing needs and available resources (Zusman, 1966). In a Swedish context and as a comment, Ana could have applied for a service called ‘social content’, when care workers from the home-help service come to visit. Such a scheduled service, however, would most probably not coincide with Ana’s difficult moments.

When the social interactions with staff did not meet the participants’ expectations, the participants chose to handle it in different ways. The 87-year-old Beth, living in ordinary housing, had decided to take a time-out from the home-help service. She told about her home-based care in the following way:

I got help in the mornings to put out breakfast and then for dinner […] and then in the evening to make supper […]. Then they came at 9 pm to see if I was alive […]. So I said, “Ah, I have to get going and cook my own food” […]. I had some that arrived at 9 o’clock, but 5 minutes later they were leaving again. “Sit down. We’ll talk for a little while.” “Have no time for that” […]. I watch TV at that time and there could be good programmes and then they come and [laugh] and disturb, I sometimes thought instead.

According to the quotation, Beth was disappointed with the care workers. Due to pressure for time, they had rejected her invitations to sit and talk. At that time, she felt that the home-help service just came to see if she was alive. She felt their service was not worth the trouble, which could be interpreted as a way for her to block the risk of internalising the role as sick or dependent (Kuypers & Bengtson, 1973; Zusman, 1966).

**Choosing an activity for the fellowship**

The strategy referred to as the theme *Choosing an activity for the fellowship* was based on experiences of taking part in a range of activities organised and planned beforehand (Antonovsky, 1987/1991; Rogers, 1951). The 88-year-old Judith, living in a safe living accommodation, expressed gratitude directed at being entertained by the staff. She said:

These activity staff, they are sort of so good, you know. They arrange so many things and they take good care of us and try to entertain us […]. They look at the individual. I think they try to feel for us. That is my impression at least, you know. So it’s like I feel I am taken good care of in that way.

Judith thought that the staff tried to entertain and they tried to have compassion for the residents. She remained loyal to the activity staff and to the activities offered, at the same
time as she indicated that there was room for improvement. Clearly, Judith identified herself as ‘us’ residents in contrast to those who did the entertaining and took care of ‘us’ (Merton, 1968).

In contrast, some of the participants told about how they dissociated themselves from other care recipients, while they preferred social interactions with the staff organising the activities. The 95-year-old John, living in a residential home, referred to this aspect as follows:

Music and reading aloud I think is good, but I think they [other residents] are ungrateful or impolite [. . .]. They can keep that to themselves and if they have that attitude, then that’s how it is. I always try to help people, because I have had it as a profession that I have been in charge of entertainment [. . .]. So to me it’s a matter of course to be grateful for what is offered [. . .]. I am not one to be a bully in any way, but I can’t help noticing. I got lonely you know, because we are not quite on the same wavelength always.

John took the perspective of the staff organising the activities due to his former professional life. He enjoyed the entertainment, even if other participants in the activities could limit the benefit for his part. In an interpretation, John had decided to remain loyal to the staff who had the same expectations of the activity as he had (Merton, 1968). Simultaneously, he made voluntary limitations in social interactions, and in this sense he expressed co-existing negative and positive dimensions of loneliness (Taube et al., 2016).

The 87-year-old Carl, living in a residential home, put less stress on the actual content of the activities as long as the residents had a chance to get together. He expressed it like this:

Then we get the possibility to get together from all four wards, you know, and even the ones in wheelchairs. As far as they understand what it’s about, they are welcome. Then what kind of activities there is, whether it’s worship, or gymnastics, or entertainment, it matters less, but I sort of consider the get-together itself as the most important thing.

Carl talked about the importance of getting together and maintaining contacts with other residents of all the four wards in the residential home. In the quotation, he added that all residents were welcome to participate in the activities as far as they could ‘understand what it’s about’. This could be interpreted to mean that he divided the residents into those who like himself could ‘understand what it’s about’ and those who could not (Merton, 1968).

Like Carl, 75-year-old Paula, living in ordinary housing with home-based care, referred to the importance of supporting and even saving the range of activities on offer. On a daily basis, she used to attend a meeting place on the premises with activities and a café run by the social services. However, there were decreasing resources. One of the two hostesses in charge of activities and entertainment had already been dismissed and now the café was about to be closed. There would be protests. Paula said:

Now the one who is in charge of everything in the social services is coming next week. We said we want to talk to him in private. Then we’ll have something to say to him.

With Merton’s (1968) theoretical perspective, ‘we’ attending the activities would exert influence for change ‘from within’, as the alternative would be substantially decreased opportunities for social interactions.
Concluding discussion

The findings show that the elderly in this study, despite being subject to organised elderly care either at home or in special housing, still develop strategies to create a personal sense of meaningfulness. The social part in the practice of social work, containing social interactions and meaningful encounters between people, could play a central role here. Especially in Sweden, it may seem obvious where the whole of elderly care is organisationally placed under the Social Services Act and the responsibility for these initiatives lies within the framework of social work. But even if ‘Social work with older people’ is a concept frequently used by practitioners as well as by researchers (Jönson & Harnett, 2015; Lloyd et al., 2014; Lymbery, 2005) there is still an ongoing debate about what it really means and according to whom. Considering that the concept refers to something that is carried out with older people, it is of crucial importance to further reveal the meaning of ‘the social’ from the perspective of the elderly. In this study, then, there is a reverse entrance to the concept and the field is approached from an interest in older people’s everyday choices and initiatives in social interactions to benefit their own wellbeing.

These choices and initiatives in social interactions may be understood from different perspectives. It could be perceived as a new dimension as ‘self-created’ person-centred care where it is the elderly themselves who take the responsibility. Even if this is not what is usually meant by person-centred care these thoughts are fully in line with Rogers (1951) ideas about how people themselves want to develop and find meaning in life. It is also in line with Antonovsky’s (1987/1991) theories about how and what we humans do to survive mentally when we end up in difficult situations. In different ways, we seek meaning and a sense of coherence, and that is what the findings of this article show that the elderly do. In a follow-up to the first research question about how care recipients in eldercare services act and react to strengthen the conditions for meaningful social interactions, it is maintained that the participants:

- choose to socialise with people perceived as similar to themselves for stimulation and joy – and to avoid people perceived as ‘the others’
- choose to socialise with key persons in the staff at certain times for comfort and company – and to avoid the experience of feeling rejected
- choose to socialise in activities for the sake of the fellowship – and to avoid care recipients who are considered not to behave

In a follow-up to the second research question about how care recipients in eldercare services reason about strengthening the conditions for meaningful social interactions, it is maintained that the participants:

- promote social routines with other care recipients for their intellectual and emotional wellbeing
- promote the importance of adapting to the care workers’ rules, regulations, and working conditions
- promote the importance of guarding one’s interests, as the range of activities could not be taken for granted
In the findings there are repeated examples of austerity in the care, such as the closure of meeting places, a diminishing range of activities, short visits by care workers, and placements in residential care guided by available rooms rather than care needs (Söderberg et al., 2015; Lloyd et al., 2014; Smith et al., 2018).

A question one must ask is whether the elderly really should be compelled to develop these strategies themselves when they are beneficiaries of social care. The obvious argumentation is no. So what can be done to make it easier for them? The social part of the practice of social work could be a way if ‘social’, among other things, means meaningful conversations and activities that are based on the elderly people’s own needs and wishes in the Rogerian spirit. While social work for older people involves someone in charge of something for somebody else, social work with older people indicates an unconditioned practice beyond the performance of services. Both perspectives are essential if the desired effect of well-being in terms of meaningfulness and sense of coherence advocated by Antonovsky (1987/1991) is to be achieved. Thus, ‘self-created’ person-centred care could be both constructive and desirable in the social work practice, but only with the support and help of professional social workers when needed.

Ethical considerations and limitations of the study

The research programme was approved by the ethical review board in Linköping, Dnr 2013/79-31, and has been fully implemented according to the application. None of the participants was diagnosed with any dementia disease that could raise sensitive ethical issues. However, in the process of data collection, deficiencies in the care work could appear and therefore give rise to ethical dilemmas on the part of the researcher as a potential intervention from the researcher was not ethically justifiable at the time. From another aspect, data collection implied a possibility for the elderly to receive a visit and to have someone to talk to for a while, which many of them also emphasised.

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