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Comprehending Socio-relational Factors of Mental Wellbeing in the Oldest Old within Nordic and Mediterranean Countries

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Abstract

Socio-relational aspects are essential for mental wellbeing (MWB), especially in the oldest old age. Our study aims to explore the socio-relational aspects related to MWB in accordance with the experiences of the oldest old of four European countries; and to examine how these differ between Mediterranean and Nordic people.

A total of 117 participants aged 80+ years old were recruited, and 23 focus groups were performed. Qualitative content analysis identified five main themes. Family seemed to be the most important driver of the MWB of the oldest old, followed by relationships with close friends. Participants felt better when they had a sense of being needed, cared for, and connected. Loneliness and isolation negatively affected MWB, although solitude was appreciated. Differences appeared between Mediterranean and Nordic regions. Initiatives to promote positive interactions with family and friends, as well as social activities within the community may contribute to strengthening MWB in the oldest old.

Keywords: Wellbeing; Final years of life; Socio-relational aspects; Qualitative analysis; Focus group.

Introduction

Interest in the study of mental wellbeing (MWB) among individuals aged 80 years or above, usually referred to as "oldest old" (World Health Organization 2001), is increasing, in line with the rapidly growing population projections for this segment of the population (United Nations 2019). Efforts to promote healthy aging and to maintain a good quality of life including MWB within this population group are of great importance.

MWB includes emotional responses to life events, domain satisfaction, and global judgements of life satisfaction (Diener *et al.* 1999). Evaluative wellbeing captures life satisfaction and the global evaluation that people make about their life (Kapteyn *et al.* 2015), experienced -also known as hedonic- wellbeing refers to the positive and negative emotions that people experience daily (Kahneman *et al.* 2004), whereas eudaimonic wellbeing focuses on self-realisation, sense of purpose, and meaning in life (Ryan and Deci 2001). Many authors attempted to identify these different facets of MWB and the main social determinants shaping individual behaviour and feelings, life satisfaction and happiness. In this regard, the concept of social capital has become prominent in health promotion and research (World Health Organization 2004), and its theory seems very useful to frame the relation between MWB and the social dimension. Robert Putnam (1993) defined social capital as "features of social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions". The concept includes connections between individuals and the values that arise from these connections, and it usually evaluates social interaction by social networks, participation, trust, and social cohesion. This can be related to the activity theory (Lemon, Bengtson and Peterson 1972), that emphasises the importance of maintaining social activity and participation at older ages, substituting

new meaningful social roles for those that are lost due to age, which could ultimately enhance MWB.

Previous studies have shown that mental health and MWB improved by and relied on socio-relational aspects, such as social networks, social participation, and the experience of trust (Almedom 2005). In a recent focus group study, the social dimension arose as the most important dimension for enhancing MWB (Lara *et al.* 2020). The social dimension of MWB, to which this article also refers, reflects groups and relationships of individuals as well as connections, resources, and values of a neighbourhood or a community. A previous qualitative study found similar results, with social life factors being mentioned by participants twice as often in comparison to the other domains including activities and health (Douma *et al.* 2017). Therefore, a deeper analysis of the social dimension seems to be justified, as it appears to be fundamental in terms of quality of life and MWB, especially in the oldest old population (Key and Culliney 2018). The oldest old age, in fact, is related to socio-relational changes, characterized by increased support needs, emotional losses, and reduced participation (Cohen-Mansfield *et al.* 2013). This phenomenon may be buffered by the perceived quality of the social network, which has shown strong associations with life satisfaction (Berg *et al.* 2006).

Concerning the relationship between MWB and social factors, prior research has also shown that older adults tend to intensify their relationships with their closest network, and reduce relations that become superficial (Löckenhoff and Carstensen 2004). A qualitative research with semi-structured interviews reported that the participants maintained strong ties with a limited number of people, as, even if in the past they had active interactions with their friends, few of them were still living (Komatsu et al., 2018). This reduction may make older adults particularly vulnerable to

feel lonely or to become isolated (Cohen-Mansfield *et al.* 2016). Contacts with family members and lifelong friendships impact older adults' MWB, thanks to mutual appreciation and trust, social support, and a sense of belonging through common social activities (Forsman *et al.* 2013). For example, in a systematic review of the existing literature on the social needs of the old population by Ten Bruggencate and colleagues (2018), the feeling of connectedness to others and to a community, as well as staying active by participating in voluntary activities and social leisure activities, contributed to older adults' MWB. Participants in the study of Komatsu et al. (2018) also mentioned that they still managed to find joy in life, although the range of activities they could perform were declining.

It is important that social networks are studied within their context and in relation to the values and social norms of the different societies (Litwin 2009). Moreover, conceptions of MWB are reported to be dependent on not only personal but also contextual circumstances (Borglin, Edberg and Hallberg 2005). Social networks of older adults in Mediterranean countries have been found to be more familial in scope and in character (Kalmijn and Saraceno 2008), generally exhibiting larger families and more exchange of assistance within the household (Litwin 2009). On the contrary, non-Mediterranean older adults may receive greater exchange of assistance outside the household. Furthermore, older non-Mediterranean men are more likely to engage in social activities and with more frequency compared to Mediterranean men (Litwin 2009). Within the context, it also has to be considered the welfare state. In fact, the MWB of oldest old could be linked to and influenced by specific aspects, such as the organization of short or long-term health care, social assistance, and benefits. The Nordic model, characterised by a comprehensive welfare state, has a robust public sector funded by taxes (Scaratti *et al.* 2018), with a high emphasis on redistribution,

social inclusion, and universality (Aiginger and Leoni 2009). On the other hand, the Mediterranean model of familistic welfare system is built on generous state pensions, employment-related welfare benefits, labour market regulation (Scaratti, Leonardi, Silvaggi, Ávila, Muñoz-Murillo, Stavroussi, Roka, Burger, Fheodoroff and Tobiasz-Adamczyk 2018), and low level of social transfers, partly counterbalanced by the strong supportive role of family networks (Aiginger and Leoni 2009).

Overall, previous evidence is based on quantitative approaches, meaning nuances of social factors may not come through (Williams, Popay and Oakley 1999). In contrast, qualitative methods take into consideration subjective views of participants themselves that are embedded in the complexity of their perspectives, circumstances, and experiences (Jopp *et al.* 2014). Moreover, a sizeable amount of work has focused on quality of life when studying the wellbeing of the older population, despite previous literature stating that MWB should be analyzed separately rather than include it under the catchall umbrella of quality of life (Hendry and McVittie 2004). Finally, while much of the earlier literature generally focused on older adults, it is important to fill the gap in knowledge among the oldest old age group.

In the light of the above, the present study started from the previous qualitative work of Lara et al. (2020), which tried to depict what MWB means to the oldest old age group, identifying four main dimensions: functional, social, personal and environmental. In that study, the social dimension seemed to be the most important aspect for enhancing MWB. This article aims to gain a deeper understanding of the social dimension, first of all exploring the socio-relational aspects related to MWB in accordance with the experiences of the oldest old of four European countries, and consequently examining which domains and aspects differ between the samples from Mediterranean and Nordic countries.

Materials and Methods

Study Setting

The European Welfare Models and Mental Wellbeing in Final Years of Life project (www.emmyproject.eu) is an interdisciplinary and mixed methods comparative study aimed at delineating the concept of MWB in the oldest old and examining the impact of welfare systems on it.

The present research analysed data from participatory focus groups from two Mediterranean countries (Spain and Italy) and two Nordic countries (Finland and Norway), representing different social welfare models. This methodology was chosen to provide insights into the participants' opinions, experiences, perceptions, and attitudes about MWB. Moreover, it seemed appropriate in terms of purpose, as it allows the generation of new ideas and a discussion about them within participants (Breen 2006). Finally, focus group are preferentially used when a research based on qualitative data aims to expand knowledge, answering questions about an already existing concept (Halcomb *et al.* 2007).

All focus group were conducted from April 2017 to January 2018. Prior to them, ethical approval was obtained from each of the local ethics research review committees (Ethics Research Committee National Institute for Health and Welfare, Finland; Ethics Committee of the Verona and Rovigo Provinces, Italy; Regional Ethics Committee, Regional Committees for Medical and Health Research Ethics, Norway; Ethics Research Committee Universidad Autónoma de Madrid, Spain).

Participants signed a written informed consent or recorded a verbal consent (in case of mobility difficulties) after being informed of the purpose of the study and their

right to refuse to participate in any moment. All personal information was confidential, and transcripts were anonymised by using five-digit numerical codes.

Participants

Individuals were offered the opportunity to participate, or alternatively were invited to take part by personnel from the centres, regardless of whether they were women or men. A total of 117 participants were recruited: 43 from senior community centres, 31 from adult day care centres, and 43 from nursing homes. They were selected along the following criteria: i) being over 80 years of age; ii) cognitively able to participate; and iii) able to fluently speak in the language of the focus group. Table 1 shows the sociodemographic information of the participants. Most of them were women, who are more prone to be involved in research activities.

Insert Table 1 about here

Theoretical framework

This work is based on the relativism position, as reality could be seen as is "relative" according to how individuals experience it at any given time and place (Moon and Blackman 2014). The epistemological framework was social constructionism, with an interpretivism approach, meaning the interpretation of reality is historically situated and culturally derived (Moon and Blackman 2014), which is a starting assumption for the comparison between Mediterranean and Nordic countries. Interpretivist approaches are generally qualitative, as the present study. These approaches look at individual cases to try to understand a phenomenon (Crotty and Crotty 1998), as the focus groups tried to depict what MWB meant to the oldest old age group, and explicit consciousness of eventually scientists' bias due to their "pre-understanding" (Patton 2002). Additionally,

a hermeneutic method was followed: the hidden meaning of the transcriptions was also interpreted, beneath the apparent ones.

Data collection

A semi-structured topic guide was built, including several open-ended questions about what MWB means for the participants, what it means to feel well, and what is important to feel well (see Appendix).

Theoretical saturation criterion, meaning the point when a category is overloaded (Glaser and Strauss 2017) was followed, in order to guarantee qualitative rigor in terms of judging when to stop data collection. Following recommendations about the number and design of the FG (Krueger and Casey 2000), a total of 24 focus groups were performed. Each focus group included 3 to 8 individuals.

Before being introduced to the study aims, participants were informed about the confidentiality of the data collection and were asked about their sociodemographic characteristics. Participants' own experiences, thoughts, and views on MWB were explored, encouraging to freely discuss the topic. Researchers assured that all of them had the opportunity to share their experiences on the phenomenon. Participants living in nursing homes or attending day care centres knew each other, while individuals from senior centres might or might not know other users. Focus group sessions were carried out in the local language of each region and were led by a moderator and an assistant with previous experience in developing and performing focus group. All moderators and assistants participated in a training course in order to standardize procedures in all countries. Whenever possible, the focus groups were carried out in a private room of the institution where the participants had been recruited. In some cases, personnel from the

centres were present in the room to help participants with special needs or higher levels of physical disabilities.

Data Analysis

Qualitative content analysis with an inductive approach was carried out on all data (Graneheim, Lindgren and Lundman 2017). This method moves from the data to a theoretical understanding by emphasising variations, similarities and differences in the data. It is characterized by a search for patterns, which are then classified in nodes on various levels. Researchers went deeper in the meaning of participants' words by analysing both manifest and latent content at varying levels of interpretation. That is, latent analysis requires a high level of interpretation while the study of manifest content is based on a description of the data. These analyses were conducted based on the guidelines offered by Bengtsson (2016): the results were presented as categories, divided into smaller subcategories or pooled into broader themes. One researcher coded all focus group - reading them several times, highlighting words and phrases (i.e. meaning units) judged to reflect the social dimension impact on MWB, and assembling these units into broader themes, categories and smaller subcategories. This categorization was reviewed and discussed with three other researchers. Once the categories were agreed upon, a second researcher independently coded a random selection of six (25%) from the focus group. The agreement between researchers in the way data were labelled and sorted was assessed in order to address reliability and to improve validity (Graneheim and Lundman 2004) and a high degree of concordance between the two researchers who independently analysed the focus group was achieved, with 99.64% of the statements being identically coded. One focus group was excluded as the audio recording resulted to be faulty and it was deemed not to have fulfilled the

quality criteria. Qualitative analysis was performed, assisted by the computer software NVivo (2018).

Results

The respondents' perspectives were classified into five themes: social network, opportunities for social engagement, social support, value of social interactions, and social connectedness, and each one was further classified into various categories.

Figures 1 and 2 show a conceptual model of the socio-relational aspects for Mediterranean and Nordic countries, respectively. These maps include all themes (in the darkest colours), categories (in medium light colours), and subcategories (in the lightest colours), and their grade of importance according to the participants' experiences. "Grade of importance" means which themes, categories or subcategories, received more citations by participants when analysing the data (i.e., in terms of frequency). Quotations provide a comprehensive overview of the findings and enhance differences between countries, although the importance of the social dimension for MWB in later life appeared in all focus group in a consistent way.

Insert Figure 1 and Figure 2 about here

Social network

Social network was the most relevant aspect among all the themes. It was divided into five categories: family, friends, acquaintances, formal care providers, and companions/residents. A major part of the codifications referred to the family category, particularly for participants from Italy and Spain. The closest family was described as the most important social contact, providing social support, practical help and care, and feelings of love.

I feel good with my family. Primarily with my family. With all my family in general. It is with whom I feel better. (Spain)

Children and grandchildren were the most frequently mentioned relatives for supporting the MWB of the oldest old. With a slight difference to Nordics, grandchildren seem to have a major weight in the MWB of the oldest old from Mediterranean countries. Many participants described how grandchildren added meaning to their lives and that looking after them brought them joy. Otherwise, in the Nordic context, participants mentioned their adult children more frequently. Furthermore, participants underlined the importance of having friends, sharing time and interests with them, and remembering old times together, especially in the Nordic context.

I have many friends, both younger and older, I think that I fit in everywhere (laughter). That is enough for me. (Finland)

Participants from Mediterranean countries mentioned companions (i.e. the residents they live with - a category described by participants living in nursing homes) as relationships enhancing their MWB, whereas participants from Nordic countries mentioned them very few times and generally in relation to activities done together in the residential home. In addition, formal care providers were identified as part of the social network influencing the MWB of the oldest old mainly in Nordic countries. They discussed about the availability and the kindness of the formal care providers, as well as their attention if something happened and they needed help and care, all of which enhanced their MWB.

And we are so well taken care of here. And these nurses are so kind… The girls [nurses], these from… from Bosnia, they say hello and are

> *always happy. One never sees grumpy faces from them, I think that is really positive. (Finland)*

Acquaintances – i.e., people who participants know slightly, but who are not close friends, such as neighbours or former workmates - seemed to have the same importance as the formal care providers in Finland and Norway, whereas Mediterranean participants barely mentioned them.

> *I have to say that I have a large social network and I am quite social. I think I have many friends and acquaintances and it makes a big difference if you have a social network, it does a lot for one's wellbeing… at least for me. (Finland)*

Some participants felt that staying in a nursing home was a limitation for accessing their usual social contacts or enjoying their everyday surroundings, especially in the Nordic context. Nevertheless, also in the Nordic context, they mentioned activities within the residential homes as a way to appreciate a new sense of social life. Neither Mediterranean nor Nordic people felt this change of living situation as worsening their MWB. In some cases, they expressed their gratitude for leaving behind the isolation of their own home and they felt they had relieved their children from the caring responsibilities.

Opportunities for social engagement

This theme was divided into 10 categories that described various social activities: singing and dancing, eating together, gathering, shopping (e.g., doing the groceries or buying clothes), group games (e.g., playing cards or bingo), special events or celebrations, travelling, visits and phone calls, volunteering, and going out for a walk with someone. All the activities reported to be meaningful for MWB included a social

nuance (i.e., opportunities to get to know new people, meet friends or share moments with the spouse).

Having opportunities for social engagement showed a great importance in both Nordic and Mediterranean contexts. “Gathering” referred to a group of individuals meeting together for a specific purpose, mainly with family members. Participants stressed the importance of seeing all of their family members together, of having opportunities to talk freely, laughing, sharing moments, and celebrating special events for their MWB. They mentioned to actively trying to gather all family members a few times a year because these were the happiest moments. These positive emotions seem to be linked on the one hand to feeling connected, and on the other, to see that their loved ones are doing well, are satisfied with their life, healthy, and in harmony with their own families.

> *I’m feeling good when we gather about six times per year with daughters, sons-in-law, and grandchildren. In family… we gather and that is my biggest happiness. My biggest happiness is to see all of them together. (Spain)*

> *When you mentioned something that makes you happy, something that is very close to me right now, is that my husband will turn 85 at the end of the month… that is very nice when our children are gathered… We really look forward to being together on Friday, Saturday and Sunday. (Norway)*

“Volunteering” specifically referred to helping someone else via an organization, which can be considered to be different from informal help (see below). Volunteering had a very positive impact on the oldest old’s MWB, as it promoted feelings of altruism and

of being appreciated. Moreover, most participants involved in a voluntary work underlined the positive relationships they developed when they helped others.

Some participants reported appreciating group activities such as "walking in group" as enhancing MWB in Mediterranean countries, whereas this category did not appear in the Nordic context, where respondents said to enjoy walking alone in the nature to find serenity (see below in the category of "solitude").

"Visits and phone calls" was slightly more important in the Nordic countries, like a way to keep in touch with loved ones. Participants described feeling good not only when receiving visits, but also when they are the ones to go visiting other residents to make them feel better.

> *And then a good wellbeing for me is that I have a boyfriend lasting 30 years. He calls me both morning and evening, he has called already today, and that means a lot. (Finland)*

"Eating together" makes the oldest old very happy, especially in the Mediterranean countries. They appreciated going out for dinner, but also cooking themselves for the whole family. They experienced the meal like a moment, an occasion for gathering and sharing, with the addition of the pleasure of the good food.

> *We have a small house. We put two tables together. It looks like a wedding. I love cooking and that they come to eat broth and paella. I don't mind cooking all day long. (Spain)*

Social support

The theme social support described connections between individuals, the values arising from these connections, and the moral and practical help received or given. It implied companionship, a sense of belonging, trust in one another, and the degree to which a

person is integrated within a social network. This theme was divided into three categories: others' happiness and wellbeing, the social support received, and the given one.

In the Nordic context, the most cited subcategory was "being loved and cared for", under the category "social support received".

> *And you are so lucky that you live in your own home and feel fine there as well. That's very important, and having someone who cares for you. (Norway)*

On the other hand, in Mediterranean countries the aspect most frequently mentioned was "others' happiness and wellbeing" (to know that their loved ones were well or had been successful in terms of work or personal matters).

> *Many times at home, when my daughter or my son phone and tell me: look, X has already got a job, Y has already settled down. And they tell me things… and so I feel very satisfied and happy. And, the same with the others. If they tell me that a nephew has had success in his job, and things like that. (Spain)*

In general, considering the social support given and received, it seemed that receiving social support (for example, be loved and cared for) had a greater influence on MWB than giving social support. Nevertheless, being able to help other people in everyday life also had a positive impact on the MWB, making participants feel needed and useful, and producing a beneficial role in terms of being able to promote the MWB of another person.

Value of social interactions

Within this theme, the most frequently mentioned category was "being connected", underlining the need and the benefits derived from being surrounded by others, from good communication and having company, which creates a sense of connection.

"Quality" referred to the type of relations and to the communication with others, indeed the quality of the relationships in all its facets. It described trust in people, to be kind and friendly, to be surrounded by nice people, to be a tight-knit family, and to feel comfortable with others. That was the second most cited category both in Nordic and Mediterranean countries.

> *I feel good when I have someone to stay with, who is a nice, sweet and loving person. (Spain)*

> *And also good relationships with the family. No unfinished business. That's good. (Norway)*

There were two other categories linked to this one: "harmony" and "freedom of expression". The former referred to being at peace with others, not to be upset or to argue, but to get along or to mediate in conflicts. The second one was linked to sincerity and to the possibility to speak openly and spontaneously about anything. While harmony was frequently mentioned in Spain and Italy, it was rarely mentioned in Finland and Norway. In contrast, participants in Nordic countries expressed the importance of sharing interests, moments or activities as a way to maintain intergenerational contact.

> *We are all collectors. Three of us went to the jumble sale last Saturday, and I had a grandchild from Oslo with me who also likes jumble sales. She is an engineer. And she likes going to jumble sales. I think it's very*

nice that at least one of my grandchildren is seriously interested in jumble sales. (Norway)

Social connectedness

Social connectedness means to stay or feel alone, and it reflects both the positive and negative aspects. It includes the feeling of loneliness, the feeling of solitude and the experience of being isolated. While loneliness could be conceptualized as the discrepancy between the desired and actual interaction with others, and so a measure of the negative feelings held by individuals about their levels of social interaction (Victor *et al.* 2000), solitude refers to the situation of being alone as a choice, enjoying this state. Isolation means the objective experience of being alone, a lack of integration with social networks and of meaningful social ties (Victor, Scambler, Bond and Bowling 2000).

Solitude had a significantly higher number of citations in Nordic countries, as the oldest old from Nordic countries appeared to appreciate solitude to a greater extent than the Mediterranean participants, resulting in a higher number of codifications for this category. They described feeling good having a walk alone, enjoying a natural landscape, the sounds of nature and the sunny weather. Solitude had a positive nuance, as it was related to a sense of autonomy, feelings of calm, inner peace, and the opportunity to devote time to something they enjoy.

I am the type of person that is comfortable alone too. I do not suffer from it. Our priest suggested that I should search for another life partner, and I said no, I think it is fine to be on my own. And then I read somewhere that "to be alone is hell, but being able to be alone is heaven". (Finland)

However, in general, participants also feared the possibility of experiencing loneliness and they were worried about being abandoned. This perception was especially felt by Mediterranean people.

I am 86 years old and what makes me upset the most is loneliness.

(Spain)

They described how they actively tried to maintain their meaningful social network and the contact with friends by participating in different social activities in order to avoid the experience of loneliness. Isolation was less cited than loneliness, probably due to the fact that the experience of loneliness is the feeling that makes people feel sad, but in all countries most participants expressed the preference to be connected with people and not to be left alone or isolated.

Discussion

To the best of our knowledge, this is the first study that provides a comprehensive comparison of the social aspects affecting the MWB in oldest old between Mediterranean and Nordic countries.

The same five main themes were identified in all participating countries. The oldest old reported that having social contacts, as well as interactions with those close to them, were essential for their MWB. Family seemed to be the most important driver of the MWB of the oldest old. Simply knowing that their loved ones were feeling and doing well, and providing support to them, enhanced the participants MWB. This need to feel connected and appreciated by others concurs with previous studies showing that social relationships have an essential role for MWB, health, and survival, and are particularly important during old age (Halaweh *et al.* 2018, Holt-Lunstad, Smith and Layton 2010).

Our results revealed that the relationships with the immediate family and life-long friends are important for the MWB of the oldest old, and line up with earlier evidence (Forsman, Herberts, Nyqvist, Wahlbeck and Schierenbeck 2013, Gouveia, Matos and Schouten 2016). This seemed to be related to the social support received, as well as generating feelings of being loved and cared for, of mutual trust and a sense of security, findings in line with the above-cited Putnam's theory (Putnam 1993). These factors have been found to be important for the MWB of the oldest old (Bowling and Gabriel 2007), and have been previously associated with positive self-perception, happiness, and healthy aging (Thomas 2009). High-quality relationships enhanced MWB through the sense of belongingness (Fiori, Antonucci and Cortina 2006), and participants in the current study reported that they enjoyed sharing life events and related memories with people close to them. Friends of the same age were not only more likely to share common interests, but also to experience similar situations across their lives, contributing to feelings of being understood and accepted. Among family members, the relationships with grandchildren seemed to have a special importance, the experience of being a grandparent is a positive and desired event for many older adults (Breheny, Stephens and Spilsbury 2013). These findings could be supported by the socioemotional selectivity theory (Carstensen, Fung and Charles 2003), which suggests that older people benefit from meaningful social relationships and value them more than younger people, as they tend to intensify only meaningful relationships with their loved ones (Carstensen and Löckenhoff 2004).

Remaining and feeling connected to others and to the community appears to be one of the most powerful keys to MWB. Moreover, it seemed that, despite social relationships being the most significant drivers of the MWB in the oldest old age, they must be harmonious, peaceful, and positive, with good communication and freedom of

expression in order to be meaningful. The quality of the social relationships may also contribute towards staving off feelings of loneliness. Previous studies have also confirmed that having high quality relationships is one of the most important predictors of MWB, happiness, and physical health across the life span (Leung *et al.* 2013). These findings are in line with the social capital theory, as it considers the values that arise from connections and relationships (Putnam 1993).

Furthermore, participants emphasised that their MWB was fostered through opportunities for helping and promoting others' wellbeing, producing a feeling of being needed and useful. A past study reported that giving support to others, especially to close friends and family members, could contribute to the MWB in older adults, encouraging a sense of identity and usefulness (Thomas 2009).

In a similar way, respondents reported that being engaged in volunteering fostered their MWB, not for the activity itself, but for the opportunity to build a relationship with those they helped. Volunteering was reported to positively affect MWB in older adults (Morrow-Howell *et al.* 2003), particularly when the nature of these activities is challenging and meaningful. This could be seen as a form of self-realisation, sense of purpose, and meaning in life (eudaimonic MWB). This could be linked again with the socioemotional selectivity theory, which suggests that older people perceive life as at its end, the future as limited, so they focus on purposes present-oriented to maximize positive emotions and to avoid the negative ones (Carstensen and Löckenhoff 2004).

Meaningful social activities are an essential part of everyday life for maintaining social contacts and enabling interpersonal relationships and enhancing a sense of belonging. In some cases, these activities also let participants feel needed or appreciated, maybe strengthening their self-esteem. Our findings support anterior evidence linking MWB and social participation in the oldest old (Forsman, Herberts, Nyqvist, Wahlbeck

and Schierenbeck 2013). Participants also reported changes in their activities due to the ageing process, and this is supported by the activity theory (Lemon, Bengtson and Peterson 1972): new activities can replace those activities that are withdrawn due to limitations, changes in events or situations, or disabilities. Novel and fruitful activities can enhance a sense of growth and MWB, and can in some way address adaptation, also helping to achieve the needs for competence and autonomy (Neubauer, Schilling and Wahl 2017). Participants reported to be satisfied with their lives, even if they had to abandon some precedent activities, hobbies or even if they had lost some friends (evaluative MWB). It seems that they were aware that they had already lived their life at the best, and at the present moment they focused on savouring the little moments (hedonic MWB), and their happiness became most from the happiness and wellbeing of their loved ones, as they wished to them the same life satisfaction they had experienced. They also tended to tell past wonderful memories, and it seems that they felt well just reminiscing them.

Regarding the second aim of the article, some differences appeared between the participants living in Nordic and Mediterranean countries. Mediterranean participants appeared to place more value on the interactions with the closest family, whereas Nordic participants described the importance of autonomy, as well as of the relationships with friends to a greater extent. This is in line with earlier research indicating that the social life in the Mediterranean region differs substantially from the one in the Nordic regions (Viazzo 2003). In Mediterranean countries, people rely more on family members (Kalmijn and Saraceno 2008), with adult children providing more support to their parents (Daatland and Herlofson 2003), while in Nordic countries there is a larger exchange of assistance outside the family. For instance, in Norway, retirement pension is provided universally to all, regardless of previous job

circumstances. Therefore, the state rather than the family, is perceived as the main economic provider for older adults (Daatland and Herlofson 2004). Moreover, in more collectivistic countries such as Mediterranean ones, family and community are highly valued, while in more individualistic countries such as in the Nordic ones, interactions with friends are highly valued (Lykes and Kemmelmeier 2014). Nordic countries showed more trust among citizens, feelings of safety, and higher social cohesion, while Mediterranean countries may rely more on immediate social network (i.e. family) (Helliwell *et al.* 2020). Specifically, the social dimension of MWB appears to be key to strengthening health outcomes for older people in Spain, with a strong role of the social support from younger family members. In Italy, marital status and personal satisfaction about exchanges with family and non-family members is documented to play a crucial role in the assessment of MWB, as well as family support (Hitchcott *et al.* 2017).

Participants from Mediterranean countries mentioned other residents from the nursing homes as relationships enhancing their MWB, whereas oldest old from Nordic countries made few such mentions, and generally in relation to activities done together. Furthermore, formal care providers were identified as part of the social network influencing the MWB of the oldest old mainly in Nordic countries. These findings line up with a Norwegian qualitative study that found personal relationships with companions not to be essential for enhancing MWB among all residents in nursing homes (Bergland and Kirkevold 2008). The same authors reported in another study that receiving appropriate care from kind formal care providers made life easier for all residents, although contributed to promoting MWB only for some (Bergland and Kirkevold 2005).

Respondents showed a greater fear of loneliness in the Mediterranean context, whereas solitude was mentioned as an important value in Nordic countries. This is in

line with a study suggesting that people in Mediterranean countries express a greater sense of loneliness than those in non-Mediterranean ones (Litwin 2009). On the other hand, people living in Nordic countries would experience a high sense of autonomy and freedom (Helliwell, Layard, Sachs and De Neve 2020). Another study found out that older Norwegian adults are more likely to focus on their individual responsibility to secure their psychological sense of community and MWB, by being involved and participating with friends and neighbours and in the community. In this way, they also shape old age related transitions - such as retirement, friends and community members dying, and children getting their own family - and try not to undertake them alone (Bahl *et al.* 2017). More collectivistic societies may give greater importance to interpersonal ties and so they have higher expectations regarding social contact and interactions. The lack of such ties is likely to be experienced as painful, increasing feelings of loneliness, as loneliness constitutes a psychological response when an individual does not fulfil cultural expectations (Lykes and Kemmelmeier 2014). Otherwise, in the Nordic countries the feeling of loneliness was more strongly linked to the need for assistance, presumably because relying on others contrasts with the ideal of personal independence and self-determination (Lykes and Kemmelmeier 2014). Moreover, it could be that the high level of social activity of the Nordic countries results in a lower prevalence of loneliness among older adults, compared to the rest of European countries (Hansen and Slagsvold 2016). Interestingly, even if most Finnish participants were living alone, they did not report feelings of loneliness as much as their Mediterranean counterparts. This could be again related with cultural differences among these participants, so that living alone may have more harmful effects on those from Southern countries. On the contrary, individuals from Nordic countries would recognize the value of autonomy. The theme social connectedness thus attempts to cover all these related but different

concepts. Solitude was mostly mentioned by the Nordics, otherwise, the Mediterranean participants reported to feel lonely more frequently than their Nordic counterparts. Further, the reported experiences of isolation and loneliness could be influenced by the fact that many participants were living alone (Table 1), due to the aging process and the changes that this could bring.

Strengths and Weaknesses

The strengths of the study were including four European countries and involving a participant sample with different levels of functioning. Focus groups were held in a neutral context, meaning that they were held in a standard meeting room of the centre, where participants lived or to which they attended regularly. There was no previous relationship between the researchers and the participants, and, despite the semi-structured data collection method, researchers were very careful to not influence the participant's answers. Moreover, this semi-structured discussion guide was evaluated through a pilot focus group to ensure trustworthiness, accuracy and validity. There was no hierarchical relationship between participants, meaning they were comfortable to express themselves freely, which ultimately results in higher trustworthiness (Graneheim, Lindgren and Lundman 2017). Furthermore, the qualitative method allowed for nuances to be expressed, and detailed analysis of the social dimension to be made. It also allowed researchers to focus on how respondents made sense of their experiences and transformed experiences into consciousness, attempting to find the essence of the studied phenomenon (Patton 2002).

However, the study findings should also be considered in light of some limitations. Firstly, even though data was collected from a neutral perspective (Bengtsson 2016), misinterpretations and bias may be possible due to "pre-understanding" on the part of the researchers. However, the use of a topic guide during

the discussions and a multiple coding method to analyze the data, which are regarded as measures of interrater reliability (Mays and Pope 1995), were used to reduce this possibility. Secondly, the results are based on a convenience sample (e.g., most of our participants were women), so their generalization cannot be assured. Thirdly, participants were not directly asked to speak about what negatively affected their MWB, but to focus on the positive aspects that maintain and strengthen MWB, so the relevance of the theme of social connectedness could have been underestimated. Finally, the translation process could have slightly modified the real conversation with the loss of some nuances.

Study contribution

The results of the present study emphasize the importance of the social-relational aspects to enhance and maintain the MWB of the oldest old. The interactions with family and close friends should be promoted, as they are major contributors of MWB in oldest old age. Staying in a residential location could affect and restrict the oldest old's social network, so it could be useful planning solutions to facilitate the connections with their life-long relationships. Participation could enhance positive relationships and their sense of integration and belonging, positively affecting their MWB.

The differences between Nordic and Mediterranean countries suggest the possibility of a cultural influence on MWB. It then seems important to analyse the MWB in the light of cultural differences, as well as by the distinct welfare states. The possibility of a cultural influence on MWB could also open up to different potential interventions and policies to promote MWB. For example, as the oldest old in Nordic countries have a strong motivation and enjoy participating in their local communities, initiatives that promote their participation might enhance their MWB. On the other hand, the Mediterranean countries could benefit from actions promoting and finding

ways to make the oldest old keep in touch with their families, giving them the opportunity to be active agents in these relations.

In all cases, formal care providers should be aware of the relevance that their interactions with the oldest old have on their MWB. They could also be aware of the availability, types and frequency of interactions among them, better identifying those who may need additional support. Given the more limited social network of the oldest old and the experiences of loss they could have lived, their social inclusion is an urgent issue that should be addressed in order to reduce loneliness and social isolation. It has been found that participatory music engagement has the capacity to support MWB (Perkins *et al.* 2020). Introducing this activity in nursing homes could be feasible and useful. It could be important to include these individuals in the society, with active roles in the community, not only because the oldest old would benefit from this participation, resulting in better mental and physical health, but also because the society itself would benefit from their experience and contribution. Understanding the different needs of the oldest old should be the first step towards the development of an optimal attention to an aging population.

Conclusion

The social dimension seemed to be crucial for the MWB in oldest old age, with the social network and its quality having been found to be fundamental. Family seemed to be the most important driver of the MWB, in particular for participants in the Mediterranean context, followed by the relationship with close friends, especially for those from Nordic countries. Participants felt better when they felt they were needed, cared for, loved, and connected to other people. Participants also feared loneliness and isolation, and reported these as negatively affecting their MWB. Feelings of solitude

were appreciated mainly from participants of the Nordic context. Initiatives to promote positive interactions with friends and family, as well as social activities within the community, may contribute to strengthen MWB in oldest old age.

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Declaration of contribution of authors

Conceptualization: CC, MM, EL

Investigation & methodology: MM, EL, NMM, JC, AF, JN, MA, VD, FA

Data curation: MM, EL, NMM, JC, AF, JN, MA, VD

Formal analysis: CC, EL

Writing—Original Draft Preparation: CC, MM, EL, NMM

Writing—Review & Editing: CC, MM, EL, NMM, JC, AF, JN, MA, VD, FA

Supervision: MM, EL

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Table 1. *Socio-demographic and social characteristics, by country and overall.*

	Norway (n = 31)	**Italy (n = 25)**	**Finland (n = 28)**	**Spain (n = 33)**	**Total (n = 117)**
Age (mean) (SD)[1]	86.65 (4.32)	84.16 (3.36)	85.79 (4.04)	85.61 (5.28)	85.62 (4.41)
Women	80.65	64.00	67.86	78.79	73.50
Marital status					
Never married	3.23	4.00	0	3.03	2.56
Married/cohabiting	25.81	32.00	10.72	27.27	23.93
Separated/ divorced	6.45	0	7.14	6.06	5.13
Widowed	64.51	64.00	82.14	63.64	68.38
Number of children					
No children	3.23	4.35	7.14	6.06	5.22
One	9.67	4.35	10.72	21.21	12.17
Two or more	87.10	91.30	82.14	72.73	82.61
Living alone	45.16	24.00	64.29	30.30	41.03

Note. Values are percentages unless otherwise indicated. [1] Standard deviation.

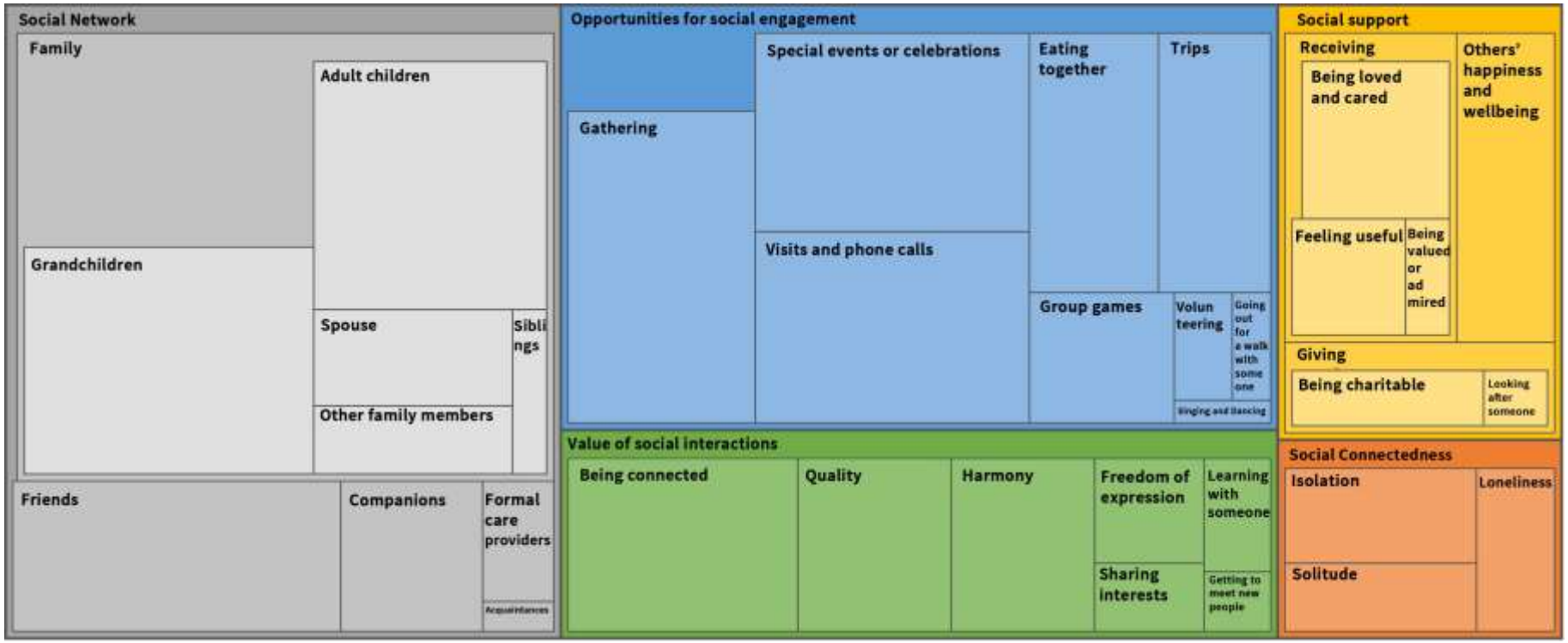

Figure 1.

Hierarchical map. Conceptual model of themes of the social dimension of mental wellbeing according to the Mediterranean participants' experiences.

Note. The intensity of the colors represents, from the darkest to the lightest, themes, categories and subcategories. The size of each rectangle corresponds to the strength of codification (i.e. bigger rectangles represent more statements).

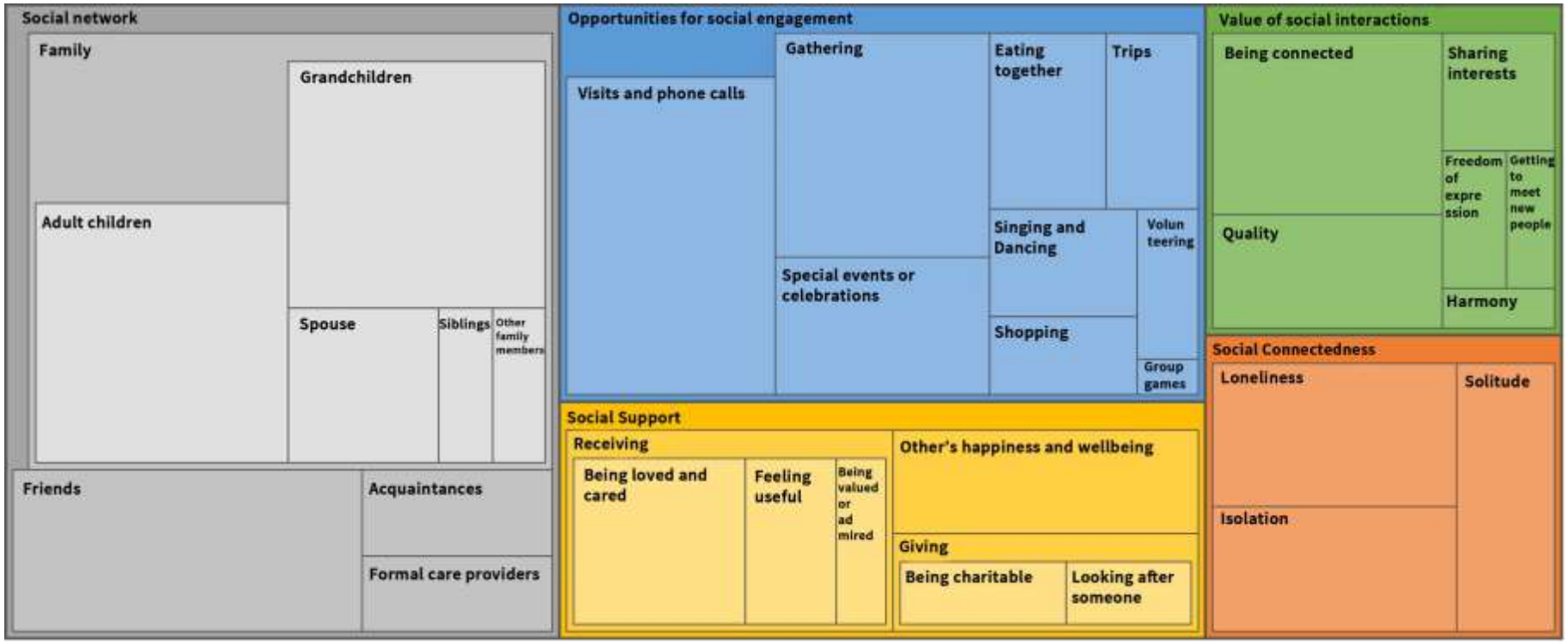

Figure 2.

Hierarchical map. Conceptual model of themes of the social dimension of mental wellbeing according to the Nordic participants' experiences.

Note. The intensity of the colors represents, from the darkest to the lightest, themes, categories and subcategories. The size of each rectangle corresponds to the strength of codification (i.e. bigger rectangles represent more statements).

Appendix

List of open-ended questions employed in the topic guide of the focus group

What does feeling good or feeling well mean to you?

When do you feel good?

Where do you feel good?

With whom do you feel good?

In the last year, what was the moment you most enjoyed?

Where were you?

With whom were you?

What were you doing?

When you are having a good day, why is it good?

When do you have a good day?

Where do you have a good day?

With whom do have a good day?

Which things or activities help you having a good day?

Now we would like each of you to think of a person of your age that you know very well, for example, a sibling, a neighbour or a close friend. You do not have to tell us his/her name, just think of that person to answer the following question. Do you think that person feels good?

Why does he/she feel good?

When does he/she feel good?

Where does he/she feel good?

With whom does he/she feel good?

Which things or activities help him/her feeling good?

Finally, we would like to know, if you could choose, what measures you would ask politicians, policy or decision makers to improve your well-being.

Note. Key questions appear in bold whereas additional items are shown in italics.