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Well-being in Old Age: A Question of Both Continuity and Change

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Abstract

In this chapter, we are concerned with the well-being of people in old age, living at a residential care home (RCH), and how well-being can be supported in gerontological social work and care at the RCH. Based on empirical data consisting of well-being narratives with elderly residents (average age of 91), a dialogical performance analysis was undertaken about their experiences of well-being at the RCH. The findings of importance are reported through three themes: (1) childhood memories as a source of well-being, (2) family and work as a source of well-being, and (3) opportunities for the well-being of the elderly at the RCH. To be an individual with others is a phenomenon of a personal sense of self and a phenomenon of sociality. Well-being is also found in the individual's self-renewal. *Well-being is about a sense of both individual continuity and change.* Well-being is created in social situations with others (including caregivers) in daily interactions and in human contacts at the RCH. This kind of individual self-renewal is about human growth and is a human need regardless of age. Consequently, the human growth in (and despite) old age at RCH should be the main target of gerontological social work and care.

Keywords: well-being, old age, residential care home, sense of self, sociality, human growth

1. Introduction

How do we recognize well-being in old age? How do we know when elderly people feel well-being? How can we support people in old age to experience well-being? Old age here refers to the characteristic profile of the most elderly people (older than 85 years). These kinds of questions are expected to be raised, in order to fulfill the elderly care policy of welfare and

to provide support for the well-being of persons in old age. This is especially true for elderly who are dependent on gerontological social work and care [1].

2. Factors affecting the well-being of the elderly residing in the care home

2.1. Well-being related to health

One possible answer to the above questions is that surely there is no problem: well-being is observable, at least if we understand well-being as being an experience of health and of being in good health in old age. This presupposes that we understand the essence of health as well-being, which means to feel good and thereby have a good life. To experience health and well-being requires the ability of “being able to” fulfill small and large life projects [2]. Consequently, the experience of well-being is linked to health and the ability to fulfill one’s own life projects [3], regardless of whether they are small or big, regardless of the complexities of life, and regardless of the person’s age.

However, such an answer is in a certain way not entirely satisfactory because an understanding of well-being, or to actually experience well-being, is not always a question of having good physical health and being free of disease. A person’s health can alternate between the poles of objective health and disease and the subjective experience of feeling bad and feeling good. This means that a person can experience health and well-being despite illness and despite having an objective disease [4]. Well-being is thus not only linked to biological health but also to how people feel in relation to their zest for life, vitality, courage, and experience of meaning and a meaningful life. The meaning of well-being can therefore be related to a person’s inner experiences and can be described in terms of a condition in which people experience an ability to “be well” (well-being).

2.2. Well-being related to both health and quality of life (QoL)

Literature on well-being in old age has emphasized well-being as being related to both health and quality of life. With reference to Graham and Shier [5], well-being has to do with how people make sense of their lives. This refers to satisfaction, lack of depression and anxiety, and positive moods and emotions. The meaning of well-being can thus be linked to another concept, namely the concept of quality of life. Just like the concept of health, QoL is an elusive and controversial concept that usually involves a subjective experience and external measurable conditions. Research termed health-related quality of life states that assessments of objective functioning and subjective well-being convey different information and present different problems in relation to validation [6]. The definition of QoL goes back to the World Health Organization’s [7, 8] definition as a “state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity”. The definition also includes the individual’s level of independence, social relationships, and spiritual issues related to the life context. QoL thus refers to both positive and negative aspects of life, with an association between QoL and well-being. According to Walker [9], QoL is a somewhat amorphous, multi-layered, and complex concept, with a wide range of components—objective, subjective, macro-societal,

micro-individual, positive, and negative—which interact with each other (p. 573). Walker also states that QoL is a concept that is difficult to pin down scientifically and that there are competing disciplinary paradigms.

2.3. Well-being related to external and intra-individual conditions

With reference to QoL in the discipline of nursing science, Sarvimäki [10] notes that QoL usually refers to external conditions as well as the areas of intra-individual conditions and experiences (**Figure 1**) and thus also supports the meaning of both internal and external factors in the concept of QoL. It is therefore not sufficient to say that well-being is about having good physical health or being free of disease. Instead, we must also describe how we view the well-being of persons and how best to go about it when we want to describe and support the well-being of persons in old age.

As shown above, the meaning of well-being includes the whole person and is an experience of being in balance, in relation to one’s fellow human beings and to life in general. Well-being is thus not a constant, whose value can be determined and calculated in a context-free formula or table. Instead, well-being is something that can only be experienced and lived out in different ways during the various phases of life and, as such, it can be described to oneself and others. Such an understanding of well-being has in general a humanistic foundation of science and is based on an existentialist philosophy of what matters in human life [11]. This kind of philosophy places particular value on authentic human contact between people and authentic human experiences. This approach indicates that when helping people to feel well-being, humanistic knowledge is important and is a significant factor for effective helping for those who professionally intend to support the well-being of people in old age, and it is an important skill to be able to concretize this knowledge in gerontological social work and care in practice. In this chapter, we are concerned with what actually matters to people in old age who live their lives at a residential care home (RCH) and, specifically, what matters in their lives are connected to well-being. This chapter is an abbreviated and rewritten analysis of a larger project entitled *Elderly people’s experience of well-being at nursing homes* [12].

2.4. The purpose of the chapter

The purpose of this chapter is to gain a deeper understanding of experiences concerning well-being as well as to gain a deeper understanding of how to support people’s ability to feel

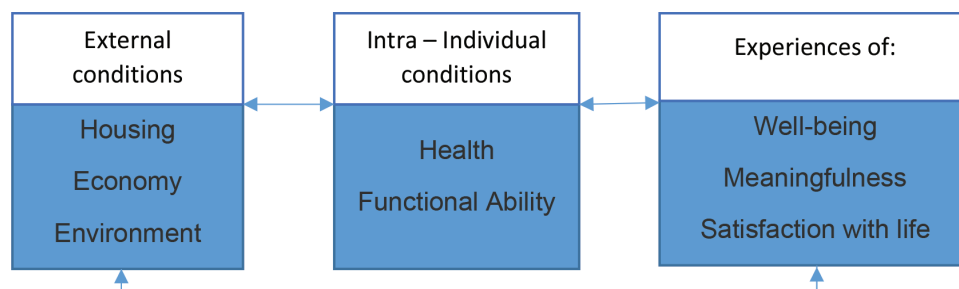


Figure 1. Some key life areas and potential causal relationships between them [9].

and experience well-being in old age. The ability to support well-being is a challenge even for care practitioners and, in this context, in gerontological social work. It demands insight into human life and its processes of change and development. A life incident at one point in time will have a different significance at another. Consequently, the ability of care professionals to support well-being requires that they have an opportunity to understand more about the person in question and his/her life.

However, little research has been performed on the well-being of persons in old age within the discipline of gerontological social work and care for those living at an RCH. Following the distinction between objective well-being and well-being as authentic human experience during the various phases of life, this chapter does not deal with scientific facts of well-being but rather material representation of abstract experiences and concepts of well-being. This kind of humanistic approach can be widely applied in effective support and help by emphasizing on self, on non-directedness, on the inner drive of the individual to find solutions for themselves, on the value of human encounters for well-being, and for its own sake [11]. Knowledge is lacking when it comes to how old persons experience well-being and how care professionals can support well-being in gerontological social work [13, 14]. Referring to Lundin, Berg, and Hellström [15], for example, due to limited autonomy, an elderly person's ability to experience well-being is very dependent on the care professionals. This is true not least when the person in question has moved to an RCH.

3. Caring relationships at the RCH

In gerontological social work and care at an RCH, the caring relationship has a given position. However, one question that needs to be asked is what we do mean by relations and relationships? According to Ohnstad [16], the following definition of relationships is given: "Relationships are the lifeblood and the lifeline of the people. We need to be loved (or if necessary hated) and to feel close (or at worst get to distance)". The caring relationship, however, will enable space to create a good caring communion, which may be a part of the perceived experience of well-being. The care relationship is thus the prerequisite for providing good care, while the caring relationship in itself constitutes care and well-being.

For a caring relationship to be developed, it requires attendance (presence) between the care professional and the care receiver in order to respond to the care needs [17]. As the elderly resident may undergo her/his emotional and reflective work about well-being, the care professional has to undergo her/his emotional labor by listening to the resident's utterances about well-being, for example, in narratives. This is a challenging task for which the care professional has to open herself/himself to be receptive to the elderly resident while being present [18]. Caring is thus a matter of paying attention to the resident—to be there and to listen to, talk to, and understand the other person. Following Brannigan [18], we state that gerontological social work and caring is a state of actions that requires an authentic contact and relationship between the care professionals and the elderly resident. It also requires attendance and not just as a physical presence but rather in terms of a deeper understanding of

presence that means to be there (being-there), to be with (being-with), to be for (being-for), to be in relationship (being-in-relation), and to be in the transcendental or in a sensuous and delicate presence (being-in-transcendence) [18].

Receptive attention [17] is thus a key concept when it comes to understanding what authentic contact and relationship is, as well as a basic condition in the care relationship within the gerontological social work and care. As shown, it has to do with an inter-subjective kind of relationship at the micro-level which requires both presence and reciprocity. *Caring* is then about initiating the well-being processes, which can be done by providing room for the elderly resident's inner growth and development [11, 19, 20], despite physical and cognitive limitations. Growth and development can thus be achieved by supporting the elderly resident's self-expression, self-actualization or self-reflection, authenticity, and ability to get in contact with her/his own identity, even given a weak ability for own activity [21]. If the conditions are right, this is what happens; if, however, the conditions are wrong, then the growth will go in other directions [11]. Sudbery [11] also adds that this potential is highly individual but distinctively human.

4. Expressing experiences of well-being through narratives

In order to know something about well-being in the later stages of adult life, we need to ask people who are there and who are actually experiencing it. What does a person's living space look like in old age, within which that person is assumed to be able to experience well-being? The concept of *self* in this context stands for helping the development of self on non-directedness and on the value of human encounter for its own sake, in contrast to didactic methods and targeted objectives [11].

In this chapter, the answers to these questions were obtained in conversations with elderly people living in an RCH. To gain knowledge about what matters to people in old age who are living their lives at an RCH, and about what matters in their lives that is connected to well-being—in this case, what and how well-being is experienced—the language and the narratives have a given place. The narratives, which are later transformed into texts, can be seen as important sources of knowledge. One approach to support this narrative methodology is that people should be understood as narrative human beings rather than mere rational actors [22].

A narrative about well-being can be conveyed to the listener in different ways, and in storytelling, the person can not only say something about their well-being but also can say something about themselves as a person, her/his self-actualization by the way to tell about their well-being [23, 24]. The language therefore plays a key role, not only in the understanding of well-being as communicated but also on how it is understood and created the meaning of human encounters and in conversational interaction with others [25, 26]. Within this approach there is also housed the notion that people structure their experience in different ways to make their world intelligible, primarily through narratives [22]. For this reason, it is possible to study well-being and the social life through and by narratives of persons in old age at an RCH. Similarly, it is possible to study the support for well-being that is provided

in the context of care given at the RCH. Narratives are thus a form of knowledge and a form of communication whereby people's actions and words (language use) can be understood in a frame of the narrative. Consequently, the main concern here is to show how a narrative-based approach in the context of the care of persons in old age at an RCH provides a basis for reflecting on well-being. Recorded, transcribed, and translated (from Swedish to English) data has been produced from talk with residents, and an analysis of language use in telling and meaning-making about well-being has been performed.

However, the elderly residents' narratives should be understood in relation to their whole life events. From a gerontological social work and caring perspective, this means that the life course is a dynamic process, which is integrated into various life events. The means for understanding the well-being experiences of an elderly resident's life must be seen in relation to other phases of the life [26, 27]. Life-course perspective assumes that events that occurred earlier in life are understood and considered in another way in old age, through a grid of the lived life. The lifelong ageing is an ongoing process whereby the events from the past, present, and future are intertwined. Important events earlier in life and the person's own ability for self-reflection and managing the situation can affect the experience of well-being. In narrative analysis, there also exists a final phase, namely that of obtaining a new understanding, which means that it is here that the text and the story is completed, not only through the reader (listener) of the new understanding being able to understand the text but also that the text can change the reader, in that the reader alters her/his view of that which has been told [28].

4.1. Participants

This study was conducted at three different RCH facilities within two municipalities in western Sweden. In this chapter, our interest was directed toward five elderly residents' (all female) narratives about how they, through their own lives, experienced well-being at the RCH. The criteria for inclusion in the study included (1) having lived in a RCH for at least 6 months, (2) the ability to speak the Swedish language, and (3) the ability to hold a conversation. Individuals with dementia disabilities and/or impaired decision-making skills were excluded. All interviews took place at the participants' homes at the RCH. All five participants were cognitively well-functioning and could carry on a conversation. The average age of the group was 91, and they had been living at the RCH for a period of 2–7 years. The length of the interviews ranged from 25 to 50 min, depending on each resident's capacity. None of the residents needed to be stopped for any reason, and all of the residents were in good spirits when their interview was finished. The interviews were recorded on an MP3 player and began with open-ended questions such as: (1) Can you tell me about your life—who is Laura? (Please note: Laura is a fictitious name that we are using to represent a summary of the findings for all five participants in the study). The opening question led to the participants beginning to tell us about their lives. In order to capture the well-being aspects in the narratives, supplementary questions were asked such as “How did you do it?” and “What was the well-being for you then?” Another main question asked was “How do you experience the well-being here at the RCH?” All questions asked were aimed at gaining a deeper understanding of the story and, specifically, an understanding of what well-being means to the person of old age

who lives permanently at the RCH. The narratives were transcribed verbatim. The purpose of the analysis was merely to capture what was said (content) and to show the dynamic aspects of the narratives in order to be able to study and analyze the narrative function, context, and consequences. Ethical aspects have been discussed and considered in accordance with the Helsinki Declaration of 1975, as revised in 2008 [29], as well as in accordance with the Swedish Government directive [30].

5. Findings

The underlying data collection is comprised of narrative interviews with elderly women living at an RCH. This will be presented in the findings as one case, in terms of a fictitious woman named Laura. The findings of importance that are connected to experiences of well-being are reported here through three themes: (1) childhood memories as a source of well-being, (2) family and work as a source of well-being, and (3) opportunities for well-being of the elderly at the RCH. The analysis shows that well-being seems to be a link between past, present, and future identity. Other important factors for well-being include fellowship and social interaction, as well as being able to enjoy a sense of freedom and independence. The narrations of well-being begin with a story taking place in the person's childhood, continue into adult life, and conclude with a contrast of how life is now at the RCH. Consequently, well-being in the present is reflected through a filter of the life one remembers, and the residents choose and evaluate different events and experiences that have occurred during the course of their lives. This comprises the main structure of the narratives. In the following results, this chronology is shown—1) partly through what the idea of well-being is for the resident and (2) partly through how well-being is described.

5.1. Childhood memories as a source of well-being

When Laura talks about her time as a child, this is done in terms of portrayals of the old days, when children were allowed to be children and there was time to play. Even if there was a shortage of money, as Laura describes it, she had a nice time together with other children and with her family. In the story, Laura is using the temporal dimension of visible time. Laura places the fun experiences of childhood on a time axis, and the meaning becomes clear when comparing how she, as a child, could have fun despite the poor economy: "Of course we didn't have as much money as what the children of today have", she says, and "there wasn't the same extravagance as there is today". This event that Laura describes ends with the narrative points (the plot), that is, that despite this "We had such a nice time all together," and it is clear that the need for money and abundance does not necessarily create well-being but rather it has to do with *being free and without obligations, and being able to have fun in the social interaction with others*.

Her childhood home is portrayed as an ideal place where Laura produced her own subjective experience of well-being by being proud of her father, who was very musical, and she says "oh...father was so musical it didn't matter what instrument you gave him...he could play it.

So, there was always song and music at home/.../I have always felt happy and we had such a nice parental home". This interpretation of the story reinforces the self-identity of Laura and a sense of self-worth by describing not only the father who was musical and in great demand but also herself. Her description of *togetherness* and affiliation with the family represents continuity and wholeness as reflected in the current identity and shown partly by an interest in music that continues to, this day, be and is a source of well-being in situ at the RCH.

Relations, as communions with other people, are connected to experiences of well-being. Relations involve identity-supportive social resources and contribute to the creation of an identity and meaning in the life of resident Laura, not only in childhood but also in the current situation at the RCH. Her story also highlights what Tornstam [26] means by the inner core of social networks, that is, the relationship to friends (and family). In the narrative here, Laura exposes her identity. This is done not only through a story of relations with family members but also through a story and portrayal of a care-free time long ago and through a story of how Laura retains her identity by recalling past events in her life for the listener in the human encounter. What is interesting here is how Laura allows the listener (the interviewer) to understand the event as a dynamic description of well-being by contrasting her childhood moments of joy with the present. To be a kid, to have fun, and as a child to be carefree and without worries depict well-being in contrast to the present where everything is about musts. According to Mead and Morris [31], this model of identity creation occurs during an interaction between how an individual sees himself or herself and how others see him or her.

6. Family and work as a source of well-being

Although the period of childhood seems to be fundamental to the feeling of well-being in the present, Laura describes the period when life was all about building a family and working at a time when her life was filled with joy and happiness. However, this part of her life mostly consisted of hard work, although it was a life period filled with joy as well. She says "it was full up" and "it was a lot of work". Having a family forms a relationship in life and comprises a unit where everybody lends a hand with everyday work and tasks. The family also molded togetherness in life. She concludes by stating that "it went well". In fact, it seems that the everyday work was an important factor that generated happiness and well-being in Laura's life.

When Laura talks about this phase of her life, two analysis levels emerge in her story. (1) She creates two dynamic forces that shape the subjective experience of well-being, that is, the joy of positive development and direction of life, "it went well," while at the same time life, was marked by a laborious existence—"it was full up" and "it was a lot of work." The analysis level (2) deals with the basic core of the story of adulthood, that the family helped out together, and suggests the desire for intimacy and relationships with family members, a sort of fusion of self and others on emotional and working ways. This form of intimacy expresses well-being. In Laura's narration, this analytical model of her identity as commitment to the care of the family is expressed in statements like "it was full to the brim" and

“there was work”, but at the same time they were happy for the work and it went well. Thus, the commitment during this period in life was to build up resources for future generations and to bring up their children.

7. Well-being at the RCH

In just a few sentences, Laura moves from life events when she was at home with her children to the period of her life when she worked as a switchboard operator and then to the time when she became a pensioner. She concludes her story in the present and the in situ moment at the RCH. With drama and relationships with other people, her account concludes with the statement “so it became my life”. With these words, Laura binds together meaningful events in her life and creators of happiness and well-being as well as her own role in these events.

Years are added to years in the story and Laura’s conversation returns to the subject of what gives her joy and well-being at the RCH. Laura says that the things that matter for her sense of well-being now are visits by family members and friends. Even if the family members are the closest ones, the contact with friends is also important for her well-being. The relationship with family members, and especially the children, is very important for Laura. She also expresses her longing for her children, despite frequent visits by them to the RCH. This longing gives expression to what Tornstam [26] describes as the interrelations’ qualitatively most important quality and that it is the degree of depth or presence that characterizes the relationship.

Although family is the closest thing to her, keeping in touch with friends is also a key factor for Laura’s well-being. The visits by friends from the past to the RCH are important for the continuation of her identity, and when she talks about friendship relations, she says “I’m like I am anyway”. With this statement, Laura makes a summary of herself, and she is expressing her understanding of the continuity of her own identity, despite ageing and her circumstances and conditions in situ at the RCH. She provides a description of the time or the temporal dimension from the past compared to now and the importance of visits by her friends that “they do not forget me”. The talks with friends are described as important because they enable her to talk about current events as well as about the old times. Through friendship relations and conversations with friends, Laura’s existence is confirmed by both as the person she had been before and also as she is today. All of this identity construction identifies and confirms Laura’s existence and preserves her identity. Apart from the visits by family members and friends, her days are otherwise filled with various activities, not, however, like in the old days, when family and work filled her days. According to Tornstam [26], the consequence of the importance of the friendship relations and social integration relating to well-being is interwoven. All of this identity construction, confirmation of existence, and retention of own identity is noticeable in Laura’s narratives.

Even the relationship with the staff at the RCH and the care relationship are described by Laura as a subjective experience of well-being. In this relationship, the staff members provide nursing and care. Laura praises the staff and describes them as kind and helpful: “I have to

praise the staff; they are very kind and helpful...they ask how I would like things, what they can do to help me...so they are very accommodating and are kind and competent, providing help and such". Laura says that the conversations between them touch on most things, and it is the act itself which is considered important. The staff members provide help, which Laura confirms by describing how she herself wants to be helped.

In addition to visits by family members and friends, life at the RCH is characterized by trying to fill the days with "meaningful" activities, as opposed to earlier in life when family and work filled Laura's days, and she says: "we have different programmes...today it was going to be...gymnastics". Laura appreciates having something to do and looks forward to such activities. As illustrated, activities can also be a source of well-being. The activities can include music, reading newspapers, bingo, quizzes, or gymnastics. The institutional order and its routines emerge in the description of activities at the RCH in the fact that these activities are organized by the care professionals and not by those who live there. Consequently, the activities are not tailored to the individual's specific needs of well-being.

Based on the findings described, qualitative values of well-being can be summarized as shown in **Table 1**.

As shown, we have presented descriptions of well-being and the *qualitative values of well-being* that are constructed in the elderly residents' narratives. In this way, this chapter contributes to the understanding of what matters for a person's sense of well-being and what enables well-being for the elderly residents at the RCH and in caring relationships. Furthermore, it is also shown how well-being can be supported in the gerontological social work and care at the RCH, primarily through the *caring relationship* and by *being adaptive present*. We can thereby state that gerontological social work and care aimed at supporting well-being is a state of actions that requires an authentic human contact and relationship between the care professionals and the elderly residents. This kind of value on authentic human contact between people and authentic human experience provides knowledge about how it is important and a significant factor for the achievement of effective helping for those who professionally intend to support the well-being of people in old age as well as how it is also an important skill to be able to concretize this knowledge in gerontological social work and care in practice.

Well-being	The well-being aspects that matter in life at the RCH	
Qualitative values	Experience of continuity in the identity	Experience of being an individual with others
Content	To talk about memories To be visited by relatives To be visited by friends To converse with the staff To continue to develop their own interests To be considered from the life-course perspective	To retain one's uniqueness as an individual as well as in interactions with others To benefit from affinity with others To be social Getting the chance for self-renewal within RCH interactions and relationships

Table 1. Data organization.

8. Discussion

8.1. Substantial considerations: Qualitative values of well-being

In this chapter, we have chosen to use close analysis to study in detail the five participants' narratives as one case (fictitious name Laura). This narrative's methodological approach enables research into the changed meaning in life which influences a disproportionate number of women, for example, the fact that 70% of the most elderly population living at RCHs in Sweden are female [1]. The number of interviews upon which the resulting case is based may be considered to be few. Nevertheless, it is important to point out the difficulty in interviewing suitable informants in a study such as this, as the elderly are often physically and mentally frail. Many women living at the RCH suffer ailments such as dementia and therefore have difficulty in holding conversations. Meinow, Parker, and Thorslund [32] noted in their research that fewer than 5% of those who lived in an RCH managed to conduct an interview and understand the information which also confirms this situation. Furthermore, it should be noted that the women who were interviewed at the RCH were of quite advanced ages, which made interviews last longer than 30 min and hence tiresome for them. Such circumstances were therefore considered and handled with sensitivity and respect by the interviewer.

So what, then, are the qualitative values of well-being? Based on the elderly residents' perceived experience, well-being in this context is described as a qualitative value of (1) a continuity of the own identity and (2) being an individual with others at the RCH. Laura, as a case in point, states that "I'm like I am anyway" and makes a synthesis creation of herself, despite redefinitions of herself throughout the course of her life and due to the ageing process and her circumstances in situ at the RCH. Laura expresses her sense of self and her need for continuity of her own identity which, in turn, is confirmed by her former friends. This is probably also why Laura wants to stay in touch with these friends even though she is now living at the RCH. To be an individual with others is a phenomenon of a personal sense of self and a phenomenon of sociality, which shows the importance of maintaining social networks where relationships with related family members and friends form the innermost core of well-being. However, well-being is also found in the individual's self-renewal, which occurs in interaction with other people and means that well-being is not only a phenomenon in the event that the elderly resident talks about but also may be related to the sociality in the authentic human interaction with other people and in harmony with the environment and society. Well-being is therefore not something that just simply exists but rather something that is also created in social situations with others (including caregivers) in the daily interaction and in human contacts at the RCH. This kind of individual self-renewal has to do with human growth and is a human need regardless of age. Consequently, the human growth in (and despite) old age at the RCH should be the main target of gerontological social work and care.

This chapter contributes knowledge about how self-expression and connection with the elderly resident's identity can be developed within the practical care work at the RCH in order to provide help in increasing the residents' sense of well-being during the last part of their lives at the RCH. This type of specialization in gerontological social work and care is not

currently a priority for the benefit of the physical care of elderly residents, but it should be in order to fulfill the elderly care's policy of welfare [1].

9. Theoretical implications

As the residents go through their lives at the RCH, they need to make sense of what matters and, more specifically, what matters in relation to their well-being. This chapter aims to contribute knowledge (albeit based on a fairly small data corpus of empirical data) about this area—a contribution that can be used in further studies and in the practical implications for gerontological social work and care at the RCH. In terms of theoretical implications, the concept of well-being has attracted attention from a variety of academic disciplines, but it has been quite vaguely defined and described. From the results of this chapter, we can learn that this concept is *directly linked to sociality in human interaction* and more precisely, *to social situations and meetings between family members, friends, the care professionals, and the residents*. Well-being is thereby understood in this context as a *dynamic category* and, consequently, we understand well-being in a broader sense than simply experiences of health. However, there is also a need for a continuum or continuous unit of the sense of self throughout the life that is of importance to well-being. In other words, the *well-being category is about both continuity and change*. This is knowledge which highlights the importance of not only supporting physical health care knowledge interventions for people in old age (here at the RCH) but also on the more psychological and social level. The evidence for activity theory [33] in this chapter is that small advantages have been identified for people in old age who are active (or at least interested in activities) and socially engaged if possible at the RCH. However, there is also a small amount of evidence for the continuity theory [34], in the efforts to understand and maintain internal and external structures in life as they progress. Circumstances may change, for example, by moving to the RCH but the residents develop strategies in new circumstances that provide continuity. In this chapter, by sticking to visits by old friends at the RCH as important values for well-being, the residents thereby link the past, as it is perceived, to their current situation *in situ*. The humanistic theories of development [20] of well-being in old age at the RCH set out to emphasize the importance of sense of self and the sociality of human encounters, as well as the struggle to create meaning and the need to renew oneself in order to lead a worthwhile life, all of which are characteristically human. Thus, “being well” refers to experiencing continuity in the self-identity as well as in sociality with others. This kind of emotional experience gives meaning to life, which in turn promotes well-being [14]. This approach arises, in particular, from a life-course perspective as well as from a humanistic model's perspective.

10. Practical implications

In practical terms, and in order to create conditions for well-being within the gerontological social work and care, well-being must be achieved in an interrelationship between the elderly

resident and the care professional, whereby both parties contribute commitment and interest in understanding each other. In this commitment, it might be fruitful to ask not only (1) how do we as care professionals get the person of old age to feel well-being but also (2) how should we feel for the elderly person as a psychological and social individual and for well-being related to that matter?

From a practical viewpoint, well-being can be supported by providing the resident with opportunities for social contact and socializing with others (social interactions) as well as opportunities to be listened to (presence). This approach highlights the elderly's perspective on well-being and the use of the knowledge that takes into account the elderly perspective on well-being as a starting point for the care work. This could, for example, be done by encouraging the elderly resident to talk about their well-being. In this context, the care professional's role is to pay good attention to the elderly person rather than ask questions. With reference to Sudbery [11], the key features of helping relationships are not the techniques used by the helper but rather the qualities of the helper—that they give unconditional positive regard, show empathy, and offer non-possessive warmth. When this happens, the relationship itself provides well-being to the resident at the RCH.

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