

# Chapter 1

## General introduction



## Chapter 1

Mr. and Mrs. Bouwer live in a small town in a modern apartment. They moved to this apartment when their four children left home and the old house with the large garden appeared too big. The Bouwer couple now has a roomy balcony filled with pots and flowers. After Mr. Bouwer's retirement from his job as an English teacher, the activities of the couple changed. He started to work as a language coach for refugees. Using his knowledge and experience to support refugees was very important to him. He also liked to continue to be in touch with young people. He particularly liked the feeling of contributing to making their lives a bit easier. Since his retirement Mr. Bouwer began to spend more time playing tennis and taking part in competitions. Mrs. Bouwer had been a secretary at a large food company. She had left her job after she got their first child, but when the youngest was somewhat older, she had found another job as a part-time secretary. When the children were still young, Mrs. Bouwer joined a choir. This choir had existed for more than 30 years and Mrs. Bouwer was already for years its book keeper. To do so she had learned to use a computer-based administration system of which she was very proud. Over the years, Mrs. Bouwer had also become a devoted member of a book reading club which she visited on a weekly basis. Talking with others, especially with people whose opinions differed from her own, was something she held dearly. For several years, one day a week she cared for two of their grandchildren. Mr. Bouwer used to join her in the afternoon and then the four of them often went together to the beach no matter how the weather was. Mr. and Mrs. Bouwer very much liked to go for long bike rides together. Often, they combined these tours with visits to museums in nice little towns. When they had been younger, they were used to have bike holidays in France, they liked the movement of biking, not too slow, and not too fast so you could still experience your environment. She in particular liked to figure out the route and he liked discovering small restaurants. Since a few years, Mr. Bouwer had slowly developed a chronic health condition and now he really started to feel the consequences. He sometimes had pain in his joints and had less energy which made him not able to walk or bike for as long as before. He had reduced the frequency of his tennis already and said that he was glad he could still do it. Fortunately, Mrs. Bouwer still felt being in good health, but she sometimes worried about her husband's declining health. She had the feeling that changes were about to happen. Although she trusted that they could

handle these, as they had done earlier in their life when things changed, she hoped that they would still continue to be able to live in their apartment and do the things they liked to do.

This imaginary portrayal describes an older community-dwelling couple. It intends to give a picture of one particular couple with their own life history and own socio-cultural context. Mr. and Mrs. Bouwer are engaged in a wide scope of everyday activities which are meaningful to them. With declining health, their current everyday activities may change. In this thesis, we will explore changes in everyday activities of ageing couples in the face of declining health. We will investigate how older couples, like Mr. and Mrs. Bouwer, make sense of these changes, how they understand the meanings of their everyday activities and how they influence each other in their everyday activities. With an advanced knowledge on everyday activities of community-dwelling ageing couples in the face of health decline, couples such as Mr. and Mrs. Bouwer may be, if needed, supported in ageing well together.

The next sections first provide background information on the increasing numbers of community-dwelling ageing couples, followed by a brief description of consequences of declining health for activities and participation in ageing people. The influence of spouses on each other's functioning, health and well-being will be shown. From there, it is argued that it is to be expected that spouses will also influence each other in their everyday activities. The significance of understanding meaning in couples' everyday activities is demonstrated and literature on everyday activities of ageing couples will be reviewed. We end the introduction with an overview of the designs of the studies and an outline of the chapters of this thesis.

## **Ageing couples**

The recent increase in life expectancy in Western countries is expected to continue. The percentage of European citizens aged 65 and over is predicted to rise from 17% in 2010 to 30% in 2060. The percentage of those aged 80 and over is projected to grow from 5% to 12% in the same period (Eurostat, 2011). In 2008, more men than

women of 65 and older were married (73% of men versus 44% of women), and more women were widowed. This difference can be explained by the fact that the life expectancy of women is higher than that of men. Furthermore, women are generally a few years younger than their spouses. Although the life expectancy for women is still higher than for men, the difference between women's and men's life expectancy is decreasing (CBS, 2010). There is also a trend towards higher divorce rates among older people, but the proportion of older persons with a spouse is still expected to rise (Gaymu, Ekamper, & Beets, 2008; Kalogirou & Murphy, 2006). These changes in marital status will have consequences for the number of people living in their own homes in late life. In 2010, six out of seven people aged 80 and over were living in the community (CBS, 2011). Projections for the consequences of these trends in health and marital status for older people's living arrangements anticipate that, in the future, a higher proportion of people will live together with their partner in their own homes (Gaymu).

### **Declining health, activities and participation**

One of the frequently occurring changes in later life is declining health (Deeg, 2005). Many older people have to deal with more than one health condition: multi-morbidity figures for the Dutch population aged 55 and over vary between 56% and 72%, and these figures may still underestimate the actual prevalence of multi-morbidity (Schram et al., 2008). Health decline may lead to problems in functioning. The International Classification of Functioning, Disability and Health (ICF) conceptualizes functioning as arising from the interaction between health conditions, environmental factors, and personal factors (WHO, 2001). Functioning is an 'umbrella' term that includes body functions and structures, activities, and participation. The ICF defines 'activity limitations' as difficulties a person may have in carrying out activities; and 'participation restrictions' are problems a person may experience in involvement in life situations.

The following figures give an indication of the prevalence of activity limitations and participation restrictions in ageing people with declining health in later life. In a study among community-dwelling people aged 60-85, 32% of the participants reported having difficulty with one or more (out of six) mobility and self-care activities, and 20% could no longer perform at least one of these activities independently (Galenkamp, Braam, Huisman, & Deeg, 2012). In a Dutch national report based on data from several cohort studies, the participation rates of people aged 55 years and older decreased with ageing. In the three age groups (55-64, 65-79, and 80+), the proportion of people involved in volunteer work was 20.5%, 12.9%, and 4.5% respectively. In these three age groups, 18.2%, 14.5%, and 7.1% of the participants respectively were involved in informal caregiving. In all age groups, a significant proportion were engaged in more personal-oriented participation, such as recreational or cultural activities. The figures for all these forms of participation were found to be significantly lower for older people with a decline in health (Hoeymans, 2009).

### **Everyday activities**

Older people perceive engagement in everyday activities as an important element of quality of life and of feeling healthy (Kooiker, 2011; Puts, Shekary, Widdershoven, Heldens, Lips, & Deeg, 2007). The significance of everyday activities for older community-dwelling adults has also recently been demonstrated in a systematic review that incorporated a wide variety of activities and a range of health outcomes. Most of the reviewed studies supported the positive impact engaging in everyday activities has on health (Stav, Hallenen, Lane, & Arbesman, 2012). In this thesis, we conceptualize everyday activities as all the things people do in their everyday life (Hasselkus, 2006), either alone or together. It is important to note that this conceptualization differs from the construct of activities in the ICF, because all the things people do in their everyday life include both the activities that the ICF would categorize as 'activity' and those that the ICF would categorize as 'participation'. Further, our conceptualization differs from the constructs of activities and participation in the ICF because we include the subjective dimension of meaning (Hemmingsson & Jonsson, 2005; Ueda & Okawa, 2003).

Our understanding of the concept of meaning is based on the notion that, in daily life, people give meaning to situations, feelings, and activities. Following a social constructionist perspective, we consider meaning to be co-constructed in interaction (Gergen, 2009). In the process of attributing meaning, people interpret the value of their activities (Christiansen, 1997; Erlandsson, Eklund, & Persson, 2011). This interpretation is influenced by personal factors, but also by the socio-cultural and relational contexts surrounding them (Hammell, 2004; 2009). For ageing spouses the social context of their marriage is expected to influence the meaning-making process because of their frequent interaction (Antonucci, Akiyama, & Takashashi, 2004; Lang, 2001). Furthermore, the construction of meanings is influenced by the life experiences spouses have shared over their life course, i.e. the interdependence of their 'linked lives' (Elder, 1994, p.6.). Meaning might be particularly relevant when people need to adapt to changing life circumstances, such as health decline (Hammell, 2004) and, in particular, when it is no longer possible to take part in activities that have essential personal meaning (Lawton, 1993; Reker & Wong, 1988). Furthermore, performing everyday activities that are subjectively perceived as meaningful may contribute to well-being (Adams, Leibbrandt, & Moon, 2011; Eakman, 2012).

## **Everyday activities of older people**

A general overview of the everyday activities that older people engage in is provided by studies that have investigated how people spend their time. Gauthier and Smeeding (2003) included people over 74 in their analysis of older people's time-use in nine countries in Europe and North America. The results suggested that there are considerable cross-national differences in the amount of time older adults spend on activities, but there are similarities in the age patterns of activities. After retirement, people in all countries spent more time taking part in activities that were classified as passive, namely watching television, reading and listening to the radio. Another cross-sectional study focused on leisure activities among people in Sweden older than 77. It similarly demonstrated that the most common leisure activities involved reading daily newspapers, taking walks and reading books (Agahi & Parker, 2005). An Australian study emphasized the diversity within specific age groups. Participants

were interviewed and the data were coded in groups of activities. Overall, participants spent most of their time on sleep, solitary leisure, instrumental activities of daily living, social leisure and on the basic activities of daily living. Participants aged 75 years and older spent significantly more time on solitary leisure and less time on paid work and transport compared with those aged 65–74. There were considerable differences among the participants in the amount of time spent on each activity. For example, time spent on social leisure ranged from no time at all to 13.3 h/day. These differences were not linked to age and were interpreted as an indication of the diversity that exists among older individuals (McKenna, Broome & Liddle, 2007).

### **Spousal influences in later life**

An emerging body of research shows how marital dynamics affect functioning in older couples. These studies have demonstrated the influence of mutual spousal interrelations in domains such as cognitive functioning, health and well-being (Hoppmann & Gerstorf, 2009; Walker & Luszcz, 2009). Since later-life spouses engage in frequent interaction in their everyday life (Antonucci, Akiyama, & Takashashi, 2004; Lang, 2001), it is to be expected that they will also influence each other in their everyday activities, either being done alone or together. This thesis is based on the expectation that spousal influence on everyday activities will be particularly relevant when couples have to adjust to changes in later life. One of the most important changes in later life is declining health, in the face of which everyday activities can often no longer be performed as they previously were. These difficulties with performing everyday activities may actually be of more concern to older people than declining health itself (Harwood, Jitapunkul, Dickinson, & Ebrahim, 1994). Studying spousal influences in late-life couples may contribute to an increased understanding of adaptive processes in the face of declining health.

### **Everyday activities of ageing couples**

Empirical studies that specifically focus on the everyday activities of ageing couples are scarce. One longitudinal study examined dyadic interdependencies in level and



overall change in social activities in older couples. It investigated how the frequency of performing social activities changed in late-life couples over an 11-year period and examined associations between social activities and individual and spousal cognitive, physical, and affective resources. At the start of the study, data of 563 couples were analyzed. Husbands' mean age was 78 years and their wives were on average 3 years younger. The measurement included four social activities in which both spouses could potentially participate, e.g. inviting guests to one's home. Changes in social activities were associated not only with individual, but also with spousal cognitive, physical, and affective resources. Own physical limitations were related to changes in own social participation. Wives' depressive symptoms were associated with an increase of husbands' social activities (Hoppmann, Gerstorf, & Luszcz, 2008). The results of this study provide an insight into the dynamics of the mutual influence of spouses. However, this study only took account of four specific social activities. Furthermore, the results of this Australian study may not be transferable to other cultural contexts. More studies are therefore needed to verify and expand knowledge about the underlying spousal interrelations and dynamics and potential differences between husbands and wives in these dynamics.

Insight into late-life couples' experience of their everyday activities in the face of health decline can be derived from qualitative studies that investigate caregiving among couple caregiver-care-recipient dyads. One of these studies demonstrated that performing everyday activities closely together was perceived as a coping strategy for dealing with the consequences of dementia. It also showed the changes in how the caregiving spouse experienced the couple relationship, with the caregiving spouse often perceiving the closeness in everyday activities as a burden (Vikström, Josephsson, Stigsdotter-Neely, & Nygård, 2008). In another case study on dementia, the main theme was 'doing things together' in which the couple described their reciprocal and complementary roles in maintaining treasured aspects both of their relationship and of their individual contributions to a shared effort. In this study, the caring spouse did not see this as in any way 'burdensome' and gained as much from their relationship as did his wife (Hellström, Nolan, & Lundh, 2005). In a study among couples aged between 53 and 65 living with the neuromuscular disease myotonic

dystrophy, the participating couples stressed the need to achieve a balance between individual and shared activities (Cup, et al., 2011).

These qualitative studies demonstrate that it is important to understand the everyday activities of spouses in the social context of the couple. The findings of these studies showed that the experience of everyday activities of spouses who were living with a chronic disease was related to their life as a couple. It also showed that performing everyday activities closely together was perceived in one study as burdensome, whereas in another study it contributed towards maintaining a sense of couplehood and in the last study achieving a balance between individual and shared activities was emphasized. Because these studies focus largely on specific diagnoses and on dementia in particular, knowledge derived from these studies is less applicable to changes in the everyday activities of ageing couples in the face of general health decline. Moreover, the findings of the studies on couples confronted with a chronic disease demonstrated a range of different ways couples experienced everyday activities. This suggests the need to further develop the understanding of how ageing couples experience their everyday activities and the process of change as it unfolds over time in couples who adapt to health decline that is associated with the ageing process as such.

The aforementioned studies on couples' everyday activities demonstrated that couples experienced both individual and shared activities in the social context of their marriage. With this in mind, we consider it important to direct attention to all their everyday activities i.e. not only to the activities they perform individually, but also to those they perform together. A specific focus on shared activities can be found in a number of disciplines, including psychology (Knoblich, Butterfill, & Sebanz, 2011) where the focus is on the behavioural aspects, e.g. the perceptual and motor coordination of shared activities. This knowledge has also underpinned developments in occupational science with the concept of co-occupation referring to engagement in activities with other people (Pierce, 2009). Co-occupation is, in the widest sense of the word, described as two or more people engaging in an activity such that each person influences the reaction of the other (Pierce, 2009). In occupational science

literature, knowledge about co-occupation is still in its infancy, because until recently it was based mainly on mother-child studies (Pierce & Marshall, 2004). However, Pickens and Pizur-Barnekow (2009) have begun to discuss co-occupation across the lifespan, suggesting that knowledge about co-occupation in later life needs to be further developed. The concept of co-occupation is one of the topics of interest in the present thesis. Co-occupation is included in our conceptualization of everyday activities because we defined everyday activities as all the things people do in their everyday life either alone or together.

### **Objective and overview of the studies**

The overall aim of this thesis is to advance knowledge on the everyday activities of community-dwelling ageing couples facing a decline in health. We explored the following main topics: (1) Changing couples' everyday activities; (2) Meaning of couples' everyday activities; and (3) Spousal influences on everyday activities. The thesis includes four empirical studies: three qualitative studies and one quantitative study. The topic of meaning is also addressed in a methodological commentary based on the translation challenges that were experienced in the first qualitative study. Table 1 shows how the studies addressed the three topics. The main methodological considerations for the studies are presented in the next section.

Table 1. Overview of the studies<sup>1</sup>

	Chapter 2	Chapter 3	Chapter 4	Chapter 5	Chapter 6
Main focus	Change over time and meaning of everyday activities	Changed everyday activities and meaning	Meaning in co-occupation	Meaning and validity	Spousal influences on social participation
Research question	How do late-life community-dwelling couples experience, over time, changes in everyday activities?	How does a late-life couple experience their everyday activities after a stroke?	How does a late-life couple experience and give meanings to one of their co-occupations?	Validity discussion of translation and cross-English language differences in qualitative research	How is social participation related to spousal physical functioning in later-life couples?
Data sources	Purposeful selection from Longitudinal Aging Study Amsterdam (LASA)	Purposeful selection from Association for Stroke Patients and their Partners	Selection of one of the couples from the longitudinal qualitative study (Chapter 2).	Not applicable	Survey of Health, Ageing and Retirement in Europe (SHARE)
Data	Individual and joint interviews	Individual and joint interviews	Individual and joint interviews and photo elicitation	Not applicable	Selection of SHARE data from individual standardised interviews
Design	Longitudinal qualitative study	Narrative case study	Interpretative phenomenological study with photo elicitation	Methodological commentary	Quantitative cross-sectional

<sup>1</sup> The order of the chapters differs from the chronological order of the studies

## Methodological considerations

### Dyadic studies

This thesis was based on a systemic approach that recognizes the reciprocity and interdependency between individual, interpersonal and environmental factors (Stanton, 2009). The empirical studies in this thesis used data collected both individually and (in the qualitative studies) jointly from both spouses. The studies were dyadic studies because, throughout all methodological steps, the influences of both spouses on their everyday activities were included in the designs and the couple was the unit of analysis (Wittenborn & Dolbin-MacNab, 2012). A dyad consists of two people who have a 'we' relationship (Eisikovits & Koren, 2010); for our couples this was a (long-term) marriage relationship. The underlying viewpoint in dyadic studies holds that the dyad is more than two times a single individual: the 'more' refers to the pattern or relationship between the two individuals (Thompson & Walker, 1982, p. 891).

We acknowledge the value of multiple ways of seeing to understand phenomena of the social world. We therefore designed qualitative studies that used different methodologies, and we also performed a quantitative study. This is in line with a mixed methods approach i.e. an orientation toward inquiry believing that "better understanding of the multifaceted and complex character of social phenomena can be obtained from the use of multiple approaches and ways of knowing" (Greene, 2008, p.20). In a systemic approach, the value of using both approaches is recognized as well (Black & Lebow, 2009). The combination of quantitative and qualitative approaches means that this thesis used different paradigms that represent different epistemological positions (Carter & Little, 2007; Morgan, 2007).

Within qualitative research, several epistemological positions can be distinguished. In this thesis, we adopted the interpretivist epistemological position to obtain knowledge from the ageing couples' own perspectives on the meanings of their everyday activities. Since each qualitative study had a different focus, different qualitative methods were employed. The 2-year longitudinal qualitative study

(Chapter 2) focused on the change process and used comparisons across couples. One of the case studies (Chapter 3) facilitated a detailed analysis of the changed everyday activities among a couple after a stroke. The other case study (Chapter 4) used photo elicitation in addition to interviews to facilitate the collection of data regarding the meanings of one of their co-occupations. Quantitative methods were used to investigate the relation between spousal physical functioning and social participation in later-life couples (Chapter 6).

## **Data sources**

The overview of the studies in Table 1 briefly outlines the data sources for each study. We now provide more information about these data sources. Data for two of the qualitative studies (Chapters 2 and 4) were obtained through interviews with respondents who were purposefully selected from the Longitudinal Aging Study Amsterdam (LASA) cohort and invited to participate together with their spouse. LASA is an ongoing multidisciplinary study on the predictors and consequences of changes in physical, cognitive, emotional and social functioning in older people in the Netherlands. The LASA cohort is based on a nationally representative sample of older adults aged 55–85 years (years of birth 1908–37) located in three geographic regions in the Netherlands. The sample was recruited from municipal registries in 1992, with an oversampling of older people and older men in particular (Huisman et al., 2011). The participants in the other qualitative study (Chapter 3) were purposefully selected from members of a regional Dutch Association for Stroke Patients and their Partners.

For the quantitative study (Chapter 6) data were used from the first wave of the ‘Survey of Health, Ageing and Retirement in Europe’ (SHARE) (Börsch-Supan & Jürges, 2005). This survey is a cross-national research project that compares data on working conditions, retirement, health, well-being and socioeconomic position among people aged 50 and older in a number of European countries. Data collection is based on probability household samples where all people 50 years and over, plus their (possibly younger) partners were interviewed using Computer Assisted Personal Interviews (CAPI) (for details see [www.share-project.com](http://www.share-project.com)). For our analyses, we used

Dutch couple data from the first wave (2004-2005), using SHARE release 2.3.1 from July 2010.

### **Outline of this thesis**

Chapter 2 describes a qualitative longitudinal study among eight community-dwelling late-life couples examining their changing everyday activities over a 2-year period.

Chapter 3 reports on an exploratory case study of one community-dwelling late-life couple's experience of their changed everyday activities following a stroke.

Chapter 4 explores how a community-dwelling late-life couple experiences and gives meanings to one of their co-occupations and discusses the implications for the concept of co-occupation.

Chapter 5 discusses challenges of cross-English translation in qualitative research in relation to meaning and validity.

Chapter 6 focuses on spousal influences by investigating the relation between physical functioning and social participation among community-dwelling couples in later life.

Chapter 7 summarizes and interprets the main findings of the studies and discusses methodological and theoretical aspects, followed by implications for future research and practice.

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