

Chapter 2

Changing everyday activities of couples in late life: Converging and keeping up

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Abstract

The influence of mutual spousal interrelations in domains such as health and well-being has been demonstrated, but little is known about the domain of everyday activities of couples in late life. In the present explorative study, we considered all of the activities participating couples talked about to be their everyday activities. Its aim was to understand, over time, changes in everyday activities as experienced by late-life community-dwelling couples. In a two-year period, 41 individual and joint interviews were conducted with 8 couples, who were purposefully selected from the Longitudinal Aging Study Amsterdam. Analyses involved the construction of couple narratives and constant comparisons within and across couples. Changing everyday activities in late-life couples was interpreted to be a two-way process of (1) converging, and (2) keeping up, which occurred in three fluid phases. Converging was a slow inward movement with a shift towards diminished everyday activities performed in a smaller world. Keeping up was an outward movement in order to resist the converging process by using everyday activities as a means to keep fit, physically and mentally, and to connect with the wider social world. In the first phase, couples maintained their unique linked activity pattern. In the second phase, spouses resisted converging by keeping up. In the third phase, spouses co-performed everyday activities closely together. The findings support the need to develop couple-oriented interventions that aim to enhance the couples' functioning in the domain of everyday activities.

Introduction

With increasing numbers of spouses growing old together, it is becoming ever more important to study the ageing of late-life spouses in the social context of their marriage. Many late-life couples have to deal with declining health (Deeg, 2005), which may involve an inability to maintain activity patterns or to continue everyday activities (Charmaz, 2002). Older married persons who need care, most likely receive this from their spouse (Lima, Allen, Goldscheider, & Intrator, 2008). This has consequences for the caregiving spouse's own activity pattern. It is the changes in everyday activities that are often of more concern than declining health (Harwood, Jitapunkul, Dickinson, & Ebrahim, 1994), and particularly when it is no longer possible to take part in activities that have essential personal meaning (Lawton, 1993; Reker & Wong, 1988). Current literature furthermore suggests that meaning and perceived value may be more important for the positive effects of activity on well-being, than the type and frequency of the activities older people engage in (Adams, Leibrandt, & Moon, 2011; Hammell, 2004). However, while ageing theories emphasize the importance of activities for ageing well, knowledge about the meanings and change of activities needs to be further developed (Liang & Lo, 2012).

Literature demonstrates strong evidence of spousal influences on health and well-being (e.g. Kiecolt-Glaser & Newton, 2001; Walker & Luszcz, 2009). Dyadic studies have demonstrated the interdependence and the influence of mutual spousal interrelations in domains such as cognitive functioning, health and wellbeing (Hoppmann, Gerstorf, & Luszcz, 2011; Walker & Luszcz), by analyzing data from both spouses within the unit of the couple. Since late-life spouses engage in frequent interaction in their everyday life (Antonucci, Akiyama, & Takashashi, 2004; Lang, 2001), it is to be expected that they will influence each other in their everyday activities. We anticipate spousal influence on everyday activities to be particularly relevant when couples have to adjust in the face of declining health in late life. In the domain of everyday activities, we found one longitudinal dyadic study that investigated changes in the frequency of engagement in four selected social activities in late-life couples over an 11 year period. It demonstrated that both the level of

engagement in these social activities as well as changes in the frequency of their social activities were closely interrelated among these older spouses (Hoppmann, Gerstorf, & Luszcz, 2008).

To understand meaning in everyday activities in late-life couples, it needs to be investigated how spouses construct meanings in their everyday activities. Some qualitative studies shed light on meaning in everyday activities and demonstrate the dynamics among late-life spouses. In one dementia study, the participants perceived performing everyday activities closely together as a strategy for coping with the consequences of dementia. This was positively experienced by the participant with dementia, but the caregiving spouses often experienced this proximity of their partner with dementia as burdensome. (Vikström, Josephsson, Stigsdotter-Neely, & Nygård, 2008). Another study showed that doing things together was perceived positively by both spouses as something that contributed towards preserving couplehood (Hellström, Nolan, & Lundh, 2005). A qualitative study exploring the everyday activities of an older couple after a stroke demonstrated that the couple's everyday activities were fully intertwined: the couple acted as one entity in timing, coordinating, balancing, orchestrating and assisting in their everyday activities, and doing things together had various meanings (Van Nes, Runge, & Jonsson, 2009). We found one prospective three-year qualitative study that investigated activities and roles related to meals in spousal male care partners and their wives with dementia. The findings showed how both spouses actively worked together in a complex change process resulting in the transfer of food-related roles to the male care partners (Atta-Konadu, Keller, & Daly, 2011).

Most of these qualitative studies used a retrospective perspective and focused on caregiver-carerecipient dyads with specific diagnoses, such as dementia. Consequently, knowledge remains limited about the process of change in everyday activities as it unfolds over time in couples who adapt to the health changes that are associated with the ageing process as such. In particular, we need to improve our understanding of how late-life couples experience their changing everyday activities and how they attribute meanings to their everyday activities. The purpose of our

study was to explore, over time, changes in everyday activities as experienced by late-life community-dwelling couples. In the present study, we considered all of the activities the participating couples talked about to be their everyday activities. In other words, we conceptualized everyday activities in a loose and broad manner. Thereby, everyday activities covered a range of activities from basic activities of daily life to participation in society. Expanding our knowledge of changing everyday activities from the perspectives of couples, might contribute to understanding the role of activities in ageing theories. This may ultimately further the development of interventions to support late-life couples in coping with declining health.

Design and method

Our understanding of the concept of meaning is based on the notion that in daily life people give meaning to situations, feelings, and activities. In the process of attributing meaning to activities people interpret the value of their activities (Christiansen, 1999; Erlandsson, Eklund, & Persson, 2011). Following a social constructionist perspective, we consider meaning to be co-constructed in interaction and mediated by intersubjective dialogues and narratives. These narratives are constantly changing in time and context (Gergen, 2009; Polkinghorne, 1988). In our study, narratives are considered to be changing during a phase of health decline of one or both spouses and shaped by the social context of the marriage.

Based on these notions, a dyadic qualitative two-year longitudinal study was designed with a combination of joint and individual interviews in three waves, with the couple as the unit of analysis. The joint interviews permitted us to explore how the spouses within one couple co-constructed meanings. The combination with individual interviews made it possible to obtain more aspects of meanings than can be obtained by joint interviews alone (Taylor & de Vocht, 2011). The couple being the unit of analysis involved that first within couple analyses were made before comparisons across couples were undertaken.

Participating couples

The participants were respondents in the Longitudinal Aging Study Amsterdam (LASA) and were recruited to participate together with their spouses. LASA is an ongoing multidisciplinary cohort study on the predictors and consequences of changes in physical, cognitive, emotional and social functioning in older people in the Netherlands (Huisman et al., 2011). Our study involved community-dwelling LASA respondents who were selected using the last available LASA data to include participants (1) being married; (2) living in the community in Amsterdam or vicinity; (3) aged 68 and over; (4) no cognitive limitations (MMSE ≥ 24) at the time of the last measurement,¹ and (5) a recent health decline, defined as an increase in functional limitations as measured with the LASA self-report scale. The increase in functional limitations was used as a marker for expected changes in everyday activities. By using available LASA data, participants could be selected from all eligible respondents to obtain a variety of backgrounds. These backgrounds were considered to be relevant for experiences of everyday activities and included level of increase of functional limitations, age, and living environment (see Table 1). An information letter was sent to ten LASA respondents and their spouses. Following a telephone call, nine couples agreed to participate, one of which was eventually excluded due to illness.

Ethical considerations

The Medical Ethics Committee of the VU University Medical Center approved of the study. All participants gave their individual written informed consent. To maintain confidentiality, the individual interviews were not shared with partners. The interview scheme was adapted when participants indicated they would prefer a different kind of interview i.e. together or on their own. All data were stored securely, and pseudonyms were used to ensure anonymity.

¹ The last available LASA measurement dated from two to three years prior to the start of the present study: in the meantime participants could have developed cognitive limitations. At the start of the study, there were no participants having cognitive limitations to such extent that interviewing was not possible.

Table 1. Key characteristics of the participants

Couple	Aarts ♂* ♀	Bakker ♂ ♀*	Evers ♂ ♀*	Jansen ♂ ♀*	Peters ♂ ♀*	Smit ♂* ♀	Visser ♂* ♀	Willems ♂* ♀	
Age ^a	77	76	78	80	80	75	74	85	84
Funct. Limit. ^b	3	4	2	2	1	1	2	1	3
Education ^c	M	M	L	M	H	L	L	L	H
Living Area	Rural	Urban	Rural	Urban	Rural	Rural	Urban	Rural	Urban
Years Married	40-50	> 50	> 50	> 50	> 50	40-50	< 40	> 50	> 50
Children	2	2	5	2	4	1	No	No	No

Note: LASA respondents are marked with an asterisk *

^a Age at T0

^b To measure functional limitations respondents are asked if they have difficulty performing six activities: walking up and down a fifteenstep staircase without resting, getting dressed and undressed, sitting down and getting up from a chair, cutting their own toenails, walking five minutes outdoors without resting, and driving or using public transport. To obtain an increase in functional limitations the scores of the last two subsequent LASA measurement waves (E-F) were used. The increase of functional limitations in the eligible LASA participants varied between 1 and 4 points.

^cLow education = not completed elementary/elementary school/lower vocational education; Medium level of education = general intermediate education/intermediate vocational education; High level of education = higher vocational training or university.

Data generation

From 2008 through 2010, 41 interviews were held. The interviews were designed to gather data about everyday activities both retrospectively and prospectively in the two-year time frame of the study. The first author conducted all interviews which lasted 1 – 1.5 h at a location picked by the couples, which was, except in two cases, in the home. The interviews were fully audio-recorded after approval. Individual and joint interviews were conducted at the start of the study (T0); joint interviews followed after about one year (T1) and individual interviews after again another year (T2). See Table 2.

Table 2. Overview of the interviews

	Couples	Interviews		Total
		Individual	Joint	
T0	8	16 ^a	8	24
T1	6	2 ^b	5	7
T2	5	10		10
Total		28	13	41

Note. Five couples completed interviews at T0, T1 and T2. Two couples completed each three interviews (at T0) before dropping out at T1, because the husband had died. At T2 the interview with one husband could not be conducted anymore, due to severe cognitive decline.

^a The two individual interviews of one couple were performed with both spouses present, because this is what they preferred.

^b At T1, the spouses of one couple preferred individual interviews instead of a joint interview.

The interviews followed a conversational style with a variety of ways to invite meaning making (Holstein & Gubrium, 1995). All activities a couple talked about were considered to be their everyday activities. At the start of the study (T0), interviews were conducted with both spouses individually with a short break in between. These interviews invited participants to speak about their current and former everyday activities. Probes were used: for example, they were asked to describe their most favoured activities in detail. Additional questions were asked about important life events. Also, questions explored how their everyday activities had changed because they had retired from work. Meaning making was invited by asking: “If you think of your life as a story, what would be the title?” A joint interview followed about three weeks later. This interview focused on experiences of doing activities together.

In the joint interview that was held one year later (T1), for each couple a separate interview guide was developed, based on the preliminary analyses of the data that were collected with the individual and joint interviews at the start of the study. In this joint interview, the results of these preliminary analyses were discussed specifically. This aimed to invite further co-construction of meaning. Further, this interview explored changes in everyday activities since the last interview. Individual interviews about changes in everyday activities were conducted again one year later (T2). In these interviews, the developing analyses that originated from cross-case comparisons formed a new basis for understanding which was interwoven in the interviews.

Data analysis

Data collection and analysis was undertaken by the first author and proceeded iteratively with three main analysis phases: (1) the construction of a narrative for each couple, (2) a comparison of the themes of these narratives across the couples, and (3) longitudinal comparisons within and across the couples. The analyses put the “what’s” of the narratives to the fore by examining the content of the narratives and by inductively developing abstractions (Phoenix, Smith, & Sparkes, 2010). In the construction of a narrative for each couple, the results of the first couple analyses were drawn together into a narrative portrayal, which was intended to picture how the spouses’ experiences were intertwined with each other (Holstein & Gubrium, 2000; Randall, 2007). These couple narratives were used as a basis for further understanding in the cross-case analyses. The overall findings are the result of these cross-case analyses and are presented in the form of a constructed narrative that draws the results together (Polkinghorne, 1995).

All interviews were transcribed verbatim by a professional transcriber to a level that included words, speech particles and pauses. The first author checked the transcripts while listening to the recordings. This was also used as immersion in the data with close attention to each interview detail (Miller & Crabtree, 1994). The qualitative software program Atlas-ti 5.0 was used to support storing, managing and coding the data.

First, the T0 interviews of each couple were coded staying close to the data and using the words and actions the participants used (open coding). Then, within each couple, the codes were compared for similarities and differences. Codes covering similar issues were then grouped and labeled to form themes (Riessman, 2008). This immersion process was followed by and alternated with periods of reflection in which empathic understanding and imagination were used to develop a picture of the couple. This iterative process of identifying patterns continued until a narrative portrayal was constructed for each couple with the couple's themes and their quotes.

In the second phase, correspondences and differences across the couples were sought by comparing the couples' narratives and additionally examining divergent cases (Ayres, Kavanaugh, & Knafl, 2003; Charmaz, 2006). This resulted in five across-case themes, which were again compared with the narratives and the T0 and T1 interviews. In this phase of the analysis, the differences between the couples regarding the five themes appeared to be understandable when interpreting these as differences in phases of change. From this change perspective two provisional categories were developed. These were based on the interpretation of the changes within the couples as two 'movements,' one inward and one outward. The third phase concentrated on longitudinal comparisons, first within couples and then across couples. In this last phase, with focused coding of the longitudinal data, larger segments of T3 data were coded using the two categories for making constant comparisons (Charmaz). To support the analyses the narratives of the couples were sorted along the two processes of the two provisional categories. With these comparisons and further analyses of divergent cases, the categories were re-examined and refined with subcategories.

Finally, a narrative was constructed with three fluid phases and using the categories and subcategories to describe how the couples experienced changes in their everyday activities. It is important to note, that while the form of this narrative, might suggest a uniform process, the narrative should be viewed as one of the possible interpretations. We consider the findings we present here, as the result of the combined co-construction processes that were iteratively built over time in

interactions between spouses, between each spouse and the interviewer, between the interviewer and peers, and among the team members.

Quality approach

The quality of the data generation and the analyses was enhanced in several ways. Generating data with both joint and individual interviews was intended to obtain multiple viewpoints (Barbour, 2001). The developing analyses were used as a new basis for understanding and discussed with the couples in the subsequent interviews. This aimed to invite further co-construction of meaning, not to verify the accuracy of the interpretation (Sparkes & Smith, 2009). To consider a variety of possible interpretations, team members and peers coded segments of the data, followed by a discussion about their interpretations. Throughout the analyses, reflexivity was stimulated by using a diary, by discussing the analyses with peers and within the author team. These discussions were also intended to refine the interpretations and the findings (Barbour).

Because translation is also an interpretative act, meaning might get lost or changed in translation from the source language to English. We followed translation recommendations for qualitative research (Van Nes, Abma, Jonsson, & Deeg, 2010) by staying in Dutch as long and as much as possible. Furthermore, in discussions with members of the research team or peers who did not speak the source language, we delayed the use of fixed—one word—translations by describing the intended meanings in multiple ways. Similar to the other quality measures, this was aimed at enhancing reflexivity and the consideration of multiple interpretations.

Findings

The eight couples were selected on the basis of increasing functional limitation in the spouse who was a LASA participant, which was used as a marker for expected changes in everyday activities. In most couples, the health of the other spouse was also declining. In the two-year period, all eight couples experienced changes in their everyday activities and in their health. The changes in their health included reduced

mobility, reduced energy, or cognitive decline. Two participants developed problems with cognitive functioning, resulting in severe restrictions in their everyday activities and a change in their living situation. Two other participants experienced abrupt changes as the result of stroke and cancer.

Within this diversity of health conditions and health decline, the analyses showed that changing everyday activities in these late-life community-dwelling couples could be understood as a two-way process: (1) converging, and (2) keeping up. Converging was interpreted to be a slow, gradual inward movement with a shift towards diminished everyday activities performed in a smaller world. The first image of this process was associated with “condensation.” In this image, the scope of everyday activities was diminishing to being performed in a smaller area and the “distance” between the spouses was decreasing. Later, a participant used the word converging and showed with hand movements how the wider distance between their activities had converged to the situation of co-performing their activities. After further discussion in the author team, it was decided that this term most closely described the intended meaning. Keeping up was an outward movement in order to resist the converging process by using everyday activities as a means to keep fit, physically, and mentally, and to connect with the wider social world.

Three fluid phases were distinguished in each of which converging and keeping up played a different role. Phase 1 ended with the converging process becoming apparent, but not significant. Keeping up was not an issue. In phase 2 the converging process was more evident, and the keeping-up process became significant. In phase 3 the converging process dominated the keeping-up process. The following figure visualizes these three phases and should be seen as to supplement the narrative that follows (Figure 1).

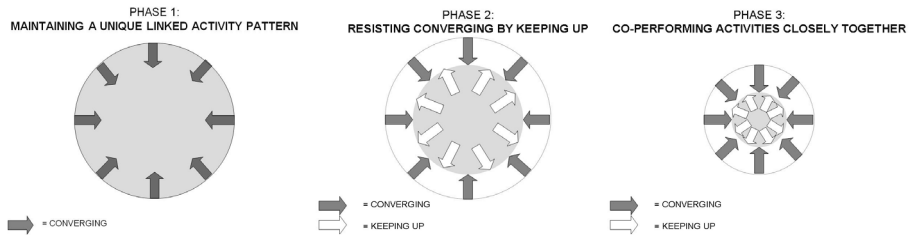


Figure 1. Converging and keeping up in three phases

Note. The grey area represents both the lifeworld and the scope of activities.

In phase 1 the converging process was apparent, but not significant. Keeping up was not an issue.

In phase 2 the converging process was more evident, but in reasonable balance with the keeping-up process.

In phase 3 the converging process dominated the keeping-up process

The couples were in different phases at the start of the study. Some couples moved towards another phase over the two-year period slowly, others more quickly. This seemed not only to be related to their health condition, but also to other factors, such as their coping abilities. When a couple's health decreased temporarily, they could return to an earlier phase after recovery. None of the couples went through all three phases during the course of the study. The everyday activity patterns of the couples changed when sliding into another phase. The first phase was characterized by the couple maintaining their own linked activity pattern, in the second phase, they often performed their everyday activities 'side-by-side' as a strategy to resist converging by keeping up. In the third phase they co-performed their activities closely together. The process of sliding into another phase occurred slowly and often it could only be noticed and recognized in hindsight.

Phase 1: maintaining a unique linked activity pattern

When couples experienced only minor health changes, most continued the unique combination of individual and shared activities they had had since the first years of retirement. There was a wide variety of everyday activity patterns the couples were involved in. There might not be much change after retirement as in the case of Mr. and Mrs. Peters. He, aged 86, had had a hectic technical job which meant he often worked at weekends. It was only in the past few years that he kept his weekends

free from activities that were similar to those he had done in his former job i.e. solving technical problems for the tennis club. His wife had continued to pursue her own activities, which were mainly housekeeping activities, although she devoted more time to playing tennis and reading than before. Similarly, Mr. and Mrs. Evers maintained their former pattern, with Mr. Evers engaged in work-like activities in his shed, and his wife busy with her own interests.

Others stuck to the new pattern they had introduced after retirement, like Mr. and Mrs. Aarts. They used to run their own company and had to be available almost 24 h a day. Once they had sold it and moved to another town, Mrs. Aarts was the first to start new activities; she went to sports and handicraft activities that were attended by older people who lived nearby in the community. And through these, she brought her husband into contact with other people in their new living environment. This encouraged her husband to start new activities on his own at a time when he felt he was: “not even capable of hammering a nail into the wall, so to speak.” Their new pattern involved a wide variety of separate and some shared activities. They pursued numerous activities, to the extent that: “their diary ruled their life.” Other couples said they did not necessarily have a wide variety of activities, but they did have considerable latitude when deciding what to do each day depending on the mood of the day, expressed by Mr. Willems as: “We’re really spoilt because we can just see what the day brings.”

Continuity of meaning of everyday activities

In this first phase, couples perceived continuity of meaning in their individual and shared everyday activities. For those spouses who enjoyed going to museums together, or who both joined a leisure club, sharing these activities continued to be important. For those who liked to perform their own separate activities, it was equally important to continue to do so. In both situations, most couples explicitly expressed their everyday activities as being related to couplehood. This could be by an emphasis on sharing stories about activities they undertook separately, as Mr. and Mrs. Aarts stressed: “Then you’ve got something to talk about”. Others found sharing the experience of doing things together was important. Mr. and

Mrs. Willems repeatedly stated that one of the important meanings they got from going to museums or musical performances was to be able to talk about it together afterwards. Mr. and Mrs. Jansen liked doing cryptograms, because they liked to think and talk about it together, exchanging ideas about how to solve the problem. Mr. and Mrs. Evers, who did few activities together, both wanted to be welcoming parents and grandparents, and both contributed towards this with their individual activities. Mr. Evers earned extra cash by selling things he made in his shed so they could give their children and grandchildren something extra, and Mrs. Evers kept her house clean and tidy, so visitors would be welcome any time. Although a wide range of opportunities were still undertaken and enjoyed, almost all couples said and often stressed that they were “still” doing these activities. We interpreted this to indicate they were expecting a time to come when this would no longer be possible.

First signs of converging

In this phase, some couples, although still pursuing a wide variety of everyday interests, felt they were becoming more distant from society. Mr. Visser talked about stepping down from his committee activities, and said: “Some people just move further away from you. And just little chunks are what’s left over.” Mr. and Mrs. Willems both had increasing problems with mobility, but still went to concerts and museums. They did not have a computer, so were unable to receive the recently introduced digital messages from the charity they had supported for many years. Mrs. Willems felt as though she was “ending up on the scrapheap”, and, as her husband put it: “People make it pretty clear that you don’t really belong, that you’re a bit of an outsider.”

Phase 2: resisting converging by keeping up

When couples felt that their ability to maintain their current activities was coming under pressure, they increasingly experienced everyday activities as an attempt to keep up. A number of different ways to keep up could be distinguished, some of which overlapped.

Keeping up with the wider social world

Everyday activities were experienced as a means to keep up with the social world. It was not only activities such as reading the paper or watching the news on television that had this meaning, but also everyday activities such as going for a walk. Mrs. Evers took the same route every day. She explained: “And then at least you can talk to people. If you sit at home all day then you don’t talk to anyone, and that means you don’t know anything either.” Early in the two-year study, her husband gave earning money as an important reason for working in his shed. He later put meeting people first in order to keep pace with the world.

Keeping up: maintaining physical and cognitive abilities

Everyday activities were also seen as keeping up in order to maintain physical and cognitive abilities. Mr. Willems described this as follows: “I do that [*shopping*] to keep moving, because if I sit around all the time my body gets all stiff.” His wife saw the housekeeping they did together as “gymnastics.” She also talked about how going for a walk had taken on a different meaning. Going for a walk used to give her a feeling of freedom, and now she said: “walking’s now a matter of being tough, still wanting it to do, because if you don’t, if you just stay at home, then you simply seize up.” Others experienced everyday activities as a means to maintain cognitive abilities, like Mr. Aarts: “Playing billiards makes you concentrate. I also do that with crossword puzzles and things like that. It’s a matter of concentration. It’s relaxing, and effort at the same time. You do feel that your memory is indeed getting worse.”

Keeping up: maintaining couplehood

Mrs. Visser believed it was important to keep on doing things together because otherwise: “You don’t do anything at all together anymore.” Accordingly, although she would sometimes prefer to do other things, they often went for a coffee together. Mr. and Mrs. Willems stopped going to evening concerts because they needed more sleep and talking about it afterwards would involve going to bed too late. Now they talked about the books that had been recommended by a weekly television program because: “We’re interested in these things and we talk about them together” (Mrs. Willems).

Spouses often supported or encouraged each other to pursue activities in order to keep up by being involved in activities side by side. This involved, for example accompanying each other, or doing the housework together, each with their own task. This might involve different activities, sometimes temporarily. Mrs. Peters, for example, played tennis with her husband, and went with him on his daily walk when he was recovering from a serious illness. Prior to his illness, they used to play tennis separately and preferred cycling to walking together. When one in a couple did not consider keeping up as important as the other, it was a source of, latent, conflict. This was the case with Mr. Jansen who believed his wife should do something to improve her mobility, but Mrs. Jansen opposed this. It was not physical exercise she considered to be important, but keeping up with the world at large by reading and watching television.

Keeping up by seeking alternatives

Mr. and Mrs. Evers found a creative way to keep up. To make maintaining the garden easier, they had replaced the plants with tiles, but then had nothing green to look at. Mr. Evers said: "I was standing in the kitchen one day; I'll never forget it...I said, I want to be able to see the horizon!" He found someone who made a weatherproof painting of the surrounding landscape to fix to the fence so that green fields with a horizon could be seen from inside their home.

Some couples made certain changes so that activities could still be enjoyed in their shrinking lifeworld. Mr. Visser was experiencing increasing memory problems and was becoming housebound. His life was previously filled with sports, club memberships and intellectual and cultural activities. In the first interview, he and his wife still went to concerts together. A year later, when this was no longer possible, Mrs. Visser regularly invited a friend over to give house concerts. She also found an art course within walking distance, which was useful because it used illustrations rather than many words. She said that he went to this course: "with his old briefcase under his arm, just like he used to." He felt involved, although he was no longer able to discuss art.

Rearranging meaning in fewer everyday activities

There was a range of keeping-up activities, but generally they were not, for example, the sports that had previously been pursued as training, but the more mundane, everyday life activities, such as going for a daily stroll, doing a crossword puzzle, doing housekeeping tasks, going for a bike ride and so on. Being involved in sports activities with others in clubs was continued if possible, but the meaning often shifted towards social contact, whereas in the past improved performance levels had been the aim. Mrs. and Mr. Smit had been bowling all their life and won many prizes. Both said that the meaning of bowling was now very different from before, it was now about togetherness whereas before it had been about winning the game. Mrs. Smit: “It’s like they’re your family”; Mr. Smit: “We joke around a lot together.”

Converging: waiting activities are fading away

In this second phase, many participants used the word “waiting” when talking about everyday activities. In other words, they were not able to perform these activities at the moment, but with better conditions, they would take them up again. Waiting activities seemed to be just on the periphery of their scope of activities. This was sometimes literally the case, as Mr. Smit confided that he had for months “a chore upstairs waiting to be done.” When he went upstairs with a view to doing it, he confessed: “Then I just stand there and I turn round and go back downstairs. I suddenly don’t have the energy to do it, I don’t feel like doing it. Maybe it’s the weather, I don’t know, I’ll give it a bit of time...” Mrs. Evers said that her wool for knitting socks was “waiting upstairs.”

After a while, waiting activities slowly faded away and eventually ceased altogether, being no longer within reach. Mr. Willems expressed it as follows: “There are some things that just go, because it’s simply not physically possible anymore.” Mrs. Smit, who used to paint, said that like painting: “There are all sorts of little things that just dwindle away bit by bit.” Mrs. Evers enjoyed doing jigsaw puzzles in the attic: “Then I’ve got the radio on, and the window open... It’s just lovely up there,” but two years later she preferred to stay downstairs and no longer went to the attic.

Most couples acknowledged the fact that some activities simply cease to exist for them which they believed was part of growing older, but one couple were experiencing a strong sense of loss. They had moved to an apartment because of increasing mobility problems. Mr. Bakker: "It's a bit like being in prison. You just sit at home and fall asleep. And then I don't do anything at all. It's really awful. Terrible. We used to have a little house and a garden." His wife used practically the same words: "You don't even have a balcony here, there's nothing! Back then, I had a little house with a garden. I loved working in that garden, and now it's all gone."

Phase 3: co-performing activities closely together

In the third phase, couples co-performed most everyday activities in their homes. Mr. Jansen for example, explained he could no longer attend meetings in the nearby community centre: "I say....when I'm away, with you lying here! So, I only go out to do the shopping." After his wife's serious illness, Mr. Aarts said: "Your world shrinks.... You can see everything that's happening in the world [*on the television*] right in front of your eyes, but your own world just gets smaller." Being at home together almost all day meant it became important to anticipate things. Mr. Aarts went shopping when the home help arrived, which also meant anticipating when other things happened, like having lunch: "I think beforehand how it's all going to fit together." Mrs. Jansen described similarly anticipating what had to be done by filling the washing machine the evening before, and putting it on early morning before going back to bed to get some more sleep.

Often, co-performing everyday activities involved doing activities hands-on closely together because this was the only way to get things done. Activities that were mentioned varied widely and involved anything from going shopping to hanging up laundry. Mrs. and Mr. Jansen described how they hung the laundry out on the line: she would lean on the sink handing her husband individual items to hang on the line. Mr. and Mrs. Smit described co-performing activities as: "Yes, we fool around a bit together... we more or less do everything together...it goes well, and if there's something I can't do he'll do it, and the other way round. It's pretty plain sailing really."

Mrs. and Mr. Aarts believed it important to do things separately because Mrs. Aarts thought that doing too many things together would make it more difficult once left behind following the death of the other. After a serious illness, she did not have enough energy to go to her clubs. She encouraged her husband to continue doing his own activities as much as possible. She missed her own clubs, and said that when her husband came home after playing billiards: "I want to hear what he's been up to. I ask if it was busy, were there a lot of people there? And did you talk to anyone? Things like that. Because there's not a lot going on where I am." It seemed that she was living vicariously through her husband and in that way they now "co-performed" their everyday activities in their mind.

When health deteriorated to the extent that one spouse was severely limited and was unable to perform most everyday activities, as was the case for Mrs. Jansen, caring could become a burden and was no longer experienced as co-performing. Staying together was still important, as expressed by Mr. Jansen who became emotional when he told the interviewer about the health professionals who had suggested increasing the number of days his wife could have daycare. He stated repeatedly: "They take her away for five days! I say, you take her away for five days, and that's five days out of our life! Five whole days, what can I do then? I live for that. I have to look after her ...and when she's away...I hand her over to other people...We chose to do this, it's now been 61 years, yes, 61 years of marriage, 61 years ago we chose to do this..."

Discussion

Changing everyday activities in late-life community-dwelling couples was interpreted to be a two-way process of (1) converging and (2) keeping up, which occurred in three fluid phases. In the first phase, couples still had a wide range of everyday activities in their unique linked pattern with continuity of meaning, but they also experienced the first signs of converging as their lifeworld became smaller. In the second phase, keeping up was a strategy to maintain abilities and to connect with the world at large, with spouses performing activities side by side. With converging,

everyday activities were fading away and the meanings of activities were rearranged over the activities that remained. In the third phase, keeping up involved spouses co-performing everyday activities closely together in a smaller lifeworld in order to get their everyday activities done and to remain functioning as a couple.

Curtailing everyday activities

Our findings suggest that curtailing everyday activities following declining health is something that occurs gradually and unconsciously, it goes, almost unnoticed, in a number of phases. In the first phase, there was a continuation of activities, but in the second phase there was some curtailing of activities as waiting activities faded away. This fading away process was not experienced as a conscious selection of activities. Often, when in subsequent interviews the respondents no longer mentioned the activities they used to pursue, they only realized this was the case after being asked about these specific activities. A slow and gradual change of involvement in activities was also found in a prospective qualitative study among late-life couples in which the spousal male dementia caregivers eventually took over their wives' previous tasks to prepare meals (Atta-Konadu et al., 2011). This slow and almost imperceptible nature of change might be understood as the adaptive process of selection as described in the Selection, Optimization and Compensation (SOC) life span theory (Baltes & Baltes, 1990), where selection refers to reducing the number of activities or goals. Our late-life couples did not express a conscious choice to focus on their most meaningful activities when curtailing their everyday activities. Thus, understanding the reduction in terms of selection according to the SOC life span theory is limited if goals should be related to choosing among specific activities.

Curtailing everyday activities might be interpreted in light of the disengagement theory. Disengagement theory originally referred to older people's disengagement from society and the accompanying change of their activities. The disengagement theory (Cumming & Henry, 1961) argued that as people age, they tend to withdraw from society and to focus on personal meanings, and that this process contributes to the individual's well-being. It has been critiqued, because it suggests an inevitable and universal process of withdrawal in which the older person is passive (Adams,

2004). Our participating couples experienced the inward movement of converging as coming at a wider distance from society, but at the same time, they actively performed activities to keep up with society. We therefore do not consider our findings to be consistent with disengagement theory, because we found there are two competing movements; not only the converging, but also the keeping up movement. The recently proposed Conceptual Model of Harmonious Aging may offer a way to understand these different movements with an approach that includes both dimensions of activity and disengagement (Liang & Luo, 2012).

Keeping up as adaptive process

When couples felt the first signs of converging, for most couples the goal of keeping up came to the fore. Keeping up was aimed at maintaining physical and/or cognitive abilities and/or links with the outside world. In contrast to the less conscious and more passive fading away of everyday activities, this was an intentional (pro)active adaptive process. Keeping up was experienced as an overarching goal that was important to reach, the goal being to resist converging and to anticipate further declining health. It could be understood as a form of adaptation. Adaptation in life span theories is described as either being directed at improvement/maintenance for pursuing goals, or at reorientation, which involves readjusting goals (Boerner & Jopp, 2007). We consider that the keeping-up process corresponds with the adaptive process of improvement/maintenance. This anticipation process is in line with proactive coping that has been proposed as a strategy additional to the SOC Model (Ouwehand, de Ridder, & Bensing, 2007).

Keeping up was mainly experienced individually; each spouse perceived their own activities as ways to improve their own functioning. In general, both spouses had similar views on the importance of keeping up and encouraged each other's keeping-up activities. Some spouses encouraged each other by performing the activities that they perceived as exercise together. The positive effect of jointly participating in exercise has also been suggested in a physical activity intervention study among older adults (Gellert, Ziegelmann, Warner, & Schwarzer, 2011). However, some couples experienced stress when one spouse believed the other was not paying

enough attention to activities for keeping up. We suggest that this stress may be the result of one spouse perceiving a threat for their future independence as a couple, expecting that the capacities of both would be needed.

Co-performing as pooling resources

Co-performing everyday activities, which we found in the third phase, with each spouse contributing to getting a specific task done, can be understood as compensation for the loss of the ability to perform the task alone. Co-performance is in line with the processes described as dyadic coping of couples, in which couples pool their resources (Berg & Upchurch, 2007). Doing things closely together was also found in studies among dementia couples and a stroke couple, and could be experienced as maintenance of couplehood (Hellström et al., 2005; Van Nes et al., 2009).

Our study adds to these insights by suggesting that the meaning attributed to doing activities together may be dependent on which phase in the change process the couple is in. In the first phase, our couples perceived their unique activity pattern as maintenance of their couplehood. For some couples, this involved doing most activities separately. In the last phase, co-performing activities was perceived by most couples as a means to maintain couplehood. Whether or not this co-performing is experienced as burdensome as in Viksström et al. (2008), may be dependent on the phase of change, but also on the type of health decline the couple is confronted with. It is plausible that the consequences of dementia for couplehood are different from the consequences from health decline that do not affect the cognitive abilities, which was predominantly the case in our couples.

Continuity by rearranging meaning

In the first phase, everyday activities maintained their meaning. Later ordinary, mundane everyday activities gained the new meaning of keeping up. At the same time, the meaning attributed to activities that were continued changed, for example from playing billiards to win to playing billiards to train concentration. Hence, within the overall curtailing of everyday activities, there was a continuation of meaning,

but perceived in different and fewer activities than before. This finding supports the central ideas of continuity theory (Atchley, 1989), i.e. that ageing adults actively construct and use enduring patterns of activity to enhance life satisfaction and to adapt to change.

We interpret the rearrangement of meaning when it was no longer possible to maintain former activity patterns as contributing to internal continuity and identity (Atchley, 1999), because valued meanings could be maintained and continued. Rearranging meanings means that important needs for meaning could be fulfilled (Stillman & Baumeister, 2009) by constructing meaning in the remaining everyday activities in a new, different way.

Strengths and limitations

The findings of this explorative study should be interpreted with some caution. Whereas the narrative design permitted us to gather interview data about changes prior to the start of this study, a longer prospective time frame, would have enabled us to gain more detailed data about the development of the three phases. We think the quality of the data was enhanced by the combination of individual and joint interviews, because in some couples the individual interviews generated richer data than the joint interviews, and this was the reverse in other couples. However, there is still limited methodological guidance how to analyze data from both individual and joint interviews with the couple as the unit of analysis.

We were able to purposefully select participants with a variety of backgrounds using existing quantitative data from the Longitudinal Aging Study Amsterdam. As a result of this selection process, our participating couples can be considered to represent a wide variety of ageing couples, because at some time point in ageing, almost every couple will be confronted with health decline. We consider this to be a strength, because our intention was not to examine changing everyday activities following specific health conditions, or following specific contextual factors, but to examine changing everyday activities as such.

Implications

Recognizing the three phases in the change process with the different ways in which couples perform their everyday activities might be of importance for health professionals who work with late-life couples. The findings support the need to develop couple-oriented interventions aimed at enhancing the couples' functioning as a whole in the domain of everyday activities. Further, the findings suggest the need to tailor couple-oriented interventions to the different phases of change. In highlighting the mutual influences of the spouses and their joint coping strategies, the findings also point to the need to develop dyadic assessments to measure the outcomes of such couple interventions.

Conclusions and future study

The purpose of this study was to explore, over time, changes in everyday activities as experienced by late-life community-dwelling couples in the face of declining health. The findings support the need to study coping with health decline of late-life spouses in the context of their marriage. It was suggested that spousal everyday activities are closely linked but in different ways in different phases of change. In all phases, the adaptive processes of most spouses were found to be closely linked and spouses mutually reacted to each other. More work is needed to refine our findings and to determine factors that inhibit or enable smooth transitions from one phase to the next. More insight is also needed to address the role of the process in which meanings are rearranged and its relation to well-being. Similarly, it is needed to further investigate under what conditions co-performing everyday activities is perceived as positive or negative when adapting to health decline. Advancing our knowledge about these adaptive processes might contribute to ageing well in late-life couples.

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