

Chapter 7

General discussion



Introduction

The overall aim of this thesis was to advance knowledge on the everyday activities of community-dwelling ageing couples facing a decline in health. The following main topics were investigated: (1) Changes in couples' everyday activities; (2) Meaning of couples' everyday activities; and (3) Spousal influences on everyday activities. The first topic, changes in couples' everyday activities, was the main focus in the studies reported on in Chapters 2 and 3. The topic of meaning was explored in all the qualitative studies, with Chapter 4 examining this topic the most closely. Meaning was also prominent in Chapter 5, which reports on methodological issues in relation to translation and cross-English language differences. The third topic: spousal influences on everyday activities, was relevant in all the qualitative studies. It was the main topic of the quantitative study described in Chapter 6. This chapter starts with a summary of the main findings. We then interpret the findings in line with the three main topics of this thesis, followed by some methodological considerations and implications for research and practice.

Main findings

Changing everyday activities: Converging and keeping up

Chapter 2 describes a 2-year qualitative study on changing everyday activities among eight community-dwelling late-life couples. These couples were purposefully selected to include participants with a recent health decline, defined as an increase in functional limitations as measured with the self-report scale of the Longitudinal Aging Study Amsterdam. The increase in functional limitations was used as a marker for expected changes in everyday activities. Changing everyday activities was found 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, both 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 following figure shows the three phases.

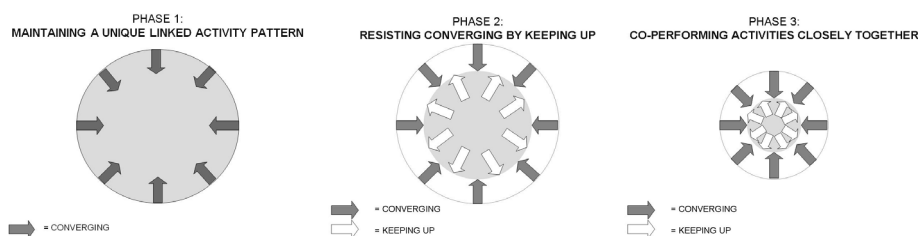


Figure 1. Converging and keeping up in three phases.

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

Changed everyday activities: One body, three hands and two minds

Chapter 3 retrospectively addressed changed everyday activities and meaning in a case study that examined a late-life couple's experience of everyday activities following the wife's stroke. The couple was purposefully selected from members of an Association for Stroke Patients and their Partners. Data were collected through individual and joint interviews conducted during multiple home visits over a 7-month period, 3 years after the stroke. Following the stroke, the wife was able to walk only short distances inside her home with the aid of a walking stick, and she had no function in her right arm and hand. All the activities she undertook required a great deal of concentration. Due to persistent severe back problems her husband could not sit for any length of time and was also able to walk only short distances. The main finding was that their current everyday activities were fully intertwined. They acted as one entity when performing their everyday activities, functioning as one body with coordinating parts. This was conceptualized as one body, three hands, and two minds. For example, getting dressed was a smoothly coordinated, orchestrated sequence of activities to which both contributed. She was the one who could not use one of her hands, but they both talked about working together with 'three hands'. They also experienced cooperating with their minds, for example he supplemented her memory and she sensed when he needed a rest. The three

hands in the metaphor showed that both had incorporated three hands to closely co-perform their everyday activities as though they were one organism with three hands. The two minds showed that they both contributed their cognitive resources to their functioning as a whole.

Meanings created in co-occupation

The focus in Chapter 4 was on meaning in co-occupation, referring to shared everyday activities. The study used interview data from one late-life couple who participated in the longitudinal 2-year qualitative study among community-dwelling older couples (Chapter 2) plus photographs taken of them engaged in one of their most valued co-occupations: going for a walk together. The couple selected photographs, discussed the meanings they attributed to them and created a photo story. The findings consisted of the couple's photo story comprising the eight photos they selected and four themes representing the meanings of this co-occupation. These themes were: (1) Together but also individual; (2) It has always been like that; (3) Experiencing freedom, and (4) Being eager to come across new things. The themes all had a shared and a personalised aspect. The shared and personalised meanings were co-constituted and created by the spouses together and mediated by their shared and personal values.

Meaning, translation and validity in qualitative research

Chapter 5 deals with the topic of meaning from a methodological perspective. We discussed the potential threats to validity when analysing and publishing findings in English originating from non-English interviews. The argument was developed using examples from the different phases of translation as encountered in the case study on the experience of everyday activities after a stroke (Chapter 3). It was argued that interpretation of meaning is the core of qualitative research. Since translation is also an interpretive act, meaning may get lost or changed in the translation process. We highlighted the influences between language and meaning, and drew attention to the fact that people commonly use metaphors to express meanings, but that these are language specific. Recommendations were suggested, such as to stay in the original language as long and as much as possible; to delay the use of fixed one-word

translations; and to translate the most important findings and the quotations ‘side-by-side’ with a professional translator. These recommendations aimed to contribute to the best possible representation and understanding of the interpreted experiences of the participants and thereby to the validity of qualitative research.

Spousal influences on social participation

Spousal influences were apparent in all the qualitative studies, and taken into account in the analyses. Chapter 6 reports on the results of a quantitative study that specifically focussed on spousal influences by investigating the relation between spousal physical functioning and social participation in later-life couples. The study used data from 582 Dutch couples who participated in the ‘Survey of Health, Ageing and Retirement in Europe’. The level of social participation of husbands and wives in couples with physical limitations was found to be lower than the level of social participation of husbands and wives in couples without physical limitations. Contrary to the expectation, the level of social participation of husbands with physical limitations whose wife had no physical limitations did not significantly differ from the social participation of husbands in couples without physical limitations. The level of social participation of wives without physical limitations whose husband had physical limitations was significantly lower than the social participation of wives in couples without physical limitations. Thereby, a gender-specific relation between physical functioning and social participation in the other spouse was demonstrated.

Interpretations of the main findings

The following sections present the interpretations of the main findings of this thesis. We structure this discussion along the lines of the three main topics of this thesis, while acknowledging that the topics overlap and are interrelated.

1 Changing everyday activities towards co-performance

The 2-year qualitative study among eight community-dwelling late-life couples (Chapter 2) found that changing everyday activities was a two-way process of: (1) converging, and (2) keeping up, which occurred in three fluid phases. In the first

phase, when couples experienced only minor health changes, they continued their everyday activities by maintaining their unique linked activity pattern. This involved them continuing to combine the individual and shared activities they had had since their first years of retirement. By the end of this phase some couples experienced the first signs of converging. They were still pursuing a wide variety of everyday interests, but felt that they were becoming more distant from society. One participant talked about stepping down from his committee activities, and said: “Some people just move further away from you.”

Keeping up as a proactive optimization strategy

In the second phase, when couples felt that their ability to maintain their current activities was coming under pressure, the inward movement of converging was more evident and started to threaten the scope of everyday activities. Our participants actively resisted converging by keeping up. Keeping up was intended to maintain their physical and cognitive abilities and their connection to the wider social world. For example, the activity of housekeeping was experienced as gymnastics and shopping was seen as moving in order to avoid getting stiff. Doing crossword puzzles could be experienced as exercising cognitive abilities such as memory or concentration. Keeping up may be interpreted as representing the adaptive strategy of optimization, which is described as one of the adaptive processes of the Selection, Optimization and Compensation (SOC) life span theory (Baltes & Baltes, 1990). The focus of optimization is on the maintenance of means or resources to reach desirable outcomes and avoid undesirable ones. We consider keeping up to represent an optimization strategy, because the aim was to maintain the necessary physical and cognitive abilities and to avoid a situation where valued everyday activities could no longer be performed.

The processes of Selection, Optimization and Compensation are considered to be reactions to present losses (Ouwehand, de Ridder, & Bensing, 2007). However, keeping up started when couples felt that their ability to maintain everyday activities was coming under pressure, but there were as yet no evident losses. The participants expressed this feeling by emphasizing that they could ‘still’ perform their everyday

activities. We interpreted this as an indication that they were expecting there to be a time when this would no longer be possible. Keeping up was therefore interpreted to be a proactive, preventive process. The concept of proactive coping refers to proactively adapting to changes such as health decline in later life. Proactive coping is conceptualized as a psychological process that aims to prevent potential threats to desired goals. It can be seen as an additional strategy to the SOC strategies (Ouweland, de Ridder, & Bensing, 2007). Older people who take a future-oriented viewpoint, set goals and make plans as to how to reach these goals, are showing proactive coping strategies (Ouweland, de Ridder, & Bensing, 2009). Although we interpret keeping up to be a proactive, preventive process of optimization, our participants did not express clear future-oriented goals. When asked how they experienced their everyday activities, they were aware that an important goal of many of their activities was to keep up. This goal was, however, oriented to the present. The future oriented goal to anticipate further declining health was in the background.

Converging and keeping up as competing movements

In the second phase of the two-way process of converging and keeping up, many participants used the word 'waiting' when talking about everyday activities, e.g. one woman said that her wool for knitting socks was 'waiting' upstairs. They suggested that they were not able to perform these activities at the moment, but would take them up again later. Waiting activities seemed to be just on the periphery of their scope of activities. After a while, these waiting activities slowly faded away and eventually ceased altogether, no longer being within reach. This was interpreted as an inability to no longer resist the inward movement of converging. We did not view this process as a conscious selection process of activities as the SOC life span theory would predict. Selection is the adaption strategy of selecting the most important goals, because not all potential goals can be reached (Freund & Baltes, 2002). Most of our participants did not say that they selected the everyday activities that were most important to them. In addition, we also did not interpret the process of converging as a passive process of withdrawal (Adam, 2004). We interpreted converging and keeping up as two competing movements with a changing, dynamic balance in the three phases of change. We consider this two-way process to be in line with the

ideas that underpin the recently proposed conceptual model of Harmonious Aging (Liang & Luo, 2012). The authors hold that in social gerontology a combination of current theories is needed to understand ageing processes. Therefore, the model intends to include a wide variety of theories and perspectives under the umbrella of harmonious ageing. The perspective of harmonious aging is holistic and dialectic. For example, both activity theories and the perspective of disengagement are considered to have its place in the model. It is this view on ageing as a dynamic balance of possible contradictory perspectives that we also recognised in the two competing movements of converging and keeping up.

Co-performing as dyadic compensation

In the third phase of changing everyday activities, couples co-performed most everyday activities closely together, with each spouse contributing to getting a specific task done. In this phase, the inward movement of converging dominated the keeping up process. There was a shift towards diminished everyday activities performed in a smaller world; most couples co-performed everyday activities in the smaller world of their homes. For example, one couple 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. Another participant said that they were doing more or less everything together; he did what she was unable to do, and the other way round. The findings of the other two qualitative studies also demonstrated this pattern of co-performing activities closely together. In Chapter 3, the couple with a stroke experienced being one body with three hands and two minds. The three hands in the metaphor demonstrated that both had incorporated three hands to closely co-perform their everyday activities like one organism with three hands. The husband could thereby compensate for his wife's lost ability to use one of her hands. The two minds showed that they both contributed their cognitive resources to their functioning as a whole. They expressed this as mutual compensation, e.g. he supplemented her memory and she was aware when it was time for him to take a rest. They also said that within this whole, they had different views. The findings of this study may be interpreted as the couple being in the final phase of converging, because they had 'converged' to such an extent that they functioned as one body with their everyday activities fully intertwined and being together almost 24 hours a day.

Co-performing everyday activities closely together was also demonstrated in the study (Chapter 4) that focused on exploring how one couple experienced and gave meanings to one of their most valued co-occupations: going for a walk together. The findings of this study also demonstrated the co-performance of this everyday activity. For example, the woman referred to her husband as “being my walking stick,” and the photos clearly show their fully synchronized pace. The couple performed this everyday activity closely together, but the meanings of going for a walk together had both shared and individualised aspects, suggesting that closely sharing an activity does not necessarily mean that this activity also has only shared meaning. We discuss the topic of meaning in more detail in the next section.

Co-performing everyday activities closely together may be interpreted as exemplifying the SOC strategy of compensation. Compensation takes place when resources decline or are lost (Freund & Baltes, 2002). Examples of using a compensation strategy include using assistive devices or learning new skills. In the literature, compensation is mainly studied in individuals, and here spouses combined their resources to compensate for losses in their own abilities. While in the keeping up phase, most spouses individually perceived their everyday activities as a means of keeping up, we suggest that in the third phase of converging and keeping up individual attempts to keep up were no longer successful, which made it necessary for both spouses to combine resources. Therefore, the strategy of co-performing everyday activities can be considered to be a SOC strategy on the collective, i.e. the dyadic level (Baltes & Carstensen, 1999). This is in line with the processes described as the dyadic coping of couples, in which couples pool their resources (Berg & Upchurch, 2007).

To summarize, the findings from the qualitative studies regarding the topic *changes in couples' everyday activities* may contribute to an understanding of the adaptive processes of ageing by highlighting the fluid and gradual two-way change process of converging and keeping up, with keeping up as a proactive way of optimization. Converging and keeping up were interpreted as competing movements. Finally, co-performing everyday activities closely together was found to be a dyadic compensation strategy.

2 Rearranging meanings of everyday activities

We now focus on the topic of meaning of couples' everyday activities to discuss how late-life community-dwelling couples made sense of their changing levels of resources and engagement in everyday activities. In the qualitative studies we examined processes of making sense by focusing on how couples perceived the meanings of their everyday activities. Departing from the social-constructionist perspective, meaning was seen as being co-constructed in interaction (Gergen, 2009) with the interaction between the spouses being the most relevant in our studies. In the three qualitative studies (Chapters 2, 3 and 4) we explored in joint and individual interviews how the couples interpreted the value that their everyday activities had for them (Christiansen, 1997; Erlandsson, Eklund, & Persson, 2011).

The longitudinal qualitative study (Chapter 2) demonstrated that meanings of everyday activities changed over time. In the first phase of changing everyday activities, couples maintained their unique linked pattern of everyday activities. These continued activities retained their meaning. Later, ordinary, mundane everyday activities gained the new meaning of keeping up. 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, and so on. At the same time, the meaning attributed to activities that could be continued changed, for example from playing billiards in order to win to playing billiards to train concentration. The everyday activities that in the past were perceived as training, e.g. being involved in sports activities with others in clubs, were continued if possible, but the meaning often shifted towards social contact, whereas in the past improved performance levels had been the aim. Hence, within the overall curtailing of everyday activities, there was a rearrangement of meanings over fewer everyday activities.

The literature has suggested that the meaning and value that ageing people attach to their activities are more important than the type and frequency of the activity

(Adams, Leibbrandt, & Moon, 2011; Doble & Santha, 2008; Eklund & Leufstadius, 2007; Hammell, 2009). Furthermore, it is widely acknowledged that everyday activities may hold multiple meanings that are different for different people, and they can also change over time and may be fragmented and complex (See e.g. Alsaker & Josephsson, 2010; Hocking, 2009; Keponen & Kielhofner, 2006; Shank & Cutchin, 2010). The meanings attributed to everyday activities that change over time can be the result of a complex re-appraisal process of meanings. Studies have demonstrated such re-appraisal processes of meaning in everyday activities among people facing health decline (see e.g. Persson, Andersson, & Eklund, 2010; Hägglom-Kronlöf, Hultberg, Eriksson, & Sonn, 2007).

Rearranging as maintaining valued meanings

The process of re-appraising everyday activities has been described as being part of the coping strategies to adapt to health decline in later life and to promote ageing well (Windsor, 2009). The finding of rearranging meanings may add to this knowledge by suggesting that rearranging meanings over remaining, fewer everyday activities was a form of re-appraisal of the whole pattern of everyday activities. In this process, particular everyday activities changed meanings, but in the total of the remaining everyday activities, the constellation of valued meanings could be maintained. Against this background, we interpret the process of rearranging meanings as an adaptive process to maintain important meanings that fulfill personal needs (Rudman, 2006). We acknowledge the difference between the 'small' meanings of everyday activities and the 'large' concept of finding meaning in life. Still, we suggest that rearranging meanings of everyday activities may be interpreted as contributing towards ageing well if the continuation of valued meanings in everyday activities makes people feel that their basic needs for meaning are fulfilled (Baumeister, 1991).

Perceiving and creating continuity

We suggest that while activities and meanings changed over time, most of the changes contributed to maintaining continuity. The central idea of continuity theory is that ageing adults actively construct and use enduring patterns of activity to enhance life satisfaction and to adapt to change. There are two ways of maintaining continuity:

external continuity refers to continuing the same activities in familiar social and physical contexts; whereas internal continuity refers to people's experiences of a continuity of inner structures such as preferences, ideas, and temperament (Atchley, 1989). We interpreted the maintenance of a unique linked activity pattern in the first phase as external continuity because the activities were continued in the same ways as before. The process of rearranging meaning in fewer everyday activities in the second phase was interpreted as contributing to the continuation of meanings. We suggest that this process of rearranging meaning contributed to internal continuity because valued meanings could be maintained and continued. In this way, we think the process of rearranging meanings could contribute to maintaining a sense of self, or identity (Atchley, 1999).

Maintaining personal and couple identities

Continuity theory holds that internal continuity serves to maintain personal identity in later life. Social constructionist and interpretive literature considers identity to be constructed in interaction between individuals and their social environment. Thus, identity is not only related to how people view themselves, but also has a social aspect that is how they are viewed by others. In occupational science literature, a dialectical relationship between identity and engagement in everyday activities has been suggested (Laliberte-Rudman, 2002). On the one hand, people express and develop their personal identities in their everyday activities (Christiansen, 1999, 2000). On the other hand, the everyday activities people engage in influence their sense of identity. In other words: how people view themselves influences what they do and what they do influences how they view themselves. Identity may be threatened when it is no longer possible to perform valued everyday activities (Christiansen, 1999) or when the meaning of these activities cannot be transferred to other activities. This may have a negative impact on well-being (Cohen-Mansfield et al., 2006; Caddell & Clare, 2012; Andrew et al., 2012).

Our studies might add to this knowledge by suggesting that couples may express not only their personal identities, but also their couple identity in their everyday activities. Couple identity or 'we-ness' has been described as viewing oneself as being part of

a couple and incorporating the relationship into one's self-concept (Acitelli, Rogers, & Knee, 1999; Badr, Acitelli, & Taylor, 2007). Couple identity was evident in the longitudinal study (Chapter 2), but in different phases of change, couples maintained their sense of 'we-ness' in different ways. In the first phase, some couples perceived maintaining their linked activities pattern as expressing their identity as a couple. This could involve each having their own activities when they viewed themselves as a couple that valued personal independency.

In the last phase, most couples perceived co-performing activities as contributing to their couple identity, often now expressing this as 'we are doing everything together'. In the study that examined how a couple experienced their everyday activities after a stroke (Chapter 3), the function of doing everyday activities together might be to regain or restore the personal identity of the woman after her stroke. For example, having her husband assist her in making cards enabled the woman to send cards she had made herself, as she had done on special occasions in the past. Moreover, their strong sense of 'we-ness' stood in the foreground in their experience of being one body.

The combined expression of personal and couple identities in co-occupation was demonstrated in the case study (Chapter 4) that explored the meanings of going for a walk together. The couple performed this activity in a different way from before, as they could no longer walk lengthy distances in an unknown environment. However, they still experienced this co-occupation as "it has always been like that." When walking in the small park, memories of the past came alive, and this became clear when the husband said that they were "going down the mountain" referring to their long walks in the mountains long ago. These experiences contributed to their individual identities but also to their identity as a couple because they had, over the years, experienced going for a walk together in terms of expressing togetherness or 'we-ness' (Reid, Dalton, Laderoute, Doell, & Nguyen, 2006)

Dynamic spousal influences in creating meaning

Couples perceived and created continuity of meanings in everyday activities. In the process of creating meanings, spousal influences were apparent to varying degrees in all the qualitative studies. Spousal influences were most clearly demonstrated in the case study on the experience of going for a walk together (Chapter 4). In all themes, the meanings they experienced had both shared and personalised aspects that were co-constituted and created by the spouses together. There were no causal relations in this process of meaning making, but both spouses had mutual influence in a dynamic process of creating meaning.

To summarize, the findings from the qualitative studies on the topic of *meaning in everyday activities* may contribute towards understanding the adaptive processes of ageing, by suggesting that couples perceived and created continuity of meanings in their changing everyday activities. We suggest that the process of rearranging meanings in fewer everyday activities contributed to internal continuity by maintaining valued needs for meaning and thereby by maintaining personal and couple identities. Furthermore, the findings demonstrated that spouses created shared and personalised meanings in everyday activities in a dynamic process by mutually influencing each other.

3 Spousal influences on social participation: differences between husbands and wives

Spousal influences were found in the qualitative studies to be a dynamic process of mutual influence. In the quantitative study (Chapter 6), we examined spousal influences in everyday social activities. The results showed that the level of social participation of husbands with physical limitations, whose wife had no physical limitations, was similar to that of husbands in couples where there were no physical limitations. The level of social participation of wives without physical limitations whose husband had physical limitations was lower than that of wives in couples without physical limitations. The findings suggest that the relation between spousal physical functioning and social participation is gender specific. The social participation

of husbands seems to benefit when their wives have no physical limitations. Wives' social participation appears to be restricted when their husband has physical limitations.

The findings of this study suggest that the level of social participation of husbands and wives was dependent not only on their own health status, but also on spousal factors. This is in line with dyadic coping literature that puts forward the interdependencies between spousal factors and own and spousal outcomes (Berg & Upchurch, 2007). The models that are used to express these interdependencies highlight the so-called actor and partner effects (Kenny & Cook, 1999; Kenny & Ledermann, 2010; Lewis, et al., 2006). Actor effects would be present when limitations in physical functioning of the husband influence his own level of social participation. Partner effects would be present when physical functioning limitations of his wife influence his level of social participation. In this model, the possibility of a joint effect can also be found, that is when the level of social participation is collectively influenced by his own physical functioning (actor effect) and his wife's physical functioning as well (partner effect). The following figure shows these possibilities.

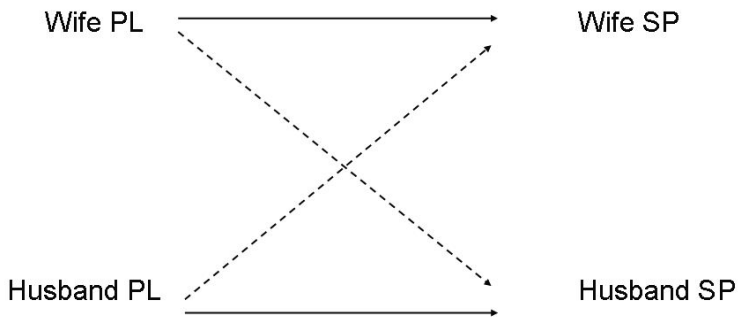


Figure 2. Possible actor, partner and joint effects on social participation (SP) in husbands and wives with physical limitations (PL).

Note: Actor effects are represented by the solid lines. Partner effects are represented by the dashed lines. Joint effects are the combination of the solid and dashed lines.

The findings of the study on social participation may be interpreted as demonstrating the presence of partner effects, because not only their own physical functioning limitations were associated with the level of social participation but also the spouse's. Furthermore, the findings suggest that the relation between spousal physical functioning and social participation is gender specific.

In the large body of literature that supports the health benefits of marriage, evidence has demonstrated that men benefit more from marriage than women (e.g. Kaplan & Kronick; 2006; Kiecolt-Glaser & Newton, 2001) or, alternatively, that women benefit less from being married than men (Monin & Clark, 2011). Gender specific effects were demonstrated in a study that examined the effects of own and spousal disability on social and emotional loneliness among older married adults (Korporaal, Broese van Groenou, & van Tilburg, 2008). For men, only their wives' disability was related to higher levels of social loneliness, whereas for women, mainly their own disability was related to social loneliness. Our findings are not fully in line with these findings, because we found the physical limitations of their husbands being related to restricted social participation of wives without physical limitations.

The findings of the qualitative studies did not show similar gender differences. This may be attributable to the fact that the couples in the qualitative studies were older than the participants in the social participation study. Moreover, in almost all couples in the qualitative studies, both spouses had physical limitations. Gender differences and spousal influences may operate differently in these couples in which both have to cope with diminishing resources. In these couples, late-life caregiving may be experienced as give and take on both sides (Molyneaux, Butchard, Simpson, & Murray, 2011). The third phase of change with co-performing everyday activities closely together represents this mutual caregiving situation.

To summarize, the findings of the quantitative study suggest that there are gender differences in *spousal influences* on social participation among couples with and without physical limitations. However, more research is needed to understand the underlying dynamics of this difference because the association between marriage, gender, and health is likely to be complex (Markey & Markey, 2011).

Methodological considerations

The use of both qualitative and quantitative studies involved a combination of paradigms ranging from the positivistic in the quantitative study to the social constructionist in the qualitative studies (Carter & Little, 2007; Krauss, 2005). We consider our approach as using qualitative and quantitative methods in parallel, because we conducted the qualitative and quantitative studies separately (Happ, 2009). However, the idea for the hypothesis in the quantitative study developed through the qualitative studies. Still, the combination of paradigms may be considered as a limitation, because they are based on different views of reality (Sale, Lohfeld, Brazil, 2002), which may limit the possibility to integrate the findings of the qualitative and quantitative study in the general discussion. However, in a systemic approach the combination of both qualitative and quantitative methods is advocated (Black & Lebow, 2009).

We consider the use of data from both spouses throughout all studies to be a methodological strength. The data in the quantitative study were obtained from the Survey of Health Ageing and Retirement (SHARE) and the couple was used as the unit of analysis. SHARE consists of a representative sample of people aged 50 and above and their (possibly younger) spouses. Only Dutch data were used, because including data from all European countries would not take into account the cultural and environmental influences on social participation of couples and thereby threaten the validity of the results. The number of couples with physical limitations was small in this dataset, which limits the generalizability of the findings of this study. In addition, this meant that there was no opportunity to examine more closely how the spousal influences operated in couples where *both* spouses had physical limitations.

Throughout the qualitative studies we aimed to enhance the quality of the data generation and the analyses in several ways. The use of reflexivity was important during the whole project. It started with writing a personal 'profile', consisting of a reflection on my personal background, to clarify the 'lens' through which I looked to the couples and to discuss influences in the data collection and data analysis

processes (Mauthner & Doucet, 2003). Important influences were the personal tendency to have a positive view on couplehood, a tendency to value relational autonomy, valuing doing activities together and the many years of experience as an occupational therapist working with older people. I also reflected on being of the age of the children of 'my couples' and how my experiences with my own parents and their declining health had influenced my view on ageing couples in the face of declining health. This was e.g. important when I recognised patterns (or not at all) in the couples that I had seen in my own parents. I wrote these reflections in a journal, e.g. directly after I had visited a couple, but also in more general notes during the analyses and when using imagination reflectively (Alma & Smaling, 2006), e.g. in the construction of the narratives of each couple of the longitudinal study.

Other quality measures included the use of joint and individual interviews to obtain multiple viewpoints (Barbour, 2001). In all analytic steps the data from these three sources were analysed with the couple as the unit of analysis. There has been considerable debate in qualitative research about the use of individual and/or joint interviews when studying couples (Arksey, 1996; Boeije, 2004; Taylor & de Vocht, 2011). We consider the use of a combination of joint and separate interviews as a strength because the combination of these different data sources resulted in a broader and more comprehensive picture of the couples (Taylor & de Vocht, 2011). Overall, the combination of joint and individual interviews generated richer data because for some couples the separate interviews provided more comprehensive data than in the joint interviews, while in others the opposite was the case. The interviews followed a conversational style with a variety of ways to invite meaning making (Holstein & Gubrium, 1995), because people respond differently. For example the question: "If you think of your life as a story, what would be the title?" generated long stories of some, but not of all participants. Others responded for example better to the invitation to describe their experiences in detail. We used photo elicitation as an additional data source in one of the studies. This was particularly valuable because the discussion and comparison of the photos generated more data about the differences and similarities between the spouses than the interviews did.

In all qualitative studies, multiple interviews were used. This made it possible to discuss in subsequent interviews the preliminary analyses of the data that were collected previously. This aimed to invite further co-construction of meaning and was considered to enhance the quality of the analyses by offering alternative interpretations. Following this, e.g. the title of one of the couple narratives was changed. Analysis methods that use the data from separate interviews with both spouses are not widely discussed (Eisikovits & Koren, 2010) and methodological guidance for combining both separate and joint interviews in the analyses and using the couple as the unit of analysis is even more limited. Analysing the data with the couple as the unit of analysis was self-evident in the two case studies because there was only one couple in each of these studies. However, for analysing the threefold construction processes (between each spouse and the researcher and between the two spouses) a balance had to be found between directing the analytic perspectives either to the individual or to the couple.

One of the main objectives was to explore changes in everyday activities. This can be done retrospectively, but we consider it a strength that we have also included a longitudinal qualitative study in which we could prospectively follow the couples' changes over time. In each subsequent interview, the participants were specifically asked to reflect on changes since the last interview. Their reactions showed that these changes were largely taken for granted and were part of their ordinary everyday life. In a retrospective design, these changes could have gone unnoticed by the participants. The longitudinal design made it possible to capture changes in hindsight because the tailored interviews were based on the prior interviews and the analyses made it possible to compare data that were collected at different time points.

In the longitudinal qualitative study among eight couples, it was more challenging to keep the couple as the unit of analysis than in the other qualitative studies. We first constructed couples' narratives in a way similar to that of the case studies. It then became difficult to retain the 'entity' of each couple's narrative in the cross-case comparison of the narratives of the eight couples. At the same time, three 'dimensions' needed to be taken into account: the dimension of the two spouses

influencing each other; the dimension of the cross-case comparison and lastly, the dimension of the longitudinal comparisons. It was cognitively challenging to look at these three dimensions from different perspectives, to combine simultaneously the bigger picture of the eight couples as well as each couple's own narrative.

Our analysis of validity issues of translation in qualitative research (Chapter 5) has strengthened the validity of the studies that are reported in the Chapters 2 and 4, because in these studies we followed the suggested recommendations. We used a professional translator in a 'side-by-side' process to translate the quotations and the themes e.g. in Chapter 4. We also delayed the use of fixed translations in the discussions among the research team. We kept record of these discussions, which was valuable, e.g. when responding to reviewers' comments on the longitudinal qualitative study (Chapter 2). With these notes, we could track back the Dutch origin of the concept of 'converging' and clarify this in the article. In line with the recommendations we decided not to use English, but Dutch pseudonyms for the couples in the Chapters 2 and 4, because we considered it important that in their names the original language could be visible. We recognised that in the course of thinking, writing, presenting and publishing in English, still English tends to come to the fore, even when being conscious about the potential cross-English treats to validity.

The use of quality measures enhanced the co-construction processes in the analyses. In line with the social constructionist perspective, we consider the findings not as 'the truth', but as one of more possible interpretations. Therefore, the findings of our qualitative studies are not transferable to a wider population as is the case with quantitative research. However, other generalizations are possible, e.g. naturalistic generalization that focuses on thick descriptions of the experiences that are the focus of the study (Stake & Trumbull, 1982). This form of generalization may be possible in both case studies (Chapters 3 and 4). Generalization may also be possible as "generalization through recognition of patterns" (Larsson, 2009, p.33). In this form of generalization the findings (theoretical constructions, concepts, or descriptions) are considered to be ways of seeing. Our case studies and longitudinal studies

were not designed to generate theory as would have been possible in Grounded Theory research (Charmaz, 2006). Therefore, it is not readily possible yet to generate hypotheses from our findings to be tested in future quantitative studies. However, in this general discussion, we have made some attempts to see patterns across both the quantitative and qualitative studies. We suggest this may serve as a basis to further develop understanding of everyday activities of ageing couples in the face of health decline.

Conclusions and implications

This thesis has explored the everyday activities of ageing community-dwelling couples facing a decline in health. The thesis shows that the everyday activities change over time in a fluid and gradual two-way process of converging and keeping up. This adaptive process developed in three phases. In the last phase, co-performing everyday activities closely together was found to be a dyadic compensation strategy to maintain functioning as a couple for as long as possible. Ageing couples perceived and created continuity of meanings in their changing everyday activities by rearranging meanings in fewer everyday activities. This process contributed to internal continuity and to maintaining personal and couple identities. Spouses influenced each other mutually and created shared and personalised meanings in everyday activities in a dynamic way. The findings of the study on social participation suggest there are gender differences in spousal influences on social participation among couples both with and without physical limitations.

Research implications

Future studies are needed to further untangle the spousal influences of couples' everyday activities. We recommend the use of mixed methods (Evans, Coon, & Ume, 2011). For example, in a longitudinal mixed methods study design, quantitative data about both spouses in ageing couples can be used to analyse, with the couple as unit of analysis, changing levels of everyday activities over time and the relationship between own and spousal health and other characteristics. Based on the results of these quantitative analyses, it would be possible to purposefully select couples with

particular patterns of change to analyse, using qualitative methods, the underlying spousal dynamics and phases of change. The results of these analyses can be interpreted together with the quantitative analyses to obtain a better, integrated understanding of the 'hows' and 'whats' of spousal influences on changes in everyday activities of ageing couples.

It would be important to focus on possible gender differences in spousal influences also in other everyday activities than social participation. Based on the finding of rearrangement of meanings, we would suggest that it may be relevant when studying meanings in everyday activities to consider the whole pattern of everyday activities of people instead of (changing) meaning in particular activities. This might contribute to the understanding of the relationship between engagement in meaningful everyday activities and health and well-being.

The use of data from cohort studies that include data from both spouses, such as the Survey of Health Ageing and Retirement (SHARE) might be made more accessible e.g. by providing instructions on how to reorganize the data from the individual level to the dyadic level. Given the likelihood of non-independence of spousal data in many fields of functioning in later life (see e.g. Braun et al., 2009; Hoppmann, Gerstorf, & Luszcz, 2008; Hoppmann, Gerstorf, & Luszcz, 2011; Walker, Luszcz, Gerstorf, Hoppmann, 2011), we would advise to consider dyadic analyses when designing ageing studies. We also suggest considering dyadic analyses when designing studies to measure the effectiveness of interventions that include late-life couples and to include assessments of outcomes for both patient and partner.

Practice implications

Although the findings of this thesis should be interpreted with caution and the direct applicability for practice is limited at this stage, some potential implications for practice can be suggested.

First, we would recommend the further development of systemic approaches in preventive interventions that aim to enable older people to live independently in their

own homes for as long as possible. In the Netherlands, the preventive consultation for older people [preventieve ouderenconsult] (Bakker, Jaspers, Kraakman, & Visser, 2008) has been developed. Older community-dwelling people are invited for a screening on several factors, such as physical health, lifestyle, cognitive, emotional and social functioning (Bakker & Slaman, 2011). Based on this screening advice is given which can be followed-up in next consultations and supplemented by courses. Usually, target groups are being selected e.g. based on age (e.g. 60+) or on other indicators such as frailty. There are questionnaires available for first and follow-up consults. In the current questionnaire there is a question about marriage status, but no other questions regarding the partner. The findings of this thesis imply that the screening may be enhanced by collecting information about the health condition of the partner. For example, a woman whose a husband has physical limitations could then be identified as being at risk for reduced social participation (Chapter 6). In follow-up consultations the couple situation could then be analysed to monitor changes of both spouses in the health condition and to consider the consequences of these changes for both. Similarly, in the further development of preventive interventions, such as the preventive group programme Healthy and Active Ageing (Gezond Actief Ouder Worden) (Heijnsman et al., 2011) it should be considered if some form of including spouses of married persons is needed in order to support married participants of the programme to integrate changes within the couple system.

Our findings showed that couples rearranged meanings over remaining, fewer everyday activities. For most couples, this was not a conscious process, but could contribute to ageing well. It may be supportive to enhance the awareness of older couples of the possibility to experience valued meanings in other everyday activities than before. Professionals, such as occupational therapists could do this by supporting the re-appraisal process of the meanings of their everyday activities by talking about the potential of meanings that can be found in ordinary everyday activities, a process of co-constructing meanings together with older couples.

This thesis has put forward the importance of doing everyday activities together. In the third phase of change co-performing activities closely together was a way

of dyadic coping with losses. In this phase, couples talked about both contributing to getting everyday activities done and of staying as long as possible independent. Current Dutch policy puts emphasis on supporting older care-dependent people to be self-sufficient [zelfredzaam]. Older people who are not-self-sufficient are 'care-dependent' which is defined as being "unable to independently take care of the essential aspects of their lives" (RVZ, 2012, p.11). Although in this and other policy documents the role of the spouse has been recognized, this role is predominantly conceptualized as being the informal caregiver who is often burdened and in need of care. It seems that independently taking care of aspects of lives is considered to be the ability of the individual. Our findings showed that late-life couples often perceive this as the ability of the spouses together. There are many community initiatives that support informal caregivers individually, such as providing education and respite care. In addition to these measures that are aimed to enhance well-being and reduce the burden of caregivers, it may also be important to develop initiatives that include both spouses. For some couples, support to perform everyday activities together that have shared meaning may also contribute to enhance their well-being.

Couple-oriented interventions for people with chronic health problems are promising (Martire, Schulz, Helgeson, Small, & Saghafi, 2010; Shields, Finley, Chawla, & Meadors, 2012), but need further development, and evaluation of the mechanisms of change. The findings of this thesis may serve as a first step in a sequence of studies to develop couple-oriented interventions (Campbell, 2007; MRC, 2008). Ultimately, this may contribute to supporting ageing couples in ageing well together.

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