Chapter 3

One body, three hands and two minds:
A case study of the intertwined occupations
of an older couple after a stroke

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Abstract

This exploratory case-study aims to understand an older couple’s experience of their everyday occupations after a stroke. Data were collected through individual and joint interviews conducted during multiple home visits over a period of 7 months, 3 years after the stroke. Analysis resulted in two personal narratives and one joint narrative. The main finding is that their current occupational life is fully intertwined. The couple acts as one entity, conceptualized as one body, three hands and two minds, in their everyday occupations; in timing, coordinating, balancing, orchestrating and assisting. The findings challenge an individualistic view of occupation and suggest a complementary view paying attention to the interdependency of people and the interaction with their close social environment as being part of one complex social system.
Introduction

Everyday occupations are commonly understood as the ordinary things people do as individuals. However, many things are not done as individuals, but together with others as co-occupations (Zemke & Clark, 1999). Moreover, the occupations of individuals affect the occupations of those in their social environment. In exploring occupations from a micro-social perspective, this study aims to understand the everyday occupations of an older couple, one of whom had experienced a stroke.

It is important to gain an understanding of the everyday occupations of couples because occupational changes in one partner’s life might be expected to also impact the other partner’s occupations. This is particularly the case when sudden changes occur, like those following a stroke. Understanding the couple’s experience is also important because the relationship of occupation to health and well-being is relevant for both partners in a couple. Using the couple as unit of analysis might contribute to a better understanding of occupation as a social phenomenon, because meaning is constructed in interaction between people (Gergen, 1994). Accordingly, exploring everyday occupations from a couple’s perspective will hopefully contribute to the theoretical understanding of the concepts of occupation and co-occupation.

This article reports on a qualitative study, using individual and joint in-depth interviews conducted over 7 months, 3 years post stroke. A narrative analysis of the data resulted in three stories which provide an understanding of everyday occupations both from the perspective of the individual and from the couple as one unit.

Literature review

Everyday occupations are influenced by social environments and are complexly interwoven with the occupations of others, which requires coordination in time and space (Larson & Zemke, 2003). People also do things together. In occupational science, however, the view of occupation has been quite individualistic (Hocking, 2000). Signs of a social turn can be found in recent literature (Lawlor, 2003) and
a discussion has begun about individualism in occupational science (Barber, 2006; Cutchin, Dickie, & Humphry, 2006; Dickie, Cutchin, & Humphry, 2006). In this debate the dualistic view of the person and the environment is discussed and whether or not occupation can be ‘placed’ within the individual is questioned. This discussion runs parallel with discussions in other fields of science, for example in social gerontology (Gubrium & Holstein, 2007) and social psychology (Holstein & Gubrium, 2003).

There has been some, albeit very limited, attention in occupational science to the things people do together. For these ‘things done together’ the concept of co-occupation has been introduced and in mother-child research was defined as “the most deeply social occupations...which by their very nature, require more than one person’s involvement” (Zemke & Clark, 1996, p. 213). To our knowledge, no studies have been published to date using this concept to explore the everyday occupations of couples living and doing things together in a couple-relationship.

This article reports an exploratory case study on the changing everyday occupations of an older couple. For the purposes of this study it was considered most relevant to focus on the changes occurring after a stroke, because this life event typically causes massive changes for couples.

**Changes after a stroke for couples**

After a stroke, people’s pattern of everyday occupations is often disrupted and new ways of doing things have to be created (Ahlström & Bernspång, 2003; Mayo, Wood-Dauphinee, Côté, Durcan, & Carlton, 2002; Wallenbert & Jonsson, 2005). Older people living in the community after a stroke often need help with activities of daily living, which is often provided by the spouse. Research on the spouses of people with a stroke show that the caregiving can have a great impact on their own health (Barskova & Wilz, 2007; Draper & Brocklehurst, 2007; White, Poissant, Côté-LeBlanc, & Wood-Dauphine, 2006). There is very little published material however, on changes in the everyday occupations of caregivers. To our knowledge, only one study in occupational therapy research has investigated the process of the adaptation of both spouses after a stroke (Jongbloed, 1994). The findings in that qualitative case
study, about a middle-aged couple, were that the stroke had an impact on both the wife and the husband, both of whom had to change their roles and occupations. The purpose of the present study was to gain an understanding of an elderly couple’s experience of their everyday occupations following a stroke.

Methods

To facilitate an in-depth investigation into the micro-social level of one couple, a case study design was developed with a prolonged period of data gathering. A narrative approach (Polkinghorne, 1995; Rankin, 2002; Riessman, 1993) was selected, since studying occupation and occupational change processes using a narrative form has been clearly demonstrated to be useful (Clark, 1993; Clark, Carlson, & Polkinghorne, 1997; Josephsson, Asaba, Jonsson, & Alsaker, 2006; Molineux & Rickard, 2003; Wicks & Whiteford, 2003). Narratives are stories organized to allow the individual to make sense of, or impose order upon, a set of related experiences (Miczo, 2003; Polkinghorne; Riessman). The temporal order in the story is more than a mere sequence; it seeks to reveal a ‘sense of the whole’ (Mattingly, 1998; Mattingly & Lawlor, 2000). Events are tied together by a plot, through which the contextual meaning of individual events can be displayed (Polkinghorne).

For the purposes of this study, everyday occupation is understood to be the ordinary things couples do (Hassellkus, 2006). This includes the things they do alone and the things they do together, as co-occupations. In order to study this couple as completely as possible (Curtin & Fossey, 2007) and to address personal and joint perspectives, data were collected using both individual and joint interviews (Arksey, 1996; Kvale, 1996).

Selection of the participants

Contact with the participating couple was established through a regional Dutch Association for Stroke Patients and their Partners. In the Netherlands, medical ethical research approval was not required for this study; however the norms of medical ethical research practices were adhered to. At a regular Association meeting, a
contact person provided information about both the study and the selection criteria to the members. The main selection criteria were a couple who: had a first-time stroke in one partner, no longer than a few years ago, were living independently in the community, had experienced changes in everyday occupations and were willing and able to talk about the changes. Through self-selection one couple volunteered. Additional information was given during an introductory home visit. Strict attention was given to confidentiality especially concerning the individual interviews with both spouses (Forbat & Henderson, 2003). Both partners gave their written informed consent and later on chose their own pseudonyms.

**The participating couple: Wil and Henk**

The couple, Wil, an 81 year old female and Henk, an 84 year old male, married 50 years ago. They live in an apartment complex designed for older people with limitations. The complex is in a small town a few kilometers from their former village. They moved into this apartment because of Wil’s left-sided stroke 3 years ago. Henk and Wil have two daughters and several grandchildren, all living within 50 kilometers.

Henk worked in a large factory as a blue collar worker. Due to severe back problems he had received a disability pension for many years, and still has to be careful with his back. He cannot sit for too long and he can only walk short distances. Henk receives an allowance towards the costs of his car and he also bought a mobility scooter.

Wil took a job after Henk had to stop working, which she kept for more than 20 years. She is now only able to walk short distances inside the house with the aid of a cane. Outdoors she can walk a few steps. She has no function in her right arm and hand. All of the actions she undertakes require a great deal of concentration. She indicated that her emotional responses have changed and that her short term memory is weak. She finds reading difficult and when talking she said that she had some word-finding problems. Wil visits her physiotherapist, participates in therapeutic swimming and visits a computer club for stroke patients each week. The couple receives professional home help for a few hours a week.
Wil and Henk were both very active in the years before the stroke. Wil attended several clubs and enrolled in courses on creative activities. Henk’s main occupations were gardening and bee-keeping and he had a small shop selling items for home bee-keeping. They also helped each other with their hobbies and performed household tasks together. The weekends and evenings were mostly spent together and at the weekends they liked to visit family members, enjoy nature or go to functions connected to their hobbies.

Data collection
Over a period of 7 months, the first author made 14 home visits, during which 10 in-depth interviews were held; 7 individual interviews, alternating between Wil and Henk, and 3 joint interviews with the couple. The individual interviews were conducted outside the presence and hearing of the other partner. The first individual interviews started with an open invitation to tell the story of the changes in their everyday occupations after the stroke. The starting point for the joint interview was their experiences with the changes in their co-occupations. Additional conversations were held and observations were made and these were documented in both field notes and a research diary.

Narrative analysis
The narrative analysis started with the construction of two personal narratives (Riessman, 2002) based upon the data gathered from the individual interviews. Polkinghorne’s (1995) process for narrative analysis was employed and the analysis utilised the steps recommended by Molineux and Rickard (2003). First all of the interviews were transcribed verbatim to a level that included words, speech particles and pauses (untimed) partly by the first author and partly by occupational therapy students under instruction. After an initial open coding using the qualitative research software programme Atlas-ti (Muhr, 2004), and staying close to the text, the data were sorted chronologically in ‘long before the stroke’, ‘shortly before…’, ‘the stroke’, ‘shortly after…’ up to ‘currently’. Using this time order the boundaries (beginning and ending) of the narrative were sought (Molineux & Rickard, 2003).
To find the plot a micro analysis was undertaken (Mattingly, 1998) involving evaluation of the parts in the data in which the narrators indicated the meaning by evaluating what the story is about, how they want to be understood, or what the point is (Riessman, 1993). Codes were given to these meanings and were related in a hermeneutic back and forth process to the emerging wholeness of the story, analyzing how events and happenings were tied together by a plot. During this process, several draft versions of the narrative were written, using the codes and quotes. The meaning expressed in parts of the draft narrative was compared with the meaning in the whole narrative and vice versa. The drafts were peer-reviewed and adapted. Finally ‘narrative smoothing’ was exercised (Spence, cited in Polkinghorne, 1995, p. 15) in order to write a narrative in which all of the elements contribute to the denouement of the plot. The title of this final narrative describes the plot.

Analysis of the joint interviews then followed. In these interviews, the couple mainly spoke about their current everyday co-occupations. They did not say much about their experiences of the process of change. The absence of a temporal sequence made the analysis of the joint interviews different from the analysis process of the individual interviews. The data were divided into units; in each unit the couple was talking about one topic. They reacted to the questions from the researcher and also to each other’s answers, forming a loose trialogue (Poindexter, 2003; Riessman, 2000). In each unit of data, the possible meanings were interpreted and coded. Using the same back and forth process as with the personal narratives, possible interpretations were compared and a narrative smoothing process was again exercised. During this data analysis process a metaphor emerged giving coherence to the story.

**Tracing a metaphor**

Many of the couple’s expressions were found to indicate that they acted as one entity. The most striking were the variations of ‘having three hands’, which they used several times when relating how they performed their everyday occupations. They also described how their occupations supported balance, and how all their everyday occupations came together in time and place. This account led to the interpretation, supported by the field notes, that they were acting as one organism, ‘one body with
three hands’, engaged in their current occupational life. The earlier analyses of both the joint and the individual interviews were re-examined in the subsequent phases of the analysis, for evidence that their everyday occupations really could be understood as being done by one body and with three hands, and if this one body had one or two minds. Writing draft versions was again part of this process. These drafts were peer-reviewed and adapted, leading to the final narrative. The title: ‘One body, three hands and two minds’ expresses the coherence, the plot of the narrative.

For trustworthiness, the essences of the narratives were discussed with the couple as a way of member-checking. Both spouses recognized the narratives as stories constructed with use of their own input and the meanings expressed, and thereby confirmed the findings.

Findings

The three narratives constructed from the data describe the couple’s experiences of their changing occupations after the stroke. The personal narratives tell the story of occupational change and the joint narrative tells the story of their current occupational life.

From having his own engaging occupation to the time-consuming occupation of providing support

Henk “didn’t have a youth”, because he grew up in an institution. He learned to stand up for himself and to be independent. Later he liked the autonomy and freedom he was given in his work. Right from the beginning of his marriage with Wil, it was important for him to share the household tasks, so that they could spend their free time on leisure activities. In middle-age severe back pain started and he changed from a competent, hardworking person to one unable to work and in pain all day. During Henk’s long journey through medical institutions, he experienced Wil’s support and she helped him with the daily activities he could no longer do. That journey ended with back surgery, but not to a lessening of the pain. Finally a homeopathic doctor prescribed a diet of organically grown vegetables, fruit and no sugar.
Once Henk could control the pain he started a new quest; for an occupation of his own, as he could no longer work in paid employment. His dietary requirements led to the discovery of his life occupation: gardening to provide the vegetables and bee-keeping to have quality honey to replace the sugar. The gardening and bee-keeping were engaging, providing opportunities to enjoy nature. “With peaches, that’s fantastic work; every morning working with a little brush, walking along the flowers in spring.” He was valued for the things he did, became an expert in bee-keeping, used his problem-solving abilities, and was free to schedule his own time. “What I had with that garden: you’re free. If one can do it yourself: do it yourself.” Henk was able to produce the food that would contribute to his health and producing it also made him healthy. “After I had been to doctor H. and through the garden, I could once again do a lot.”

Henk does not like to think about the first weeks after Wil’s stroke. He protected her against the medication she is allergic to and against people making decisions for her. He supported her training in word-finding and had to stop the nurses from filling in words for her. In the hospital he saw to it that Wil received the care that she needed, because the nurses were busy. Instead of waiting for them to help her with her daily activities he started to help her himself. When Wil wanted to come home it was not an issue for him, because in his opinion she belonged at home and he saw the stroke as “a little deficit”. Therefore, her being home had to be manageable. He searched, using his practical skills, for his own solutions and adaptations in their house, instead of those of the professionals. As soon as he discovered that the new situation took up all his time, he radically gave up the gardening and bee-keeping, because he wanted “to have his hands free…. Yeah, yeah, then...[I did] set everything aside, I said, ‘We had to bring it to a close.’ I said, ‘It is over. Then I could use my time for that.” He looks back with pleasure on the best part of his life with the garden and the bees. Now he uses the patience he learned in attending to his bees to support his wife to go on, so that they can continue to stay together and be independent.
From challenging occupations over ‘Nothing Land’ to occupations for training and filling the days

Wil experienced her stroke as being ‘lost’. “Overnight you’re nothing. You could say ‘a lost way’ because you don’t remember anything. You’ve lost everything.” Wil said that she felt surprised and in her own words, “coming back to a completely strange world.” She was there, but not really present. She felt like an infant and like being in “Nothing Land”. In the hospital she was kept occupied doing things children do. Wil did not really feel part of that. Her will came back first and she hooked on to trying to come out of that ‘Nothing Land’. Wil discovered there were two possible formal ways out. It was, “Just like the Jews; one is going to the left [the nursing home] and one is going to the right [the rehabilitation centre].” She wanted to live, so she didn’t want to go to the nursing home; she was too old for the rehabilitation centre, so she focused on creating a third way out; going home. Coming home was like coming from hell to heaven and yet she still could not do anything. Her husband had to help her, “I was the child and he was the father.” They received Home Care help, but this did not fully meet their needs, so Henk decided to stop the help. Wil had complete confidence that Henk was able to help her and that he also wanted to do it, because “now it was his turn” (referring to when she helped him when he had problems with his back pain). After the therapist told her that the most important recovery was to be expected in the first 6 months after the stroke, Wil “trained like mad.” She also started watching others in the day rehabilitation center, looking for opportunities for doing things herself, “like an infant being curious and mimicking.” She had to discover the possibilities of what was still present after her stroke and these had to be “dredged up by seeing.”

Gradually, Wil concentrated more and more on looking for opportunities to do things, because not being able to do things left the whole day to be filled. Occupation has to do with preventing herself from “falling down a well” and “when you fall too deep you can’t climb back out of that well.” Now Wil’s main occupations are making greeting cards, learning to use the computer, e-mailing to her sisters in Australia, listening to audio books and writing in her diary. In all these activities the overall feeling is the effort that is needed and the necessity of doing these things.
Yes, you have to, to do things. In that way you get through the day, but it’s [the sort of] work a small child could do. You don’t use your brains. Now you have to do it, you have to, because it takes you further. You’ve reached this point with a lot of effort and you’re one step higher again. It takes an enormous amount of time, but as long as it’s there, you’re on the right track. If it’s not there anymore, then you sink away, because you don’t use anything anymore.

One body, three hands and two minds
This narrative had three parts - the body, the hands and the minds.

One body: Timing, coordinating and balancing
In their being together, Henk and Wil function like one body with coordinating parts, almost 24 hours a day. In the mornings Henk is out of bed first and has his breakfast, whilst reading the paper. When Wil wants to get up she rings the bell Henk installed. Henk accompanies her to the bathroom and helps her with some parts of washing and dressing. Other parts Wil manages herself, while he is outside the bathroom. During the day the timing of their different occupations is also coordinated. Wil, for example, writes in her diary in the evenings because that is Henk’s computer time and it has to be quiet. Sometimes, at moments when their pace or occupations do not run in parallel, the coordination is less smooth. Henk’s life is completely “putting himself at her service.” If there is a moment when he has nothing to do, then, in her words, Wil “sits and waits like a spider” and uses that moment to come up with a request for help. Henk is busy all day long and he fills lost hours with little in-between jobs, like making small adaptations in the home in order to make functioning easier. The ‘one body’ needs sufficient rest and therefore the daily structure is built around meals and coffee-breaks. Wil sometimes has the feeling that she is sitting, eating and drinking all day long, but she has discovered her husband needs those rest moments. When Wil sees that Henk is tired she suggests having a coffee-break. Henk himself also takes care that he gets his rest, “in the evenings, it’s over, nice and quiet.”
Wil is trying to reach the boundaries of her possibilities and takes risks. To Wil, risk taking today means reducing risks in the future. If she is able, she walks without using her cane so as to strengthen her right leg. Being able to do more on her part means the one body can function more easily. Small things though, can result in Wil being off balance and she has fallen several times. That sets her back, even when there is no bodily damage. Henk is attuned to Wil’s daily changing condition and he keeps an eye on her. In the mornings he watches how she gets out of bed and he adapts his help accordingly. When he sees that her walking outdoors is unstable, he gives her his arm so that she feels safe and walks more securely. He also prevents her from taking too many risks. When she wanted to use the toilet in the bathroom during the night, he said: “No way, you have to use the commode.” Sometimes Wil has too little recognition of the risks, but, as Henk puts it, “mostly, she sees them too.”

Being one body means that Henk has to be continuously around and attentive. He could perform his own glass work hobby at home, but that involves “losing yourself a little.” That would mean that he is unavailable for her, and until now he has not found such uninterrupted time. Once he went to a meeting related to his former life-occupation; bee-keeping. There he completely lost track of the time and he came back much later than Wil had expected. She had been really stressed, “Because I couldn’t do anything, being alone” and thought that something terrible might have happened. Henk has been careful to prevent a repeat because “then she will have a few off-days” and if Wil’s part functions less well, then the whole ‘one body’ functioning is more difficult. In functioning as one body, it is normal that the two parts coordinate: “If I’m at home, I get help with dressing, that’s normal, but when I am at the swimming pool they have to dress me and that’s not normal.” Sometimes when they go out shopping, when Henk is not around, someone helps Wil to get something from the shelf. Then Henk feels helped: “When someone helps her, while I’m not there, I say: ‘Thank you.’”
Three hands: Orchestrating, assisting

Henk said: “I’ve got three hands, hers is the extra. So, you do as much as possible together.” Wil reacted: “Yeah, that’s true the ‘third hand’ is the most important. That’s his extra hand. He had two hands, but now he has three.” In the mornings when the three hands orchestrate the self-care activities, “it goes without a hitch” and without much forethought. Later on in the day Henk assists Wil in the occupations she likes to do, but cannot do independently, because she arrives at a dead end. Wil finds it important to do things that fill up the day, because she fears “staring aimlessly or even sleeping” and [then] “you’re not living anymore.” Henk assists her in different ways. His two hands just ‘lend a hand’ when Wil makes greeting cards. He gives his ‘extra hands’ as instruments making it possible for Wil to continue with her occupation. “Now and then you have to help, cutting or folding, then she can go on, that’s... those little things.” He has no special emotions about this. Sometimes he assists in a different mood; as was the case when they made wreaths. This was Wil’s idea; Henk didn’t like the copper wreaths. He helped her willingly but not gladly. Wil experienced this as his hands doing things “but saying no.” Wil also had the impression that she had to wait longer for help with this activity than with others. It seemed as if his hands were kept busy, so that they were not able to do things together with her ‘third’ hand. This occupation therefore induced frustration and so they stopped it before it could lead to more stress. Other occupations, like going out together, are pleasant. Henk takes pleasure when he sees something succeed again; Wil because “you get an atmosphere between two people of togetherness.” To do things together means give and take. Wil does not enjoy going for a drive because she is more afraid in the car than she used to be, but she knows Henk likes to drive, and she likes to go to places because that is a nice way of filling the day, and it ensures that the days do not become a “dull routine.”

Two minds

There are differences and similarities in the way they look at things: “He approaches it from that side, and I approach it from the other side and often we mean the same, but we have a different point of view.” They looked differently at making the wreaths. For Wil this was something new she wanted to discover, for Henk it was time-consuming,
with little direct benefit, and he didn’t really want to become involved. At other times they search in similar ways to make their daily routine easier and they still discover little adaptations. Sometimes it seems as if Wil is steering the whole body, saying what has to be done and how, but at other times Henk takes over, for instance in preventing risk taking. Wil senses when he needs a rest, as though she can read his mind and, because Wil easily forgets things they did, Henk supplements her memory. Sometimes, when they return home after having been out, she cannot remember anything. Henk says, “Then I rehearse a little what was said, and then it comes back.” At times, when her mind is fully occupied by an activity that requires concentration, for instance while walking outdoors, Henk protects Wil from distractions. At these times he tells people not to talk to her because “she sees nothing and hears nothing, she has to give her full attention \[to walking\].” At the same time Henk also prevents her being thought of as ‘not interested’ in others.

Cooperation of their minds is very important for both of them. It is important for Wil to feel Henk’s involvement while doing things and when she does not feel that “it wrenches.” Her active involvement in being helped makes it easier for Henk because “you have to help every single day and if it’s an inert body \[it would be difficult\], but she tells me what she wants to wear and so on.” Wil stated that they still need to learn to handle the collisions of their emotions. Wil says, “I have changed; now I get stuck with it \[an emotional conflict\]. I was better at putting it in perspective before. We have to learn how to handle this.” What keeps the body alive is the fighting and ‘pushing through’, wanting to retrieve what is inside. They have to go on together, because “alone you’re not much anymore.” Neither Henk nor Wil will give up, otherwise “then it’s also ... [over] for the other”, then “the other will not see the sense of it anymore.”

**Discussion**

This case study was undertaken to explore one couple’s experience of changing their everyday occupations following a stroke. Before discussing the findings, it is important to consider a few methodological limitations. In all qualitative case
studies, the transferability of the findings to comparable contexts is limited and may be even more limited given the extra complexity ‘within’ the case: it is the unique combination of these two peoples’ own and their common life stories.

The validity of the data in this study can be discussed from several viewpoints. Collecting data through a variety of sources over time has a high degree of trustworthiness. The links that are created in this time period between the participants and the researcher may influence the people studied, increasing the tendency of the participants to edit their narratives according to signs they perceived from the researcher (Holstein, 1995; Riessman, 1990). Therefore the interaction between the researcher and the interviewees has been reflected upon and has been part of the analytic process.

In individual interviews there is a two-way interaction. In joint interviews the social influences can be considered to be three-fold: between the spouses and between each spouse and the researcher. The participants not only tell a story to the interviewer, they also tell it to each other, meaning that there are several social construction processes. In this study, the joint interviews challenged the interviewer’s skills, and the multiple-construction processes challenged the analytic process. In addition, starting with the individual interviews is likely to have influenced the content of the joint interviews, because in the joint interviews knowledge from the individual interviews formed a background of understanding. In the joint interviews the couple did not say much about the process of changing their co-occupations. Perhaps this was partly because they had already talked about that process in the personal interviews, but perhaps also because change is a more personal than joint experience. The validity of the findings was optimised through data triangulation, the use of reflexivity with a research diary, by a peer-review and through a member-checking process.

The main finding in this study was that characterizing Wil and Henk as mutually influencing each other’s everyday occupations was not enough, because they were functioning as one body, one entity. Current occupational science theory stresses the dynamic interaction of person and environment, and in some publications from
other fields the dyadic and interactive nature of caregiving is emphasized (Boeije, Duijnste, & Grypdonck, 2003; Lyons, Zarit, Sayer, & Whitlatch, 2002). In Jongbloed’s study (1994) of the experiences of a middle-aged couple after a stroke, the influence of the husband’s attitudes played a big role in the way the woman experienced her changed body, dependence, and altered homemaking role. In all these studies there are two separate ‘bodies’ influencing each other. The finding of ‘one body’ in our study goes one step further, because in this case the two spouses should be considered as organically incorporated in one entity. For example, when Henk spontaneously thanks someone for helping Wil, he shows that he feels that he is part of this entity and that he too is being helped. Being integrated in one entity with the close social environment seems more consistent with Rowles’ concept of being in place (Rowles, 1991, 2000) in which, over the life course, the physical environment may come to be an integrated component of the self. It also supports the growing literature that challenges the dominant place of the individual in occupational science as well as in other sciences (Barber, 2006; Cutchin et al., 2006; Dickie et al., 2006; Eakman, 2007; Gergen, 1994; Hasselkus, 2006).

The timing, coordination and balance of this one body was found to be important. The importance of people co-ordinating their occupations in time and place has been described elsewhere (Larson & Zemke, 2003). Maintaining a balance of occupations is also important (Westhorp, 2003). In studies of caregiving, having no ‘time for self’ (Sawatzky & Fowler-Kerry, 2003; Van den Heuvel, de Witte, Schure, Sanderman, & Meyboom-de Jong, 2001) has been proven to cause considerable strain. In a study of the experience of time for stroke survivors and their caregivers around the transition from hospital to home, managing time was found to provide a challenge, with the temporal order of their lives disrupted. Aspects like time slowing down, organizing the day around eating and resting and ‘killing time’ have been described (Rittman et al., 2004).

In our case-study, Wil and Henk show how they tackle the problems of time management together. To them, their overall balance prevails over their individual time-balances and at the same time this one body also depends on coordination
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and adaptation to each other’s time. For example, they listen for each other’s signs of fatigue or need for relaxation and then they both take the rest that one of them needs. This finding poses many questions about the health of this complex couple system. Is the fact that Henk ‘gives up his own time’ and has given up his own leisure occupations undermining his health in the long run, or is the meaning he attributes to his whole life story (with other periods of much time and devotion to his own hobby) another way of balancing this sacrifice of his own time and occupations? Future studies of occupational balance, for example in caregiver-care receiver dyads undertaken with a complex social system approach, might shed new light on these issues.

The concept of ‘three hands’ stresses that Wil and Henk’s everyday occupations are, to a large extent, inseparable. Although they are not literally doing all their everyday occupations together, most of the time the boundaries between doing things alone (occupation) and doing things together (co-occupation) are unclear. They themselves are so accustomed to this, especially in performing self-care activities such as dressing, that they find it hard to determine their individual contributions. The three hands ‘orchestrating’ their activities refers to the fact that in performing these self-care activities, the pattern and the sequence leads to the desired goal in a harmonized manner.

The three hands ‘assisting’ is experienced by the couple with a range of subtly different meanings. This range covers the third hand being only instrumental to the three hands working together, with the involvement of both people. Their co-occupation can have a comparable meaning for both, a different meaning for each or partially conflicting meanings. One of the meanings of co-occupation in Lawlor’s (2003) mother-child study is promoting togetherness, which was characterized as “doing something with someone else that matters” (p. 432). The partners in the couple described in this study are also experiencing togetherness in their co-occupations, but the findings show this is not always and not only the case.
Questions arise about the relationship between the co-occupations undertaken by the ‘one body, with three hands and two minds’ and the individual identities of the two partners. It is known that occupation is the means through which people develop and express their personal identities (Christiansen, 1999, 2000). The findings of this study suggest that the co-occupations might have the function of regaining or restoring the personal identity of the woman with a stroke. For example, being assisted to make cards enables Wil to send cards she has made herself, as she did on special occasions in the past. At the same time the one body metaphor suggests that this couple has an identity at the couples’ level (Badr, Acitelli, & Taylor, 2007). Their experience of ‘we-ness’ as one mutual identity stands in the foreground (Fergus & Reid, 2001) and the findings suggest this we-ness is strengthened after the stroke.

The role of everyday occupation and co-occupation in establishing the new identities of individuals and their spouses after a life-threatening event such as a stroke, however, needs further study.

The ‘two minds’ highlights the importance of considering volition and the experience of meaning from more than an individual approach. The apparent reading each other’s minds from the perspective of this entity is like listening to different signals from your own body or conflicting thinking in your own mind. The inter-dependency of the two minds became particularly clear when both partners stated that giving up for either of them was the same as giving up for both. This challenges the dominant view on personal meaning and motivation in occupation, and is in line with basic assumptions in the social constructionist theory, which holds that meaning is co-constructed in social relations (Gergen, 1994).

The partners in this couple see themselves as inter-dependent and, at the same time, together as an entity, they have a drive to be independent of their outer social environment. They seem to enable each other’s individual occupations as much as possible but the unity of the couple appears to play the most important role in their everyday occupational life.
Implications and perspectives

The study showed the mutual, inseparable influence of the two older participants on their occupational lives and how they function as one organic system. The findings of this study suggest the importance of considering individuals and their close relations as part of one interacting system. Exploring the separate parts of this system and their mutual influence could lead to a more complete understanding of the meaning of (changing) everyday occupation for all of the people in the system, as well as contributing to the theoretical development of the concept of co-occupation.

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Chapter 3


