

**Occupation as a quality of life domain
for vulnerable elderly people**

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ABSTRACT

This research takes a phenomenological approach to the study of occupation as a quality of life constituent for vulnerable older people living in the community. Critiqued literature and two completed background studies indicate a paucity of information about how elderly people like to spend their time, and limited reports from older people themselves. The study's aims were framed to:

- explore the meaning of key occupational activities for older adults by soliciting direct opinions*
- examine the range of occupations that are undertaken and associated links with perceived quality of life*
- ascertain ways in which the environment affects the occupational day for a vulnerable older person, living in the community*

Using a main data collection tool of the Yesterday Interview, supporting data were also collected via visual analogue scales, the Moss 36-item short form health survey (SF36), the Nottingham Longitudinal Study of activity and ageing survey (NLSAA) and the multiple sorting task. The purposive subject sample of twelve, aged between 75 and 98 years, was derived from three sources covering a range of activity levels: active neighbourhood and sports club membership, consumers of Age Concern's support services and mainly housebound individuals recruited via a general practitioner. All participants lived alone and were cognitively able and willing to contribute their stories. Interviews were taped in the home, each person receiving an average of two visits. Researcher field-notes were kept throughout. Background data showed the group to be diverse in terms of mobility levels, physical and mental health status and satisfaction with current quality of life and activity levels. Geodemographic typology revealed that socio-economic status was equally diverse; six of the ten recognised super-profile lifestyles, ranging from A to J were represented. All yesterday interviews were transcribed verbatim for detailed analysis, conducted individually and manually before general themes were sought. Eighty-eight occupations were cited, ranging from active to sedentary and individual to community involvement. Former categories of occupations are challenged as being of less relevance than the activity's meaning for each individual. All study participants valued occupational involvement as part of quality living and they took steps to ensure ongoing involvement in chosen pastimes to fill their days. Satisfying days were achieved, immaterial of age, when personal ambition and adaptation skills were high, when mental health was sound, and when the environment was supportive. Phenomenologically, chosen occupation was seen to be a core reason for "being", providing validation of the self and of time experienced as well-spent. The results gave rise to a representational model and further work is suggested to explore its development into a therapeutic application tool.

Occupation as a quality of life domain for vulnerable elderly people

<i>Abstract</i>	<i>i</i>
<i>Table of Contents</i>	<i>ii</i>

Chapter		Page
1. INTRODUCTION	1.1 Rationale	1
	1.2 Aims, methodology, potential outcomes	3
	1.3 Summary	6
2. LITERATURE REVIEW	2.1 Intent, key terms	7
	2.2 Occupation	8
	2.3 Quality of life	17
	2.4 Vulnerable elderly people	24
	2.5 Critical summary, research objectives	31
3. METHODOLOGY	3.1 Overview	35
	3.2 Background studies:	35
	3.3 Research approach	38
	3.4 Main study methods	43
	(a) Yesterday interview	
	(b) Nottingham Longitudinal Study of Activity and Ageing (NLSAA)	
	(c) The Moss 36-item short form health survey (SF36)	
	(d) Visual analogue scales (VAS)	
	(e) Multiple sorting task (MST)	
	3.5 Selection of research participants	46
3.6 Data collection procedure	47	
3.7 Data analysis and presentation	49	
4. RESULTS I: BACKGROUND INFORMATION	4.1 Overview	51
	4.2 Introduction to participant group	52
	4.3 Background data results	55
	4.4 Summary of background information	62
5. RESULTS II: CASE STUDIES	Introduction	64
	5.1 Ann	65
	5.2 Beatrice	70
	5.3 Cath	79
	5.4 Doris	83
	5.5 Edith	89
	5.6 Fay	98
	5.7 Gladys	104
	5.8 Horace	111
	5.9 Ian	117
	5.10 Joyce	123
	5.11 Karl	130
	5.12 Lucy	136
Phenomenological summary	142	

Chapter		Page	
6. RESULTS III: GENERAL THEMES	6.1	Establishing the general themes	145
	6.2	Exploring the general themes	155
		1: Using time	
		2: Socialising	
		3: Fulfilling aspirations	
		4: Ranging pastimes	
	6.3	A thematic model	172
	6.4	Additional impact factors: health and social demography	177
	6.5	Summary	179
7. DISCUSSION		Introduction	180
	7.1	Methodology and methods	180
	7.2	Results:	189
		Vulnerable elderly people	189
		Quality of life & meaningful occupation	193
	7.3	Challenges to earlier findings	196
		Study limitations	198
	7.4	Therapeutic issues: reflexive analysis	200
		Reflections on the research process	200
		Therapeutic potential of new model	205
	Using results to address therapeutic issues	207	
9. CONCLUSIONS		Comment and major findings	213
ACKNOWLEDGEMENTS			218
APPENDICES	A.1	Background study I	219
	A.2	Background study II	227
	A.3.	Participant occupations	243
REFERENCES			246

1. INTRODUCTION

...To add life to the years that have been added to life

(Ageing International 1996:17)

1.1. Rationale

The United Nations Principle for Older Persons bids all who have an interest in elderly people, to concentrate effort in addressing quality of life to accompany the increasing quantity of years expected now by elderly people in many countries. While world population increase during 1990-2000 was estimated to be 17%, the increase in the number of elderly is likely to be 30% (*Intercom 1996*), and in the United Kingdom, in 1999, The Queen sent 3,541 cards for 100th birthdays and 391 for 105th birthdays and above (*The Times 2000*). Statistics such as these continue to be published, and it seems there is a global necessity to address the detection of potential ingredients that can extend quality living for people as they advance in age.

As the literature review section will explore, there are now myriad references to and interpretations of the term quality of life. There is also evidence to support the idea that productive time usage contributes to quality living, but there is scant detail of the place of meaningful occupation in the lives of vulnerable or frail elderly people. This is perhaps strange when it is known that an absence of a meaningful occupation can provoke dramatic symptoms of worthlessness and depression in younger people (Cassell 1982). It becomes a natural line of enquiry to explore how elderly people interpret their needs for ongoing fulfilling occupations.

Clinical observations serve to illustrate how some frail older people occupy their time. The following examples are drawn from the researcher's own experience whilst working with elderly people in a variety of clinical and social settings, in both the United Kingdom and the United States of America. During this time and as illustrated in the vignettes to follow, age was observed to have little if any limiting influence; a person of 73 years and one of 103 years displayed similar needs for purposeful occupation to fill each day. In many instances, too, the urge to focus on a

chosen purposeful task became more intense when the individual needed to overcome frailty and a high degree of impairment.

In the first instance, despite the contradictory views of professionals who wanted to provide the best possible care for a senior citizen, he elected a preference to maintain his active involvement in daily meaningful tasks, no matter how arduous they had become:

The sixty eight year old Filipino man expressed a high degree of satisfaction with his life, no change needed and complete rejection of ideas to relocate. His home for the last ten years was a third floor hotel room in San Francisco's Chinatown. It was poorly heated and sparsely furnished. He was busy surviving. He struggled downstairs two or three times per week to buy food. Emphysema and arthritis prevented any more active lifestyle. He welcomed the once per week transport to On Lok's Day Health Centre where he had regular health checks, chats to friends and a cooked mid-day meal.¹

The next two examples illustrate something of the elusive nature of purposeful occupation, both for the individuals concerned and for the caring professionals. They are both taken from a sumptuously appointed retirement home for elderly people, sited in another Californian location. The two contrasting residents both caused concern to the medical team, but for different reasons:

A retired Caucasian academic had recently taken to his bed. He was reluctant to get up, although there were no medical reasons why he should remain in bed. He was completely absorbed in his early Egyptian reading material, which was renewed regularly by the library trolley. This served all residents who were unable to visit the library.²

and elsewhere in the same home:

A woman in her early seventies was one of the many depressed residents who tried to keep busy by serving in the cafeteria each morning and going to a pottery class. Although her mobility was limited she very much regretted selling her property elsewhere to move here. She stated though that she knew she "should feel grateful for the guarantee that she would be well looked after for the rest of her life".³

¹ Researcher's clinical experience 1982-84, San Francisco USA

² Clinical observation, California USA, 1992

³ *ibid*

At first glance it may seem that there is little in common in the three cases above. The researcher questions whether the common link lies in each person being strongly influenced by a belief in purposeful occupation as an essential component of well-being. The nature of what is “purposeful” is however subject to individual interpretation.

Purposeful occupation for vulnerable elderly people thus constitutes the major issue for this thesis. Using individual accounts with details of daily occupations, it is the intent to extend the body of knowledge in the field. When health professionals are accurately informed by such basic knowledge, reliance on assumption ceases and the likelihood of genuine client-centred practice increases.

1.2. Aims, methodology and potential outcomes for the research

Aims

With the preceding rationale in mind this research will address the following aims:

- to explore the meaning of key occupational activities for older adults by soliciting direct opinions, and thereby to add to knowledge in this area
- to examine the range of occupations that are undertaken and the associated links with perceived quality of life
- to ascertain the ways in which the environment affects the occupational day for a vulnerable older person living in the community

Methodology

In the field of social gerontology, Kellaher, Peace and Willcocks (1990) discuss the advantages of multi-methodological or pluralistic evaluations where several approaches may be adopted and many different categories of informant may be involved. They suggest that such multi-dimensional approaches go beyond the “black box” method of simple input and outcomes and for example, bring the experiences of older people and service provision, into sharper focus. Massey (1995) also suggests

that all qualitative research designs provide insight, meaning and understanding about a subject's experiences.

For the major part of the study to follow, a phenomenological design is proposed because it "asks for the very nature of a phenomenon...the essence of an experience" (van Manen 1984:38) and:

- is based on the belief that no single reality exists and that individuals have separate and unique realities
- can enhance understanding through real life experiences as described by participating subjects
- enlists a combination of strategies to collect data
- focuses on the aspects of experience which the subjects perceive to be important

(Massey 1995:56)

Such research designs are empathetic with the core beliefs of the occupational therapy profession, namely client-centredness and holism. The *gestalt* concept of qualitative research (i.e. the clustering of knowledge about a particular phenomenon) is eminently suitable to the topic under investigation.

Potential outcomes

A more sensitive understanding of the nature of "occupation" has potential benefit to both the large numbers of vulnerable elderly people and to the service providers who aim to meet their needs. It is the intention, whatever the research outcome to the current study, that the process will be rigorous and the findings will inform health and social service personnel. Ultimately, the elderly service users will benefit when their occupational needs are recognised, whatever their personal or environmental context.

1. At the individual level of the client, most elderly people need to make changes to accommodate declining performance levels. Many will be able to remain in the community with additional services; some will need relocation to a more supportive environment. When change is pre-empted by crisis, decision-making may of necessity be speedy and it may not encompass all a client's needs, particularly beyond the immediate and practical areas such as nursing / assistance levels. Occupational needs, particularly of the most vulnerable or frail clients, are at present

given scant consideration in some relocations. This can result in an increased sense of loss and isolation and an increased likelihood of depression. Such negative results would be less likely to occur when:

- the meaning and worth of selected occupations is recognised, and
- a client's occupational needs are better understood.

It is intended that the major study to follow will provide insight into these areas.

2. In high dependency homes where maximum support is provided, there are many instances of scant or non-existent therapeutic input. Home managers and chief nursing officers "gate keep" the occupational levels of the residents, as they determine the daily routines and programmes. There is sometimes conflict, in the need to provide high levels of basic care taking precedence over client autonomy and individual choice of occupation (as with regular toileting to avoid "accidents" and bathing rotas). The researcher proposes a background study to illuminate:

- the views of nursing home managers concerning provision of meaningful occupation for residents

It is anticipated that case examples will facilitate exploration of the issues involved.

3. In less protected environments, such as sheltered housing schemes and Housing Association complexes, it is again unlikely that there will be any regular therapeutic input. The able but increasingly frail residents have the support of a warden or housekeeper, but there may be no available point of professional input to assist residents in retaining meaningful levels of occupational performance, nor are there likely to be the necessary resources, e.g. modified gardening tools. It is intended that a further background study will:

- highlight preferred types of occupation, and
- address common areas of retained interests, confined neither by cultural nor geographical boundaries.

4. Drawing on the findings and tested methods of the above background studies, the major investigation will focus on the needs and aspirations of community-dwelling

elderly people. Insight will be gained by seeking the all-important views of the elderly consumers.

5. In empirical terms, all the data collected should serve to inform the providers of support and care to elderly and frail people. While the full potential of the research cannot be predicted at the start, a variety of relevant applications may be envisaged for therapists who work with elderly clients in their own homes or elsewhere. Therapists may be enabled to work more productively too by utilising research findings to target their input. An economic outcome is also envisaged, for when clients are able to sustain a fulfilling lifestyle, they tend to make less demands upon supporting professional staff for non-essential interventions. Scarce resources of staffing can then be put to best use.

1.3 Summary

The rationale for the study presents clinical vignettes, illustrating that the retention of a meaningful occupation holds continuing importance for elderly people, despite their increasing age or frailty. It seems that quality of life and well-being is decreased when occupational satisfaction is absent. However there are few reports from experts in the field, i.e. the vulnerable elderly people themselves, as to what constitutes a day that is occupationally satisfactory. This research study proposes to redress the deficiency through a qualitative study that uses carefully selected data gathering tools. It is the intention that the meaning of occupation to frail elderly people should be illuminated (Kemmis 1980) in all its complexities and in diverse environments.

2. LITERATURE REVIEW

A critical review of the professional literature familiarizes the researcher with the current state of knowledge; with problems and hypotheses that others have studied; with concepts, theories, major variables, and conceptual and operational definitions; and with the research methods used

(Frankfort-Nachmias, Nachmias 1992: 65)

2.1. Intent of literature review and key terms for the study

In the light of the preceding introduction and rationale, it is the intent that this thesis will explore the relationship between three key experiential domains, namely “**occupation**”, **quality of life** and **vulnerable elderly people**, in the context of their environment. This chapter addresses the state of the art and level of understanding in relation to these key domains, and begins with initial definitions of terms.

Key terms as used in the study:

Occupation: is viewed as individually meaningful use of time. It encompasses any goal directed activity that has meaning for the individual (Creek, 1990) and is composed of skills and values. Sabonis-Chafee (1989) states simply: “occupation refers to all purposeful activities that fill a person’s waking hours. Purposeful activity is thus more than just doing, it is doing that involves the person on many levels” (p.13). Although there is much current debate, neatly summarised by Pierce (2001b), that seeks to distinguish between “activity” and “occupation”, such theoretical discussion relies heavily on semantics. A recent distinction is suggested by Royeen (2002) when she purports that “occupation should be considered as the process of doing with meaning, and that activity should be the outcome” (p.111). Throughout this thesis, occupation is viewed as synonymous with purposeful activity and it incorporates the three broad areas of self-maintenance, productivity and leisure activities.

Quality of life: a complex concept; definitions are explored in depth in this chapter. Broadly, quality of life addresses subjective well-being and its constituent domains. It encompasses both health and sociological perspectives.

Vulnerable elderly people: advanced age does not necessarily equate with being frail, however, internationally, it is normally accepted that a person of over 75 years may be classed as being amongst the “oldest old” and, although not necessarily frail or dependent, this group of people consumes disproportionate amounts of health and long term care services (US Bureau of the Census 1999). People within this age group may then be seen as being at risk, or vulnerable, when confronted with the challenge of keeping pace with elements of successful ageing, namely: low risk of disease and disease related disability, high mental and physical function, and active engagement with life (Rowe and Kahn 1998).

Environment: for 94% of the United Kingdom's elderly population, the physical or built environment comprises own homes within the community (Denham, 1997), with an institutional environment serving a minority 6%. Own homes include both sheltered living and independent living arrangements, with the former accounting for an estimated 9% of older householders in 1992 (Tinker *et al.* 1994). Additional important environmental characteristics are social and organisational (Letts *et al.* 1994). The three environmental perspectives: physical, social and organisational are viewed from both a macro and a micro perspective; they provide the context for the rest of the study.

2.2. Occupation

Here I sit at this great big loom making God knows what for God knows whom

(Anon. Patient, in Turner *et al.* (eds.) 1992: 6)

Occupation has long been recognised as an essential component of life for mankind. On a practical level we are aware that the survival of the human race depended on the ability of early man to be actively occupied each day in securing food and

protecting his progeny. Beyond the purely practical, we are reminded of an early recognised link between health and occupation. In 2600 BC, the Chinese taught that disease resulted from organic inactivity, and they used physical training to promote health (Levin 1938). The earliest written references to the therapeutic value of activities predate 600 BC. At this time, Aesculapius who worked at Epidaurus in Greece, claimed that he could sooth delirium with "songs, farces and music" (Le Clerc, 1699). Shortly after this, from 600 BC to 900 AD, music was reported as therapeutic by many, among them Pythagoras, Thales and Orpheus. Hippocrates too made many references to a mind-body link and suggested that wrestling, riding and "labour" could all be used to aid recovery from a variety of ailments.

The word occupation comes from the Latin root *occupacio* which means "to seize or to take possession", implying action (Englehardt, 1977: 668). Wood (1998) takes this theme further and suggests that *occupacio* is "that wellspring of creativity that energizes life-giving and life-renewing actions from within" (p.320). Wood reminds us that Plato believed that all men and women instinctively needed to make and do, and that Aristotle suggested that well-being radiated from desirable and satisfying activities. Much later, by the eighteenth and nineteenth centuries, the early supporters of the positive effects of occupation were followed by such great humanitarians as Phillippe Pinel and William Tuke. They strove to improve the conditions in asylums, by substituting involvement in occupation for the restraint and immobility of the shackles (Bing, 1981). From this time onwards, there was regular recognition that being occupied was a good thing, although there was little early evidence as to exactly how and why this should be so. A very influential figure in the early twentieth century, Adolph Meyer, a well respected American psychiatrist, provided some of the first case examples of patients who benefited from involvement in purposeful occupations:

Groups of patients with raffia and basket work, or with various kinds of hand-work and weaving and bookbinding and metal and leather work, took the place of bored wallflowers and mischief makers. A pleasure in achievement, a real pleasure in the use and activity of one's hands and muscles, and a happy appreciation of time began to be used as incentives in the management of our patients

(Meyer A 1922, in: Englehardt 1997:667,668)

The close of the nineteenth and start of the twentieth century also heralded a change of interest towards occupations of a more creative nature, to offset the mechanistic impact of growing industry. Key influential figures such as William Morris and John Ruskin were promoting high standards in advanced crafts, and workers were encouraged to be creative. With World War 1 the 'Arts and Crafts Movement' became increasingly well established and the first curative workshops were introduced (Friedland 1998).

Turning attention to more recent times: the last decades of the twentieth century have witnessed a growing interest in the value of being occupied and the paucity of quality of life when there is no accessible and meaningful occupation.

Csikszentmihalyi (1993) goes beyond this point to describe the state of chaos that can arise in minds that are left unoccupied. He suggests that when humans do not have access to ordered stimulation, "the mind begins to drift in random patterns, and usually ends up bringing up depressing thoughts, whether we like it or not" (p.38). In this same paper he also reminds us of his earlier research into 'flow' or occasions when a high level of enjoyment is reached (Csikszentmihalyi, LeFevre 1989). The 1989 paper reports subjects who are happily participating in diverse activities ranging from chess to rock-climbing or composing music whilst common phenomena are recognised. For instance, no matter what the activity was, it was most enjoyed when the subject was able to meet a complex opportunity for action.

Indeed recent writers have acknowledged that occupation always encompasses complexities; it never exists in isolation, being intimately connected to both the individual concerned and the environment in which it takes place. Nelson (1997) purported that occupation is seen as the relationship between its two parts: occupational performance (the doing) and occupational form (the thing that is done). Law *et al.* (1996) highlight the situational context in their work, suggesting that occupational performance is at the point of intersection where the person, the occupation and the environment are in contact and in fact overlap. Their later work uses case histories to illustrate how their view of occupational performance can be harnessed therapeutically to enable clients to successfully engage in meaningful occupations in chosen environments (Strong *et al.* 1999).

Occupational therapists as health professionals, place a strong emphasis on harnessing the potential benefits of meaningful occupation. Mary Reilly, herself an occupational therapist, delivered the Eleanor Clark Slagle Memorial Lecture in 1962 and took as her topic: *Occupational Therapy can be one of the great ideas of 20th century medicine* (Reilly 1962). In her lecture she addressed a vital question, shared today by all followers of the profession: "Is occupational therapy a sufficiently vital and unique service for medicine to support and society to reward?" This lecture, to an international audience, covered some rich topics for debate. She included the following suggestion:

That man, through the use of his hands as they are energised by mind and will, can influence the state of his own health

(Reilly 1962:2)

Reilly's words have been quoted on many occasions, and to a large extent her hypothesis continues to be addressed regularly in all clinical fields, as therapists seek for evidence-based practice. She also discussed "the vital need to be occupied", and gave examples of research into sensory deprivation, concluding that data indicated that "the mind cannot continue to function efficiently without constant stimulation from the external world" (p.5).

Famous forerunners of Reilly in recording the possible and actual benefits of therapeutically introduced occupations, burgeoned within the occupational therapy profession after the initial stimulus from eminent physicians such as Meyer (1866-1950). He had addressed the Fifth Annual Meeting of the *National Society for the Promotion of Occupational Therapy* (now the *American Occupational Therapy Association*), in Baltimore Maryland, in 1921 where he spoke on the topic of "The Philosophy of Occupational Therapy" (Meyer, republished 1977). Meyer had suggested that health might be influenced by "discovering or developing new capacities, changing the environment, nurturing ambition, improving performance and modifying mood" (Meyer 1977:640). One of his major points was that these ideas applied to all; to the health professionals as well as to the patients. Yerxa (1998a), a key and eloquent occupational therapy researcher, reminded us that Meyer's early optimistic belief in an achievable healthy satisfaction through

occupation for everybody, was quite remarkable for his time. Before the advent of psychotropic drugs, Meyer's patients must have exhibited some very severe symptoms.

The profession of occupational therapy, focussed on a core belief in the worth of meaningful occupations, passed through many formative phases. In the UK it was spurred on from 1917 onwards by the increased number of patients who returned as casualties from war, in need of rehabilitation. Although trends changed over the years to reflect current social and political ideologies, the underlying ideas of humanism have remained constant and have strongly influenced many leaders within the profession, including Reilly. Kielhofner (1985) offered therapists a 'Model of Human Occupation' that conceptualises a person's occupations in terms of personal causation, values, interests, roles, habits and skills. Kielhofner's work has more recently been influenced by dynamic systems theory, and throughout, a person's choice and intrinsic purpose in occupation is highly valued. Today the 'Model of Human Occupation' is a popular theoretical framework, used by occupational therapists in many fields of practice.

Wilma West (1916-1996) was another ardent student of occupation, who stressed that therapists must be ready to change with new service demands in order to realise the profession's huge potential contribution to society (West, 1968). A visionary, she was one of the earliest supporters of the concept of a foundational science, distinct from the occupational therapy profession. The foundational science became known as 'occupational science' and followed an earlier American concern with the development of models for practice and a revived interest in the concept of occupation that surfaced in the 1980's. Kielhofner's original work was instrumental here, as it was widely publicised and it re-awoke pride in occupation and also began to influence research studies. Mounter and Ilott (1997) also describe some of the international liaisons that were developed around 1990, as interest grew in the exploration of the knowledge-base to the occupational therapy profession. The impetus to do this was fuelled by incorporation of professional training into higher educational institutions, which was taking place at the same time. With the validation of degree programmes, it became necessary to demonstrate a more rigorous theoretical approach, and in 1993 occupational science was included as a

core aspect within the 'Curriculum Framework for Occupational Therapy' (College of Occupational Therapists, 1993). With a multi-disciplinary audience, this foundational science attracts researchers from wide-ranging backgrounds, from anthropology to sociology and occupational therapy. Wood (1998) described occupational science as "an academic discipline dedicated to a wide-ranging scholarly inquiry of occupation and the occupational human that is today nurturing the occupational therapy profession" (p.322). *The American Occupational Therapy Association* neatly sums up some of the paradoxes involved in the study of occupation: "Occupations are the ordinary and familiar things that people do every day. This simple description reflects, but understates, the multi-dimensional and complex nature of daily occupation" (A.O.T.A.1995:1016). Additionally, the burgeoning interest in the development and publication of research centred around the science of occupation, has become heavily invested in the semantics. Debate has yielded many articles considering "activity" and "occupation", frequently striving to publish fine semantic differentiations (Golledge 1998, Hagedorn 1997, Wood 1996). Whilst such theoretical study has been underway, it may be argued that investigation into practice and the real meaning of occupation to those who undertake it, has received insufficient attention. As Stenhouse (1975) suggested, such a gulf is frequently noticed in educational institutions, where occupants of the "ivory towers" pay insufficient attention to what really happens in the outside world.

The literature that focuses on occupation in relation to elderly people, reminds us of some elementary concerns. Whilst academics wax eloquent about occupation: "Meaningful occupation animates and extends the human spirit" (Peloquin 1997:167), and repeatedly suggest that:

For us, in occupational therapy, the most fundamental area of research is, and probably always will be, the nature and meaning of activity.

(Reilly 1960, cited in West 1984:17)

There are those who portray a more practical stance and urge that rather than waiting for "occupational science to expand our thinking and horizons" (Richards, 1998:297), there is "some urgency in the profession to move on from its constant

preoccupation with its internal state of affairs". At this time, the Occupational Therapy Officer for the Department of Health, Sheelagh Richards, was well aware that there is a constant need for applied research to "improve the quality of occupational therapy practice and the outcome for service users". Nowhere is this more essential than in the area of health and social care provision for older people: the client numbers are increasing, and in many areas resources are stretched.

1999 was the International Year of Older Persons and a world-wide message served to inform all that:

Ageing is a natural process of life. Older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining intergenerational links.

International Federation on Ageing.
IFA: Montreal Declaration. 1999⁴

Natural though the process of ageing may be, declining health can hinder or even prohibit engagement in previously satisfying occupations, so preventative strategies focussed on the retention of current functioning levels become very important. Two well-described studies in this area are those of Rabbitt (1997) and Clark *et al.* (1997). Rabbitt is conducting a longitudinal study amongst Manchester's elderly population. Beginning over a decade ago with 6,500 healthy recruits, the study is indicating the value of regular skill usage; for example individuals can continue to perform very well on difficult tasks such as solving cryptic crossword puzzles when this activity is conducted regularly. He has also found that aerobic fitness is linked to a high level of retained cognitive skills. Clark *et al.* initiated their well-elderly randomized control trial in Los Angeles between 1994 and 1997. Their subjects were 361 African-American, Asian, Caucasian and Hispanic men and women with a mean age of 74.4 years. Based on a strong belief in the value of occupational science, the study set out to illustrate the critical role that occupations play in affecting health and psychological well-being. One of the three experimental groups was treated by occupational therapists who focussed on preventing health risks and

⁴ IFA: The Montreal Declaration was released September 8, 1999 at the close of the IFA Fourth Global Conference on Ageing in Montreal, Canada, after final consultation with 1200 participants from 68 countries

developing individual lifestyle redesigns, another group received a non-professionally led social activities programme and the third group received no treatment. At the close of the nine month treatment programme, a mixed battery of tests, revealed improvements in physical and social functioning, vitality and life satisfaction, in the occupational therapy group members, with all tests bearing a probability value of less than .05.

In terms of an elderly person's acknowledged need to remain active, there has been a relatively recent change in theoretical emphasis. Disengagement theory (Cumming and Henry, 1961) advocated that seniors adjusted by gradually losing interest in activities in preparation for death, but there is now increasing evidence that older people prefer continuing engagement. Recent studies indicate that some form of purposeful occupation, remains important to elderly people in all life phases (Rudman *et al.*, 1997, Farquhar 1995, Lansdown 1994, Lawton 1985, Lamb *et al.* 1988). Current senior lobbyist groups also support this. For example, the Older and Bolder Project Advisory Group (NIACE 1998) produced a powerful response to the British government Green Paper, 'The Learning Age: A Renaissance for a New Britain'. (Command number 3790), concerning access to education. In the response NIACE give a detailed rationale for ongoing educational support to elderly people; also cited are examples of the input of seniors into educational projects such as inter-generational learning experiences. Freeman (1997) graphically highlights her work with seniors and their use of the Internet, quoting one enthusiastic user:

I know for a fact SeniorNet and this computer community have helped many people find a new and better life. For those who were isolated because of illness or disabilities, it's been a way to break out of the confinement into a whole new world. We have been able to fly- and I don't mean in a plane- I mean fly FREE, without constraints. Being deaf or crippled or blind (yes even blind-computers can read to the blind what they can't see on line)- it doesn't matter. We are FREE.

(Freeman 1997:44)

Baum's (1995) work illustrates the positive effects of occupation in her study of seventy two couples where one partner had Alzheimer's disease. Here the occupationally active subjects showed fewer disturbing behaviours and needed less

help with self care. Green's (1995) study revealed the "enjoyment, animation and colour" of an organised activity programme for elderly mentally ill nursing home residents, and found the residents "enjoyed having something to do", because it "helps to keep your wits about you". In support of Baum and Green's studies, Perrin (1997) illustrates what happens when meaningful activity is not offered. Perrin provides an example of the results of occupational deprivation amongst elderly people with severe dementia, in hospital and residential settings. Through the use of dementia care mapping, she demonstrated a severe dearth of occupational provision and correlates this with the minimum level of well-being which most of the 109 subjects experienced, for most of the time.

The actual relationship between activity engagement and quality of life is not well understood, particularly in the field of gerontology. Simpson, Woods and Britton (1981), for instance, showed that engagement and depression were not inversely correlated in their study of older people in a residential home. More recently Rabbitt (1997) in his large, ongoing study of 6,500 elderly people, found that cognitive ability is preserved more frequently in those who take physical and mental exercise. Other researchers have also found a positive link between physical activity and feelings of well-being. Gregg *et al.* (1996) studied 9,704 women aged 65-99 years and found that physical activity was an important determinant of self-rated health in older women, regardless of functional status. However, there are also studies that report little connection between exercise and well-being. For example, McAuley and Rudolph's (1995) study in Sweden, which made use of a control group who did not exercise, discovered that mood improvements were uniform, regardless of exercise involvement. This result suggested that the exercise programme was not the most important factor in enhancing quality of life, but rather that the social context and regular social contacts might be equally important.

Moss and Lawton's (1982) publication describes an earlier attempt to shed light on how a group of 535 urban elders spent their days. Using the yesterday interview, the study attempted to explore "meaningfulness" of activities, but found this concept was poorly understood and resorted to the use of "liking" instead. Of the four environmental groups that comprised the sample, the independent living groups expressed liking for a greater range of activities, whilst the more novel activities

were equally enjoyed by the individuals in supported environmental groups. The study gives no detail of the actual activities beyond a simple classification of obligatory and discretionary activities such as social interaction and recreation.

Horgas, Wilms and Baltes (1998) suggest that our knowledge on the topic of how elderly people spend their time remains scant. Their study in Berlin described activity profiles of 516 subjects with a mean age of 84.9 years. In days that averaged 16 hours, basic personal maintenance tasks occurred the most frequently, and most time (17%) was spent watching television. Resting time generally increased with age and with residential home occupancy, whilst couples were found to spend less time in resting and to spend more time in leisure pursuits such as television watching. Whilst this study presents facts about elders and time use, it makes no attempt to penetrate the range of occupations engaged in, nor the level of satisfaction that arises from participation. Similarly, these details are again lacking in a more recent study. Bennett (2002), studying social engagement, reported that a low level of social involvement was directly related to mortality. Although detailed measurements were taken over a four year period with the elderly subjects, there was no report of what constituted 'satisfactory social engagement' for the subjects.

It now becomes relevant to examine the place of occupational engagement in any elderly person's perception of his/ her own quality of life.

2.3. Quality of life

Il se leve regulierement vers 7 heures, et pour le petit-dejeuner l'assiette de soupe est indispensable. "Quand j'etais virebouses on travaillait dans la gaiete et quand le vin etait bon on prenait un deuxieme verre" raconte-t-il.

Alexis Daigneau: aged 107 yrs.
(*La Nouvelle Republique*, 4.8.96:7)

Whilst academic writers have much to debate on the subject of the essential components of quality of life, individual elders, such as Monsieur Daigneau above, frequently appear to hold a clear picture of what constitutes personal quality of life. As a concept, 'quality of life' has attracted much interest and debate over recent

years. Gentile (1991) commented that there are “as many definitions and interpretations of quality of life as there have been humanitarians, theologians, philosophers, sociologists and physicians”(p.76). Hunt (1997) also referred to the lack of conceptual clarity and his editorial suggested no consensus of opinion as to the components of quality of life and that “there is wide dissent about the meaning of the term, how to measure it and indeed, whether it should be measured at all” (p.206)

During the 1970’s the term quality of life became popular and a topic of much academic and professional debate. An example of one study that reached the media headlines was the *Fickle Finger of Fate Award* of a popular television show of the time. (Lawton 1991). The award was given to a group whose \$300,000 grant concluded that healthier and wealthier people were happier than sick and poor people. Such a finding may appear naive thirty years on, but it was an indicator that along with numerous studies that reported medical-related quality of life, there was growing interest in publicising the equally important sociological components. Terms such as ‘social well-being’ and ‘social health’ entered popular use and, together with the term ‘quality of life’, they became recognised components of the concept of positive health. As health at this time was no longer a mere absence of disease, wellness became equated with ingredients such as high morale and life satisfaction, psychological well-being and even levels of physical fitness (Lamb *et al.* 1988). Quality of life sat neatly with this group of terms, and some professional health groups appeared to have a clear vision of the essential ingredients in relation to specific client groups. The Royal College of Nursing (1975) for example, published the following views:

Quality of life for the elderly requires the recognition of the old person as a unique individual with a need for creative activity, for privacy and fellowship at appropriate times, and with the right to be consulted and to choose in all matters affecting his health and welfare.

(Royal College of Nursing 1975:11)

Interest in the concept of quality of life grew at a steady rate during the 1980’s. As an example, citations in *Index Medicus* listed 77 articles in English in 1985, and 149

articles in 1988. *Psychological Abstracts* first listed such an entry in 1985 (38 articles), and by 1988 the number had risen to 80. In the 1990's interest burgeoned and in 1997, *BIDS, Social Science Citations* listed 4,393 entries.

As interest has grown, so has the debate about defining the components of quality of life. Hughes (1990:47) neatly summarises this as: "The concept of quality of life is multi-dimensional and has no fixed boundary". Hughes goes on to cite George and Bearon's (1980) work in which they suggest:

On the whole, social scientists have failed to provide consistent and concise definitions of quality of life. The task is indeed problematic, for definitions of life quality are largely a matter of personal or group preferences; different people value different things.

(George and Bearon 1980:1)

Medical practitioners continue to make much use of the term quality of life. Many measures of quality of life, have resulted from identified areas of clinical concern. For example Habu *et al.* (1988) studied quality of life in relation to older patients after surgery for gastric cancer and Wenger (1988) investigated how the diagnosis and management of hypertension affected the quality of life of the patients concerned. In the late 1990's, there was a large volume of medically-related literature purporting to address quality of life for specific groups of patients, as for lung cancer patients (Montazeri *et al.* 1996), patients with multiple sclerosis and their carers (Aronson 1997), adults with growth hormone deficiency (Wallymahmed *et al.* 1996) and elders with mental health problems (Kupfer and Weyerer 1995). Schreiber (1996) debated the ethics of some geriatric surgery and strongly urged that the elderly person's quality of life must not be objectively judged by others. Slovick *et al.* (1995) also pursued the elderly patient's interpretation of life quality in their work of testing alternative hypertension medication. They suggested that:

determination of the effects of treatment on the quality of life requires special tests that are sensitive to small changes in patients' daily activities, psychological well-being and cognitive function.

(Slovick *et al.* 1995:139)

All these writings use a broad set of interpretations of the term quality of life and its links with health, sometimes apparently regarding quality as synonymous with quantity, so that for example, extra years or quantity of life following surgical or medical intervention is expressed as increased quality. There are some health-related areas however, in which there is little debate over the inclusion of areas of core medical concern. Health and freedom from pain or discomfort, for examples, are always essential. Rokeach (1973) carried out a study to explore the most valued components of living, and he removed health from the rank order because every one of his subjects valued it more highly than any other item.

On moving beyond a medically-related interpretation of the term quality of life, the debate over essential constituents expands in almost all directions. Some twenty-year-old definitions of the term still have wide appeal. Mendola and Pelligrini (1979:457) defined quality of life as: “the individual’s achievement of a satisfactory social situation within the limits of perceived physical capacity”. Around the same time Shin and Johnson (1978) provided a fuller definition, suggesting that quality of life is dependent upon previous experience and knowledge and that it:

consists of the possession of resources necessary to the satisfaction of individual needs, wants and desires, participation in activities enabling personal development and self actualisation and satisfactory comparison between oneself and others.

(Shin and Johnson 1978:476)

Other authors of the time, for example Patterson (1975), compiled lists of characteristics thought necessary for quality of life. Bowling (1991) later summarises this body of literature with the following comment:

Basically quality of life is recognised as a concept representing individual responses to the physical, mental and social effects of illness on daily living which influence the extent to which personal satisfaction with life circumstances can be achieved... It is an abstract and complex concept comprising diverse areas, all of which contribute to the whole, personal satisfaction and self-esteem.

(Bowling 1991:9)

A little later, Mayers (1995) was another of the many authors to comment upon the elusive definition and assessment of quality of life. After an extensive review of literature, she favoured the following definition provided by Niemi *et al.* (1988):

Although the concept has been only loosely defined there is agreement that quality of life refers to a person's subjective well-being and life satisfaction and that it includes mental and physical health, material well-being, interpersonal relationships within and without the family, work and other activities within the community, personal development and fulfilment, and active recreation.

(Mayers 1995:147)

Interest in defining the concept continues. A major international project conducted by the World Health Organisation (WHO) on the conceptualisation and measurement of people's subjective quality of life, began in the mid 1980's (WHOQOL Group 1996). Twenty five centres globally are now involved, and their instrument for assessing quality of life includes the following domains: physical, psychological, level of independence, social relationships, environment and spiritual.

Gill and Feinstein (1994) completed an extensive review of 25 articles in order to evaluate how well quality of life was being measured. They concluded that as quality of life was a uniquely personal perception, which reflected how a person felt about both their health plus other non-medical aspects of life, that most measurements in the medical literature aim at the wrong target. The authors, both physicians, go on to present the bold suggestion that:

Quality of life can be suitably measured only by determining the opinions of patients and by supplementing (or replacing) the instruments developed by experts

(Gill and Feinstein 1994:619)

More recent authors (Scherer and Cushman, 2001; Lau and McKenna, 2001), continue to support the principle that the subjective aspect of quality of life must always be recognised.

Lawton (1991), specifically addressed the meaning of quality of life for frail elderly people. He provided a comprehensive overview of the potential components, and suggested that much emphasis is placed on medical quality of life and on negative deviations from the accepted norm. He noted that quality of life should include “every aspect of life”, and he wondered whether a person’s hierarchy of values in determining quality living may be rearranged in the face of frailty. One of his earlier studies (Lawton 1985) supported the same hypothesis. It showed that very impaired, homebound older people had established “control centres” from their living room chairs. From here they retained control over television, telephone, reading materials and mementos from the past. Lawton’s study highlighted the connection between quality living and positive reports of time use and occupational control. He advocated further research to assess the positive features of life and to determine how people’s environments can maximise opportunities for positive experiences.

In 2003, it is perhaps correct to say that the debate concerning quality of life domains, has now peaked and resulted in a greater consensus of opinion than at any time during the previous three decades. Anderson & Burckhardt (1999) summed up the situation in their comprehensive study of the concept and measurement of quality of life. Here they concluded that non-medical factors ought to be central and they suggest ongoing support for Flanagan’s (1978) five quality of life domains which are: physical and material well-being; relations with other people; recreation; social, community and civic activities; and personal development and fulfilment. It is interesting to find a return to domains identified more than 20 years earlier. Perhaps researchers would do well to note the strength and rigour of Flanagan’s earlier work. He arrived at his resulting fifteen categories in five domains only after he had collected 6,500 critical incidents from almost 3,000 subjects across the USA. In the collected incidents, he explored events over the preceding five years, which had produced pleasure or a strong positive or negative emotional response. Flanagan makes several references in his categories to “activities” and embedded in his personal development and fulfilment domain is a category entitled occupational role.

From this review of quality of life literature there is little doubt that purposeful activity or meaningful occupation is normally recognised as a component of quality living. On moving beyond the ideas of professionals and consulting the real experts,

i.e. the elderly people themselves, there is limited literature. Such that there is, suggests that meaningful occupation continues to be important to individuals as they advance in age. Lansdown (1994) described the eloquence of Mary Stott, then aged 80 years, and a former editor of the Women's Page of *The Guardian*. Stott spoke of the value to her of painting, gardening and music. She remarked that it was of little consequence if her voice had become lower over the years. She always had a low voice and could continue to sing the bass parts along with the men. Lansdown also illustrated a challenge to the unfortunate "what can you expect at your age" line, with a story about an elderly man who, having complained about a pain in his leg, was told that he could expect it at his age. At this point the man pointed out that his other leg was 104 years also and that had no pain!

Fletcher *et al.* (1992) highlight the fact that much research on the quality of life of older people has been conducted amongst the minority who are residents of nursing homes. (Denham (1997) suggested that this figure may be as low as 6% in Britain). In such protected environments much emphasis on quality of life is directed towards avoidance of the negative consequences of institutionalisation, so this research cannot be directly translated outside the nursing home surroundings. This body of research does however highlight the difference that environment can make to an individual's perception of quality of life. Lansdown (1994:636) phrases this as "the complex interaction between the characteristics of the individual and his or her environment".

Hughes (1990) and Law *et al.* (1996) both discuss the importance of studying the environment in relation to quality of life. Hughes describes a model of quality of life for frail elders, in which she cites both purposeful activity and the quality of the environment as essential components. She moves the debate on by suggesting that further research "could usefully investigate connections and relationships between the different subsystems" (p.55). Law *et al.* (1996) introduce the 'Person-Environment-Occupation' (PEO) Model. This model addresses the important relationship between the environment and an individual's level of occupation and portrays the outcome of the relationship of these components as occupational performance (OP). The authors suggest that this is a dynamic relationship, such that

a change in any one of the model's three components can influence the resulting occupational performance, either negatively or positively.

Individual or subjective interpretation of life's quality now has a recognised place in any study of the topic and for people of all ages there is strong indication that meaningful time use is an important constituent. Although quality of life literature is abundant, there is however a dearth at the heart of the topic, i.e. what exactly is regarded as meaningful activity? Frankl (1984) would have considered this an essential search to conduct; during his concentration camp experience he developed his ideas that human survival depended upon finding meaning in life:

*Man's search for meaning is the primary motivation in his life...
This meaning is unique and specific in that it must and can be
fulfilled by him alone.*

(Frankl 1984:121)

Frankl then goes on to suggest that we can find life's meaning in three ways, and the first of these is by creating a work or doing a deed. It seems that the expression "meaningful time use" is worthy of a deal more exploration.

At this point in the review it is relevant to direct attention to the specific area of vulnerable elderly people.

2.4. Vulnerable elderly people

In areas such as musical performance, political leadership, and sports, men and women 100 years of age or more have scaled heights, both literally and figuratively... Such stunning degrees of competence and achievement in later life expose the mythological nature of the stereotype of the elderly as being sick, sedentary, sexless and impoverished

(Carlson *et al.* 1998:108)

Although vulnerability and old age are linked, the association is neither straightforward nor consistent. Recent literature was sought which would assist

clarification of key influential factors, namely physical and psychological capacity in old age, environmental influences over capabilities and methods of combating the effects of increasing vulnerability.

Spiriduso and Gilliam-MacRae (1991) described something of the range of capacity in old age, with the following comment: “Individuals who live to their seventh, eighth, and ninth decade range from those who are in an excellent state of health to those who are in a state of morbidity” (p.233). Carlson (1998) continued to report “champions” in their field who had been recognised in their ninth or tenth decade. In 1985, Otto Bucher from Switzerland, aged 99 years, became a hole-in-one golfer at 130 yards; and in 1994 a Japanese man, Ichijirou Araya, aged 100 years, climbed to the 12,388 feet summit of Mount Fuji (Carlson *et al.* 1998).

Although a man in the UK will become eligible to draw old age pension on his 65th birthday, he becomes neither “old” nor “vulnerable” at this time. A complex process, ageing “reflects the interaction between our genetic inheritance and environmental and lifestyle factors” (Khaw 1997). It is known that adaptive responses to stress are lost as bodily functions progressively decline. At this point there is a growing risk of chronic disease and we become increasingly likely to die. Grimley Evans (2002) comments on the ongoing lack of productive research on the mechanisms of ageing and on age-associated disease and disability in the United Kingdom. He suggested that services are “still driven more by theory than certainty” (p.93). Life expectancy is one of the ways in which the ageing process is monitored. Cunningham and Brookbank (1988) reported maximum lifespans for species; 13 years for a rabbit and 113 years for a human, asserting that this maximum human lifespan has remained constant for the past 30,000 years. Recently however, Kirkwood (2001) proposed new evidence that the human lifespan has increased, when he reported Jean Calman’s death at a reliably documented age of 122 years 5 months. A number of researchers, including Khaw (1997), suggest that whilst maximum lifespan is probably genetically determined, judicious adjustment to lifestyle and environment can prevent, or at least postpone, a substantial number of age-related chronic diseases and the accompanying escalating vulnerability. There are now many illustrations of this point. For instance in just ten years the USA has experienced a fall of 33% in stroke and a 24% decrease in coronary heart disease (Khaw 1997). In

examining changing patterns of life-threatening conditions, we can learn much from studies of immigrant populations. There is a suggestion here that environmental factors are more important than genetic factors. To return to Khaw's (1997) discussion; she cites two examples. Members of the Luo tribe of rural Kenya only show rising blood pressure with age if they move to the city of Nairobi. Secondly, Japanese people living in Japan generally have low blood cholesterol levels, whereas any Japanese members in the US army, consuming an American diet, have high cholesterol levels that resemble European army recruits. Because nutrition is now known to play a large part in promoting health, the EPIC study (Riboli and Kaaks, 1997) is examining complex links between diet and health. Researchers from nine European countries are monitoring the long-term health and lifestyle of 400,000 healthy middle-aged men and women volunteers.

Tout (1992) reported other accounts of environmental influences over retained capabilities into advanced old age. Although the exact details of ages may not be as extreme as originally reported, and lifestyles have changed with the increase in tourism, it is still accepted that in South America's Vilcabamba, the valley where "the golden tablets of cholesterol wisdom" were discovered, people tend to live a long time. Honigsbaum (2003) reports a recent investigative visit when he talked with the locals and found many who were active, fit and mentally acute, well into their eighth and ninth decades, attesting that healthy vegetable diets and ongoing opportunities for work such as tending vegetable patches, were important influences. Tout contrasted this environmental influence with that of the nearby South American city of Potosi where life is "cheap and brief". Here the locus of control has experienced a shift from internal choice to external demand (Baltes and Baltes 1986) and in Potosi, male mine workers live in barren blizzard-swept deserts at 15,000 feet. Malnutrition and multiple industrial diseases are common and by forty years of age, the mine workers are likely to present as "burned out" cases", physiologically aged and unable to continue with their daily tasks.

By way of contrast, there is considerable current interest, both in Europe and in America, in developing specialist environments for retirees. One such scheme reported: "Residents not only lived longer than expected, but achieved a quality of life far exceeding that experienced by residents in traditional homes" (Extracare

Charitable Trust 1997). Further environmental studies (Bultena and Wood 1969, Lucksinger 1994, Kingston *et al.* 2001) support the stance of retirement communities, where there is peer support, safety, stimulation to retain healthy lifestyles and as Kingston *et al.* suggest: “autonomy with inclusion” (p.228).

From a psychological perspective, vulnerability in elderly people is again unpredictable. Traditionally, Erikson (1950) had proposed that in the eighth and final life stage, there was a struggle for integrity over despair. His last published work (Erikson *et al.* 1986), reflected his increasing sensitivity to the plight of contemporary elders in industrialised nations, where society tended to marginalise them. He also strongly supported interdependency amongst age-groups, particularly between elders and children. However, there are recent researchers who suggest that Erikson’s work, with its neo-Freudian basis, is limited, because human will is not addressed. Erikson never questioned that people were born with an *a priori* set of instinctual concerns. Human struggles were predetermined and took place within a cultural context, but were not provoked by social or cultural factors. Abell (1998) is one such contemporary researcher. He suggests that Erikson’s work does little to address the plight of an elderly person who has “fallen into despair and disgust, and who must live in our present culture, bereft of a social milieu that is sensitive to his or her developmental needs” (p.88). Abell puts forward the work of Kohut (1977) as a supplement, that in its support of transference needs, offers a more positive guide to professionals who are working to foster the emotional well-being of their elderly clients. By way of illustration, Abell presents the case of an elderly retired professor of anthropology who presented with a “clear case of Eriksonian disgust”. He had multiple medical problems, compounded by a long-standing frustration that his earlier anthropological research findings had never been fully recognised. During more than a year’s individual psychotherapy counselling, a rapport developed in which a young male therapist displayed interest and, himself an academic, a genuine empathy with his client’s struggles. Noticeable improvement in both physical and mental health was recorded. Abell concludes that by integrating central ideas from both Erikson and Kohut, gerontologists are supplied with “a useful model of how to assist the elderly individual in crisis” (p.96).

Psychological theories about later life have given rise to diverse applications in work being conducted with elderly people. Inter-generational projects are successfully being implemented in many countries. One rapidly expanding organisation which hosts a number of pioneering intergenerational initiatives is 'On Lok Senior Health Services', based in San Francisco's Chinatown. A recent newsletter (*On Lok News*, 1999) described the powerful two-way benefits to a group of kindergarten children and a frail older On Lok participant, that were realised over a six year period until and after the death of the participant. On good days they shared ice cream parlour trips, and at other times the children paid hospital visits to take flowers, sing songs and generally convey a sense of caring and friendship. In addition to inter-generational projects, the use of resolution and validation therapy has appeared to be a beneficial approach in working with frail elderly people (Feil 1993). Validation therapy is based on the recognition of the need for individuals in later life to move on beyond feelings of frustration, or perhaps missed opportunities, and to achieve personal acceptance and contentment with a life well-lived. Feil (1993) gives case study examples which indicate how validation therapy is helpful in reaching patients with dementia, and how it is calming and can dramatically improve wandering, agitation and withdrawal. There is however, minimal published research on validation therapy beyond the work of Feil. Cochrane Review (2001) was only able to examine two studies, from which they deduced: "There is insufficient evidence from randomised trials to make any conclusions about the efficacy of validation therapy for people with dementia or cognitive impairment, although observational studies suggest there may be some positive effects".

Although vulnerability arising from cognitive decline in old age, is unpredictable in its onset, it is estimated that the prevalence of dementia increases with age and that it reaches 20% in people aged over 85 years (Gray and Fenn 1993). Reality orientation (RO) was popular as an intervention strategy for people with dementia, during the 1960's and 1970's, being used in an effort to combat or slow cognitive decline. However, by the late 1980's RO had become unpopular (Dietch *et al.* 1989), and was seen as counter-productive. With its potential for misuse it could become a demeaning and confrontational experience. Currently, RO is making a comeback with results such as those described by Zanetti *et al.* (2002). They reported from their study of 38 mild to moderately-demented out-patients, that there

was some evidence that RO has benefits on both cognition and behaviour in people with Alzheimer's Disease. Woods (2002) however reserves some scepticism in relation to the title of RO, because of previous connotations, and suggests that a new name such as cognitive stimulation may now be preferable.

It appears then that age-related "vulnerability" can arise due to a complex combination of many different physical, psychological and psychosocial factors. We have seen that the environment in which an individual lives, plays a large part in exerting either a positive or a negative influence on whether an older person retains a good quality of life. Predictions for the future suggest these trends will continue, particularly in relation to health-related quality of life (Dalley 1997). Dalley reminds us of the vigorous debate in the 1980's concerning unemployment, poverty and ill health. In the UK there is reported continuing growth in the proportion of economically inactive people, particularly in the late middle-aged population group (Phillipson 1997). With this in mind, the number of people retiring early is likely to continue to increase. Whereas an elected and planned early retirement can constitute a satisfying and fulfilling life experience, an enforced early retirement can provoke financial hardship, bitterness and a clear perception of a reduction in life's quality. As an antidote here, many positive steps are being taken and many organisations are forming, to harness the skills and vigour of retired people to mutually beneficent aims. Perhaps one of the most rapidly growing and successful of these groups is the University of the Third Age (U3A). In the UK there are now over 500 local U3As with a growing membership in excess of 123,000 men and women. (U3A website, accessed via Yahoo, 29.3.03)

Although there are now many measures to counteract inactivity amongst older people, the likelihood of "vulnerability" clearly does increase with advanced old age. This is an issue both for the individual and for any services aiming to meet the needs of elderly clients. In America we hear that people over 75 years of age tend to consume "disproportionate amounts of health and long term care services" (US Bureau of the Census 1999), whilst in the United Kingdom we read of increased dependency and escalating health-related costs for the over 75's (National Statistics 2001b). People in their eighth and ninth decade experience a marked increase in degenerative diseases such as arthritis, plus declining eyesight (cataract) and heart

conditions. Whilst management and treatment techniques continue to develop to alleviate such conditions, resources and availability are finite. Should older people require hospitalisation, then as Carpenter *et al.* (2002) comment, older patients are at high risk of hospital-acquired deterioration, then when they need extended hospital stays they are stigmatised as “bed blockers, as they play havoc with length of stay figures” (p.97). Consequently some very elderly people feel marginalised as they struggle to cope and endure lengthy periods on health service waiting lists. Lawton *et al.*'s (1990) multi-dimensional study of the last year of life is informative in its presentation of how vulnerability becomes life-threatening frailty. In Philadelphia the researchers conducted interviews with 200 surviving relatives of recently deceased older people, in an aim to reconstruct a picture of the quality for a group who spent most of their final year in the community, rather than in an institution. Although quality of life decreased with increasing vulnerability and the onset of frailty, a stimulating, known community environment, enabled interest and hope to be sustained.

Literature that reviews therapeutic occupation as a means to combat the onset of vulnerability and frailty has already been examined (section 2.2). Taking one further example to highlight the benefits, Link (1996) described her work with elderly people with neuromuscular dysfunction. She outlined an interim phase of treatment that involved range of motion exercises using imagery. For example, whilst doing bilateral exercises a group of patients may be asked to imagine they are casting fishing lines or stirring a cooking pot. When one patient was asked what she was stirring, her response was: “a big bowl of chilli and boy is it thick!” Link noted the many added values of such group sessions, including reminiscence, cognitive stimulation, healthy competition overriding boredom with repetitive exercises (“if she can do it, so can I”) and the pure enjoyment in occupationally related tasks.

As we have seen in this subsection, there is no accurate way of depicting a vulnerable older person. Numerous intrinsic and extrinsic factors are involved, both in the creation of age-related vulnerability, and in the methods that can be used to counteract or arrest its progress.

2.5. Critical summary and research objectives

Critical summary of literature

Strengths: Ageing is recognisably a complex process and any personal vulnerability that arises has little direct connection with advanced age. The environment with its interplay of cultural and social influences can play a major role in either minimising or exacerbating any impairment or dysfunction (Kingston *et al.* 2001, Letts *et al.* 1994). People who are seen to age successfully are generally reported as continuing to enjoy a good quality of life. The latter encompasses both health-related and sociological aspects (Lawton 1991, Bowling 1991). Nested within the second of these major areas amongst the many diverse domains, it is usual to find reference to the influence of both the environment and an individually purposeful use of time (Mayers 1995). There is strong evidence too that physical inactivity constitutes a threat to health (Wiswell 1980; Spirduso and Gilliam-MacRae 1991). There is increased interest in the topic of ageing and a burgeoning literature supports the heightened awareness of longevity issues. There is public awareness that as the lifespan increases, attention must now be paid to a commensurate increase in quality to accompany the increased years of life expectancy (*Ageing International* 1996).

Weaknesses: There is detailed recent research that critiques a large number of quality of life instruments, and reports that many of these instruments measure what the clinicians consider of importance and neglect to include the views of the all important recipients of the questionnaires (Gill and Feinstein 1994). Literature that explores the meaning of occupation has tended to devote much time to semantic differentiation between such terms as *occupation* and *activity* (Pierce 2001b). This has been at the expense of eliciting the meaning of a satisfying occupational day for an individual. Until recently, elderly people in many societies, have been perceived as passive (Erikson 1950). Although there is anecdotal evidence to refute this in current times (Lansdown 1994), there is little research that reports how older people like to spend their time (Horgas, Wilms and Baltes 1998). Much of the ageing research has been conducted amongst the minority of elders who are in residential care (Fletcher *et al.* 1992); the voices of community living elderly people being neglected, and there has been little reported research on the ageing self (Atchley

1991). Methodologically, quality of life has frequently been reported as being measured mainly in quantitative terms, for example increased life expectancy following surgery (Habu *et al.* 1988).

Opportunities: Researchers with a prime interest in the quality of life for frail elderly people have highlighted the need for further research which solicits views from elderly people themselves and which explores in depth the individual domains that constitute the complex concept of quality of life (Lawton 1991; Horgas, Wilms and Baltes 1998). There is opportunity to remedy this by soliciting views directly from the many articulate, community-dwelling elderly people whose opinions are missed, because as non-frequenters of the high street they are unlikely respondents to market research surveys. Elderly people have the potential to be better represented in user surveys. Gaining increased input from this important client group could lead to increased accuracy in planning and organising services that meet real and identified client needs. There is opportunity to expand data collection methods, and to make in-depth examination of the links between wellness and days that are perceived as being occupationally satisfying.

Threats: Without further attention to the views of the all important and increasingly large number of elderly consumers, there is a danger that future developments and planning for the use of already over-stretched resources will be based either on outdated information or assumptions. At best, new plans may be based on the views of professionals; such views are notoriously different from those of the clients (Whalley Hammell 2001). Should occupational engagement receive insufficient attention and its impact in individual perception of well-being continue to be poorly recognised, then there is a danger of actually *decreasing* the quality of life that accompanies increased longevity. This outcome would manifest itself in various ways amongst older people. As individuals experience dissatisfaction with their day-to-day lives, depression rates increase and feelings of worthlessness set in (Dalley 1997). Not only are such states individually undesirable and ethically unacceptable in any caring community, but when they do occur they frequently necessitate extensive professional intervention. In its turn, the increased demands that potentially could have been avoided, will place unnecessary burdens on task forces and services that are frequently already over-stretched.

Research objectives arising from the above analysis

In line with the research aims as stated in the Introduction, the preceding study of related literature has enabled a refinement of the initial aims and the establishment of the following specific research objectives:

Aim 1: To gain a person perspective, by conducting an in-depth qualitative investigation designed to uncover the key meanings regarding occupation for older adults. Direct opinions will be sought from the experts, that is the older people themselves, and participants will be encouraged to *tell it in their own way*. The ultimate intent is to add to the identified shortfall of research knowledge in this area

objectives:

- 1. To locate an articulate study sample of elderly people, representative of vulnerable community-living elders.*
- 2. To conduct thorough background work that tests and confirms topic boundaries, suitable models for data organisation and appropriate methods of data collection.*
- 3. To effect and report a rigorously conducted study that is focussed on first hand meaning.*

Aim 2: To examine the range of occupations undertaken; to move beyond quantification (time-on-task) in exploring the meaning and values associated with occupational pursuits for older people and the associated links with perceived quality of life

objectives:

- 1. To accurately record individual experiential accounts of occupational days.*
- 2. To conduct in-depth analysis, ensuring individual meaning is ascertained.*
- 3. To examine the aggregate data and search for common themes.*
- 4. To record and challenge the themes, in relation to perceived quality of life.*

Aim 3: To ascertain the ways in which the environment affects the occupational day for a vulnerable older person, living in the community. For the identified 94% of elderly people who continue to live in their own homes (Denham 1997), the impact of environmental factors upon ongoing occupational pursuits, merits further study

objectives:

1. *To analyse the data, exploring direct or indirect reference to environmental concerns which are of structural, organisational or social nature.*
2. *To use observational skills in interviewing all study participants in their own home environments, and to methodically report observations in field-notes.*
3. *To examine collected data for environmental clues that enhance or challenge quality of life perception or satisfaction with the occupational day.*

3. METHODOLOGY

Among health professionals there has been a growing interest in a research paradigm that is responsive to questions of a holistic nature, questions that generate complex knowledge about how an individual, for example a client, perceives himself and the environment in which he selects his mode of life and adapts to it

(Schmid 1981:105)

3.1. Overview of methodology

This chapter addresses the research aims and objectives given at the close of the preceding chapter. It describes the epistemological position and choice of main study methods, together with the procedures for data management. The qualitative stance, phenomenological approach and multi-method techniques, centred on the “yesterday interview”, are highlighted, as their relevance to the current study is justified.

Throughout, there is emphasis on the central role of the person perspective. By way of introduction, the chapter summarises the results of two background studies that led directly to a clarification of main study parameters.

3.2. Background studies

Between 1997 and 1999, whilst the focus for the main investigation was being consolidated, two background studies were undertaken. These pilot studies aimed to:

- explore initial views of elderly people and their key caring personnel in the general topic area, in order to ascertain the scope of issues involved
- test the use of sample models for data organisation and data gathering, in order to determine their usefulness for the main study to follow
- experiment with a small selection of data gathering tools, in order to determine their value in supporting the main investigation.

Study 1: Vulnerable elderly people in a nursing home environment (Appendix 1).

In brief, the article at Appendix 1 (Green and Acheson Cooper, 2000) reported the following: All occupational therapists share a core belief in Man's occupational nature and much occupational therapy intervention is directed towards the facilitation of independent activity and fulfilling occupations for our clients. In keeping with demographic trends (*Intercom*, 1996), an increasingly large proportion of our clients is now elderly, with the special problems of frailty and multiple pathology. When such clients move into the environment of a nursing home, their residual abilities may not always be fostered and a spiral of decline in occupational performance follows.

The study concluded that occupation is regarded as a valuable component of quality living for people of all ages. As age and frailty increase, provision of individually meaningful occupation becomes a complex process. Judicious and flexible use of the environment, coupled with opportunity to undertake a broad range of both traditional and non-traditional activities, were factors most likely to facilitate an ongoing satisfying level of occupational performance for individual Nursing Home residents. A recognised limitation of this study was that resident views were not solicited: many residents would have been either too mentally or physically frail to undertake interview.

Study 2: Vulnerable elderly people in sheltered housing environments (Appendix 2). In brief these studies were directed to gain insight into occupation and quality of life issues for sheltered housing residents. They were undertaken in the knowledge that many older people in the United Kingdom are now seeking the security of a sheltered environment and such people are frequently retired, with increased leisure time to invest. There is then a need to identify the environmental factors that can best support the residents' chosen occupations. A case study highlighted the findings:

The 87 year old lady, recently adjusting to reduced abilities, expressed her appreciation in being able to retain ongoing choice and control over her occupations. Her legs have become ulcerated and need dressings applied each morning and evening. She can carry out this process independently in her own bathroom where everything is at optimum height. She has therefore opted not to go on any more "turkey and tinsel" week-ends, because they involve overnight stays. Instead, she now goes on and enjoys all the day trips.

In this case, the adjustment in occupation (O), supported by a flexible organisational environment (E), helps the lady to maintain occupational performance (OP) as her personal (P) and health needs increase. The case demonstrated the transactional nature of the PEO components. It is hard to separate the elements; each influences the other and it is necessary for a sensitive interface, where a resident is supported in being as active as she wants to be. In this way her occupational performance continues at a satisfying level.

In conclusion, data revealed many satisfied residents in sheltered housing, whose quality of life was supported by caring and supportive wardens and administrators. Participation in meaningful occupations was recognised as an important component of quality of life by both parties. A ready and ongoing interface with the community with access to all its activities was important, as was the facilitative role of the warden in working with the residents to offer activities of a social nature. Whilst physically frail residents could continue to be accommodated, increasingly mentally frail individuals caused consternation to both service users and providers. It was recognised that professionals with specialist skills, for example occupational therapists, could be used to good effect here, in supporting both staff and residents and facilitating ongoing Quality of Life via participation in meaningful occupations.

The results from the two background studies informed the main investigation in a number of ways. Firstly a minor adjustment to the overall working title was made, from consideration of *frail elderly people*, to the current title which addresses *vulnerable elderly people*. At this point it became possible to define the key terms as they were to be used in the main study. Secondly it was apparent that two potentially useful theoretical models (Hughes 1990; Law *et al.* 1996), had fulfilled the expectations. They were constructive at both data collection and thematic interpretation stages. Background study results also increased the researcher's awareness of the high importance attached to environmental considerations: maximum occupational satisfaction was only witnessed when the environment was seen to be supportive in organisational and physical terms. Following completion of

both the literature search and the background studies it was possible to establish a hypothesis for the main study, intended as an aid to focus data collection:

Fulfilling occupation is conducive to enhanced quality of life for vulnerable elderly people: it is influenced by both biographical and environmental contexts

A final outcome, of relevance to the main study was that interview and data management techniques were affirmed. In particular the case study approach appeared to provide the necessary strengths in reporting complex and inter-related issues. Popular in educational fields for many years (Stake 1995), the early strengths of case study enquiry were recognised and were described by Adelman *et al.* in Simons (ed.), (1980). Such strengths include:

- data may be difficult to organise, but it is strong in reality
- case studies recognise the complexities of social truths
- case studies allow generalisations about an instance- in this situation the instance is the meaning of occupation to vulnerable older people
- case studies provide an archive of rich, descriptive material

3.3. Research approach

Phenomenological underpinning In order to achieve the research aims as stated at the close of chapter 2, it was essential that a qualitative as opposed to a quantitative stance was taken. Lists of activities and amount of time on task in relation to elderly peoples' daily lives have already been recorded, but little is known about the underlying meaning of selected occupations for older community-dwellers. In moving beyond a study of quantity of time devoted to occupations and electing instead to probe issues related to the meaning of occupational engagement, a qualitative approach is necessary. An additional early consideration was that participant experience was seen as core to the study, so each subject must be given a central-stage position. This would seem also to be essential if we heed the words of Schmid (1981) in the header quotation when he speaks of handling "complex knowledge about how an individual...perceives himself". In wanting to understand the meaning of occupation, we do well to also listen to the words of Dreyfus (1994), when he spoke of Heidegger as "the most famous philosopher in existential

philosophy”(p.ix), suggesting that he had referred to human beings as being defined by their self-understandings and the stand they take upon themselves which in turn sets up the range of possibilities open to them.

Although there are several qualitative methodologies that place the subject central-stage and as Denzin and Lincoln (1994) go on to discuss, “qualitative research, as a set of interpretive practices, privileges no single methodology over any other”(p.3). the researcher in this instance chose to use a phenomenological approach because it offered specific opportunities in studying the experiences of daily occupation. Phenomenology holds no intent to search for a single truth, nor does it aim to formulate new theory; rather as each subject is placed centre-stage, multiple realities are recognised and all ensuing findings, however deviant, are valued. Van Manen (1984) reports the co-constitutional nature of phenomenology suggesting that it re-integrates: “part and whole, the contingent and the essential...It makes us thoughtfully aware of the consequential in the inconsequential” (p.36).

Theoretically, phenomenology offers a paradigm that is eminently suited to the exploration of meaning. Benner (1994) reminds readers of the concern for *understanding* rather than *explanation* in the human sciences, because it “stands more fully in the human world of self-understandings, meanings, skills and traditions” (p.xv). Heidegger’s hermeneutical (or interpretive [Benner 1994]) philosophical approach provides a guide in framing the existential nature of the enquiry. He uses *dasein* to refer to “us as entities with ontological attitude” (Ree 2001:353), and *mitdasein* to refer to the world, shared with others, as the scene for everyday action. Such concerns are at the centre of current enquiry, where the intent is to listen to people talking about their everyday activities in their own environments. Heidegger (1962 translation), exploring the meaning of being, cited also the importance of the stance of the *frager* or questioner in any interaction. Ree (1998) in discussing this, elaborated the point by suggesting that a request for a weather report would clearly call for a different response if the questioner was known; i.e. a back-packer, a sailor and a farmer would present themselves each as an individual *frager* and the ensuing answer would be worded accordingly. Ree is highlighting that the essence of the *asker* needs to be known. With this in mind the researcher is here asking questions as an occupational therapist, and seeking best methodological procedures to increase the

understanding of the meaning of occupation as part of quality living for vulnerable older people. Whilst being mindful of the stance of the questioner, the researcher also recognises that phenomenological theory highlights the central role of the *epoche* (Creswell 1998, p.54). Here the researcher must bracket his/her own ideas about the phenomenon, setting them aside in order to reach understanding through the voices of the subjects. Van Manen (1984) recommends the early importance of being “explicit about our understandings, beliefs...theories”; without this step it is suggested that there is a danger of pre-supposition creeping back into the investigation. Value is added to the current study through the recognition and acceptance of such phenomenological principles.

Phenomenological critique In critiquing the phenomenological approach and its relevance to health care professionals, and to occupational therapists in particular, attention is drawn to an increased interest over the past two decades. One of the first reported studies, involving occupational therapists was conducted by Mattingly and Fleming (1994). It highlighted that occupational therapists generally used a phenomenological way of thinking in an attempt to understand their clients’ aspirations, frequently using both empathy and improvisation as they pictured clients at various points in time. A further study which explored the development of clinical reasoning also highlighted the relevance of a phenomenological approach. The study by McKay and Ryan (1995) described the difference in thinking between a novice and an expert practitioner. They used story telling to explore accounts and revealed that the novice tended to be rule-bound and focussed on an immediate solution, whilst the expert was more able to form a total picture of the client whilst making a more rapid and accurate assessment. A similar approach has proved helpful in probing other complex areas of practice and client meaning. Kirsh (1996) addressed spirituality in her paper using a case study of a 29 year old man with a 10 year history of involvement with the mental health system. She demonstrated how a narrative approach enabled the client to regain understanding of meaning and purpose in his life. Kirsh reminded us of some general issues that promote a research affinity between phenomenology and occupational therapy, namely that occupational therapists are generally highly skilled in eliciting historical and contextual information about a person’s life; that facilitating the client to narrate his/her own story places the client in a central position and empowers personal control. Such an

approach then is consistent with the core professional beliefs in holism and client-centred practice, and it naturally includes the wider issues concerning interaction of the person with the environment. As Sixsmith and Sixsmith (1987) suggest: “within phenomenology, it is invalid to pursue the traditional subject-object dualism which separates the ‘external’ physical world from the ‘internal’ mental world (p.315). Co-constitution of the objective and subjective world is present.

A further study merits attention. Halling, Kunz and Rowe (1994) wrote of their development of the use of reflective conversation as a means of conducting phenomenological research with their psychology students at Seattle University. Student feedback over seven years indicated the success of this method with suggestions that as was intended, the programme is humanistic. Through in-depth reflection, it deepened the appreciation for the human condition. It was existential-phenomenological because it developed openness rather than a pre-judgemental attitude towards psychological realities, and it was therapeutic in its focus on psychological conditions which helped people deal with life’s difficulties. They described the approach as a meditative one, involving patience and deep contemplation; consequently the phenomenological researcher is one who is in “no great hurry”. In abandoning preconceptions too and in an attempt to enter a client’s world the researcher aims:

not to deny truth but to understand it with a fresh approach. It calls us to pay attention to our experience in an attitude of wonder

Halling, Kunz and Rowe 1994: 116.

Phenomenological method In implementing a phenomenological approach, the process is lengthy and cannot be hurried or simplified. Finlay (1999) discussed some of the strengths and problems in conducting phenomenological research. An occupational therapist herself, she outlined the importance of conducting research which is compatible with the profession’s organismic and humanistic philosophy, hence the popularity of a phenomenological approach. She then moved on to the area of confusion that surrounds implementation and suggested that health care researchers were embracing the phenomenological methodology without sufficient familiarity, then implementing it in several contradictory ways. She cited the five year history of

vociferous debates in nursing journals, as a case in point. Some of the initial difficulty, Finlay suggested, was that the early phenomenologists were largely theorists and philosophers who provided little practical advice about how to apply the weighty philosophical ideas. To assist, Finlay provided some guidance in the form of three principles, plus ten individual then eight general phases for the conduct of phenomenological method. They are reported in detail here because the same steps were used to guide the current study.

The three principles are discovery orientation, with methods arising from, and being responsive to the data, and the need for continuous reflexive analysis. The first stage of analysis is focussed on the individual and Finlay adapted her points from those published by Wertz in 1983. Initially the researcher aims to empathise, through immersion in the data. Units or phrases of meaning are discovered and these are studied over time, but no attempt is made to move into premature analysis. The experiential data receive intense scrutiny and probing, particularly where sections appear to hold significant meaning. The researcher then steps back, reflects on the experiences and begins to make links between the various topics as raised in the stories, studying the context and the subject's feelings at the time. Reflection and deep probing continues as existential dimensions such as identity, spatiality and temporality are explored. It is only at this stage that the individual analysis is put into words; names are put to themes and phrases as the researcher uses own words to capture the life world of the subject. Testing and reformulating is necessary with constant return being made to original descriptions to try to stay true to the phenomenon (subject). Themes are modified accordingly, neat packaging is avoided and instead incomplete or contradictory data are prized.

Once all the data have been analysed in terms of the individuals, the researcher turns to study the narratives from all the subjects and to make comparisons across the board. Finlay again adapts her points from the earlier work of Wertz in the following manner. A search is made for general insights: critical consideration is given to the features of individual analyses that might give rise to a general truth. The individual analyses are compared to establish commonalities and differences. The researcher challenges the claims of universality, and begins to establish a hierarchy of individual versus general themes. As essential themes are established, both general truths and

individual differences are put into words. Testing and reformulating occurs and themes are modified as necessary. In the final stage the researcher aims to express the findings by using language which brings to life the “flavour of the phenomenological experience” (Finlay 1999:304).

In her account of the process, Finlay clearly outlined that phenomenological analysis demands a systematic but creative approach and like Halling, Kunz and Rowe (1994) she again stressed that deep reflection needs time, and that in the absence of this rigour, the resulting analysis may be superficial and may simply contain the researcher’s own predetermined categories. The researcher in the current study aimed to remain mindful of these points.

3.4 Main study methods

The two background studies already undertaken, had served to confirm the complexity of factors involved in undertaking a study of the meaning and value of ongoing occupational activities for vulnerable elderly people and the central importance of environmental factors in facilitating individually chosen pursuits. With this complexity in mind, the use of multiple data collection strategies, as advocated by Massey (1995) was deemed necessary, in order to acquire as complete and accurate representation as possible.

(a) Yesterday interview

Moss and Lawton (1982) reported their use of a detailed record, given by a sample group of 535 urban elderly people, each person outlining the exact detail of activities undertaken during the previous day. Accuracy of detail was felt to be enhanced by the immediacy of the recall of events that had taken place only yesterday. Moss and Lawton’s study yielded a meticulous record of exactly how much time had been spent in participating in one of a range of activities, also the amount of liking for each activity and quantitative outcomes were obtained. However Moss and Lawton’s study gives little detail of the actual activities beyond a simple classification of obligatory and discretionary activities such as social interaction and recreation.

For the purpose of the current study, the practice of recalling yesterday's activities is to be used, but no quantification is sought. Rather, the respondents will be encouraged to describe their "yesterday" from start to finish, to recall their feelings in undertaking specific activities, and to relay details of the experiences, together with the context in which they were undertaken. In this way it is intended to probe the meaning of occupational engagement to each individual, with accuracy facilitated by the immediacy of the recall. It is envisaged that the yesterday interview will yield the major amount of data for phenomenological analysis of occupational meaning to the people involved.

(b) The Nottingham Longitudinal Study of Activity and Ageing (NLSAA) Instrument

As an opening step in the interview process the researcher was aware that it was necessary to collect a small set of general biographical information for each subject. The Nottingham Longitudinal Study of Activity and Ageing (NLSAA) (Morgan, 1998) was a large scale study of 1042 subjects with reported reliability of the data collection instruments. The subject population in Morgan's study was comparable in age with the intended sample for the current proposed study. Therefore for standardisation purposes, at the opening of the initial interview, basic demographic and mobility data headings will be used as per the NLSAA.

(c) The Moss 36-item short-form health survey (SF-36)

The SF36 survey (Ware and Sherbourne 1992; Jenkinson *et al.* 1996) was investigated for its relevance to the study in hand, in particular to act as a standardised health measure which would support the completely open data to be obtained from the yesterday interview above. It was anticipated that the SF36 might act as a screening device to assess initial similarities between subjects and to address issues such as age range, emotional limitations, vulnerability or physical frailty levels. Additionally, as health and perceived quality of life are so frequently linked, it is anticipated that the completed SF 36 will facilitate a deeper study of issues linking health and occupational engagement.

Further investigation was then conducted to assess the suitability of the SF36 for the client group under investigation. Although there is recent debate concerning the

suitability of this form in assessing health status in some elderly populations (Hayes *et al.* 1995; Mahony *et al.* 1998; Parker *et al.* 1998), it has been found suitable in use with elderly clients and has been found most reliable when interviewer administered and when used with ambulant non in-patients. The justification for using the SF36 in the current study is:

- The SF-36 has undergone evaluation and validation in a variety of populations. It is a recognised and standardised assessment.
- The SF36 will be used in circumstances that have previously yielded reliable data.
- It will act as a reliable screening measure and will facilitate comparison of objective feelings of health and wellness with subjective accounts of occupational engagement.

Permission to use the SF36 standardised assessment for the purposes of the current study was sought and granted ¹.

(d) Visual Analogue Scales (VAS)

VAS were used in the second set of background studies, and were found manageable and acceptable to elderly people as a means of recording the abstract concept of quality of life. Researchers have noted the difficulty in obtaining such data. Moss and Lawton (1982) had noted that their research team had to compromise; part of their study attempted to explore “meaningfulness” of activities, but they found this concept was poorly understood and they resorted to the use of “liking” instead. VAS have recently been found valid in assessing subjective states, amongst both young and older subjects, (Tiplady *et al.* 1998). In particular Tiplady’s study discovered that educational duration and qualification did not affect the outcome and VAS scoring; this was seen as relevant to the current study where it was known that the oldest subjects may well have left formal education at the age of fourteen years. In the current study VAS will be designed to be interviewer administered and to collect each interviewee’s perception of current quality of life status, and the personal amount of satisfaction with the present level of occupation. Thus two visual analogue scales will form a subsection of each respondent’s data.

¹ SF36 permission to use for the purpose of this study; obtained from the Medical Outcomes Trust, 20 Park Plaza, Suite 1014, Boston, MA 02116-4314. June 2000.

(e) Multiple Sorting Task (MST)

The MST has been found to be a useful methodological tool amongst social scientists working in the area of empirical phenomenology. Sixsmith and Sixsmith (1987) provide full details of this method, and then illustrate how the “inner perceptions” of phenomenology can be harnessed via the MST to provide an objective and empirical result. They suggest such “hardening” of the phenomenological approach renders it scientifically more rigorous. They remind us too that earlier philosophers indicated a need for this; for instance Husserl (1950) suggested that the phenomenological method should be both empirical and scientific and generalisable across situations. The MST therefore suggests itself as an appropriate additional tool for the current study, in order to facilitate a structured exploration of the described occupations.

Occupational categories will be identified from the original interview data. These will then be listed on individual cards, returned to the people concerned for the purpose of member checking and for the individual’s involvement in sorting and developing the categories to enhance individual meaning. Individuals may choose their own criteria for sorting purposes, with “preferences” and “frequency” being held as researcher suggestions, to be used when the subject asks for help with criteria selection. It is the intention that this process could be beneficial to both researcher and subject, as the latter may be able to reflect on action as a precursor to making positive change, for example when a preferred occupation can no longer be enjoyed due to poor health.

3.5. Selection of research participants

The participants were selected by purposeful sampling (Coyne 1997), for their wide range of experiences. Coyne suggests that purposeful sampling enables “information-rich cases” to be selected for study. Literature and background studies were used to develop sample inclusion and exclusion criteria.

The inclusion criteria were established as:

- community dwellers who live alone. This criterion was established for two reasons: Firstly, the largest proportion of UK elders resides in the community. Secondly, having a spouse or partner is known to have a major effect on perceived quality of life and activity participation.
- women or men 75 years or above, with an active recruitment stance towards men in order to reflect a normal gender balance.
- cognitively able, articulate subjects, willing to participate.
- representative of a range of activity participation levels, i.e.
 - those who are active and purposeful in their pursuit of occupations, (recruited through neighbourhood sports clubs)
 - those who are users of general local community support services (recruited through Age Concern)
 - those who are mainly or entirely home-bound (recruited through a general practitioner)

and the exclusion criteria were:

- elderly people who live in any form of partnership
- those who live in any form of residential setting
- those who have a cognitive impairment

The final number of participants was twelve. They all took part in the full programme of face-to-face interviews and data collection procedures, and provided a rich picture of the phenomenon under study. The participants were equally distributed amongst the three identified levels of activity engagement, as outlined in the above inclusion criteria.

3.6 Data collection procedure

Prior to commencement of data collection, requisite paperwork was completed in line with ethical guidelines. A research interviewee letter was prepared and ethically approved. The letter informed the participants of the nature of the study, their rights

as subjects, measures for data protection and the anonymous nature of data presentation. The letter was presented in large face type, and bore a University contact address and number for the researcher, should the participant wish to make contact once the first interview was completed.

On each data collection occasion, the participant was either telephoned, or called on (in the absence of a telephone), to arrange a mutually convenient time for initial interview. It was specified that one to two hours would be needed at the initial stage, but the participant was free to terminate the interview at any point, with or without reason, should they so wish.

Initial interviews took place by invitation, in the homes of each of the participants, usually in a lounge or kitchen setting. Tasks were outlined and the participant's willingness to continue was ascertained. The sequence of data collection was constant. Firstly the NLSAA instrument questions solicited biographical information, then the SF36 was administered and followed by the taped account of the Yesterday interview. Final data was collected via the administration of two VAS. At the conclusion of each initial interview the participant was invited to ask any questions, their willingness to be visited a second time was checked, and thanks were given.

Following first interview, all tapes were transcribed, and other data sheets scrupulously checked for completion. The researcher also began completion of a set of field notes for each participant; these were to continue to be completed after every encounter.

Second interviews, for the purpose of member checking of transcripts and completion of the MST, occurred approximately three months after first interview and the following sequence was employed. A member check of the yesterday transcript was offered and the participant was invited to retain a copy for perusal and later comment if he/she wished. The major purpose here was to check for accuracy and personal acceptance of given data for full data analysis. The administration of the MST followed, then there was an opportunity for questions and discussion. At the end of the interview the participant was again thanked and asked if he/she would agree to a further visit should the need arise.

3.7. Data analysis and presentation

After tape transcription, and checking for completion of all associated documentation, it was necessary for the researcher to become “fully immersed” in the data (see the account under 3.3). The researcher sought to empathise with each of the participants, and scrupulously explored the data for units of meaning. A close examination of phrases and meaning units, enabled the focus to stay with each individual, whilst the researcher remained *bracketed* (Schutz 1970); keeping any personal assumptions or prior knowledge set aside.

Before beginning the full data analysis, alternative procedures were studied, to ensure that the most appropriate method of analysis was being employed. A recent successful phenomenological study exploring self-care ability amongst Swedish elders, used structured analyses to distil meaning from postal narratives. (Soderhamn 1998). In this study however there were distinct categories of self-care that lent themselves to a more structured analytical approach. Computer-assisted qualitative data analysis software (CAQDAS) was also explored, but a consensus opinion appears that the intimacy gained from manual handling is of value, and that the currently available CAQDAS impose limitations; caution is advised (Pope et al 2000). Personal discussions with fellow researchers also served to reinforce the added value of in-depth personal analysis of data when nuances of meaning can be detected and explored.

The manual data analysis followed the phenomenological process as described in 3.3. In the initial phase the researcher aimed to study each of the participant’s accounts; to enter their worlds as far as possible, sharing their experiences and teasing out initial units of meaning and activities for further exploration. In the second phase when individual accounts had been explored, the themes were developed so that commonalities and differences between the subjects could be further examined. Van Manen (1984) describes this: “So phenomenological themes are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus experienced as meaningful wholes. Themes are the stars that make up the

universe of meaning we live through” (p.59). The final phase consisted of challenging and refining the findings. One quarter of the individual analyses was cross-checked by a research supervisor and a subject for verification purposes. In line with their comments, minor adjustments were made to terminology to make the text more meaningful and accessible to lay consumers. The collected results are presented over the next three consecutive chapters as Results I to III.

4: RESULTS I: BACKGROUND INFORMATION

*As in the realm of the stars it is sometimes two suns which determine the course of a planet, as in certain cases suns of differing colours shine on a single planet now with a red light, now with a green light, and sometimes striking it at the same time and flooding it with many colours: so we modern men are, thanks to the complicated mechanism of our 'starry firmament', determined by **differing** moralities; our actions shine alternately in differing colours, they are seldom unequivocal – and there are cases enough in which we perform **many-coloured actions**.*

Nietzsche; Hollingdale translation 1973: 147-148.

4.1. Overview of results

In line with a phenomenological approach, the results are presented with a major emphasis on the participants' world and their experiences of an occupational day.

Chapter 4 This first results chapter sets the scene. It introduces the participants, provides each with a pseudonym and presents background information to portray the characteristics of the participant group. The standardised test results reported in this chapter, provide an accurate picture of each individual's level of functioning. The latter is helpful when studying the major factors that may influence the achievement of a satisfying day.

Chapter 5 The second results chapter presents a series of twelve case studies with a prime focus on the findings of the major data collection instrument, the yesterday interview. Each case study begins with a vignette of the person in his/her home environment, then reports an in-depth phenomenological analysis of the yesterday interview, highlighting the individual themes associated with a satisfying occupational day. The multiple sorting task results are also reported and each study concludes with comments related to the meaning of occupation for the individual. The chapter ends with a phenomenological summary.

Chapter 6 The third chapter of results draws together the individual themes, examines the collected data and reports on the four general themes that emerge as being common to all subjects. In addition, the illuminative detail provided

during the yesterday interview, indicates positive and negative factors which contribute towards each theme. It is then possible to suggest a position of *emptiness* for each general theme, and an opposite position of *over-stimulation*, whilst between the two, is a position of harmony. Here the contributory factors are balanced and they offer positive enhancement to the day. A thematic model is introduced to illustrate the transactive nature of the four themes within each person's life-world. Additional impact factors of health and social demography then receive further study.

4.2. Introduction to the participant group

All data were collected during an eighteen-month period, between March 1999 and September 2000. The data collection ceased when ongoing analysis suggested a level of completion that was sufficient in providing a comprehensive and in-depth illumination of the subject area, namely the meaning of occupation as a quality of life component for a group of vulnerable, community-dwelling elderly people. The list below and summary (Table 4.1) to follow, gives each participant an alphabetical pseudonym for reasons of anonymity and to facilitate a ready portrayal in the succeeding accounts.

Ann is an active member of her community, but two recent falls have caused her to question whether she can continue her regular sporting commitments and membership of the ramblers club

Beatrice has lived in the same house for 45 years. She is independent but now rarely goes out and she is bothered by her increasing forgetfulness.

Cath likes her active pursuits and walks and visits a local gym regularly. Recent knee surgery reminded her that she may not always be able to be as active as her current activities dictate.

Doris continues to enjoy her once a week voluntary work. In-between times she attests to be lonely and restless. She would like to do more walking but does not like group excursions and is afraid to walk in the countryside alone.

Edith is a very creative woman, for whom there are never enough hours in the day. Fiercely independent; she gardens, cooks, paints and sews. Knowing that others do not share her creative passions, she worries about what will happen to her many artefacts when she dies.

Fay is profoundly deaf and has a lot of pain from arthritis. She cannot walk far, but thoroughly enjoys her weekly swim with the local disabled group.

Gladys has pain and health problems and is limited in what she can do. She lives on the ground floor of her large house and enjoys the support and companionship of local Age Concern's activities.

Horace has lived alone since his wife died ten years ago. He rides his bike to the shops and enjoys helping with a local youth group. Just recently he has tired very quickly and has been hospitalised for investigations

Ian was his wife's carer until she died a year ago; he misses her a great deal. Ian has much pain and stiffness in many of his joints due to arthritis. He goes out briefly twice a week, otherwise he watches television.

Joyce is housebound but has many visitors. Her sight is very poor and her balance is not good. She enjoys singing and being a raconteur.

Karl has always been an active man, with many local interests. Just recently his balance has become precarious and he now feels unable to leave the house alone.

Lucy is trying to come to terms with deteriorating eyesight. She is now unable to read or pursue any of her former handicraft hobbies. She has chosen shortly to leave her own home and move into residential accommodation.

Table number 4.1: The study participants

Pseudonym	Age/ years	Sex	Marital status	Present living environment
Ann	75	F.	widow	house
Beatrice	90	F.	widow	house
Cath	77	F.	widow	house
Doris	76	F.	single	house
Edith	88	F.	widow	bungalow
Fay	83	F.	widow	house
Gladys	83	F.	widow	house
Horace	77	M.	widower	house
Ian	85	M.	widower	house
Joyce	98	F.	widow	bungalow
Karl	91	M.	widower	house
Lucy	85	F.	widow	apartment

It can be seen from table 4.1 that the participants ranged in age from 75 years to 98 years. The decades were represented as follows:

70's = 4 subjects
 80's = 5 subjects
 90's = 3 subjects

The face-to-face introduction of researcher to participants entailed the following process and commensurate results. Each of the above participants received an individual interview in their own home. A total of 26 interviews was conducted; the range being from one to four, with a mean of two, and the median also recorded as two. The interviews resulted in 72 pages of transcription, with accompanying field-notes resulting in 36 pages. By invitation all interviews were carried out in the participant's front or back room, or occasionally in a living/kitchen space. The single exception resulted in one person receiving a second interview in the researcher's home, due to mutual convenience. Each individual was always asked his/her preferred seat before the researcher ascertained where she should sit. Methodology Chapter 3.6 gives the interview procedure that was followed. By dress, behaviour

and minimal personal disclosure, the researcher sought to establish a uniform, professional yet relaxed approach on each occasion. Although some people displayed initial awareness of the tape recorder, this soon disappeared. The general comfort of the participant's living room environment appeared conducive to ready, and in many instances, unrestrained conversation. At the close of each interview the researcher stepped from researcher to therapist mode, feeling it would be professionally unacceptable to leave therapeutic needs unmet. Thus the interviews resulted in the following additional interventions:

- Ann: ongoing discussion regarding housing alternatives
- Beatrice: a bus trip to a local seaside town and fish and chip lunch. This was an activity the subject had previously regularly enjoyed, but lacked confidence to resume after a recent bout of flu.
- Edith: two further visits to share garden plans
- Ian: referral to community occupational therapist for bath seat and tap turner
- Karl: referral to G.P. for re-assessment of poor balance and potential need for mobility aids
- Lucy: supply of a long-handled reacher

4.3 Background data results

Nottingham longitudinal study of activity and ageing (NLSA) Instrument

This standardised test yielded the following baseline information about the study participants. As befitted the selection criteria, they all lived alone. One person was single, eleven were widowed for periods of time ranging from 2 years to twenty-four years. The average period of living after the death of a spouse was twelve years, with three people having outlived their spouse by periods in excess of twenty years. In keeping with a normal gender disparity, females were noted to have the four longest periods of widow-hood. Females also registered the higher mean period of widow-hood, of thirteen years compared with a mean of eight years for the males.

In exploring the family compositions, as no participants had surviving parents, immediate relatives were taken to include children plus brothers and sisters. Within these parameters the participants recorded a range of family members from 0 to 4.

Three participants had no living immediate relatives. The geographic distribution of relatives was wide, with four people reporting relatives who lived in Canada or the USA, and three participants with relatives in the UK but in excess of 100 miles away. Seven people had relatives living within ten miles; of these seven, four reported that they saw at least one family member at least once per week.

The NLSA Instrument also records basic personal mobility levels. Of the twelve participants, **five** reported themselves as fully ambulant. Of these five people one took a regular 6-7 mile ramble most weeks, three walked 2-3 miles most days and one walked up to half a mile several times a week. None of these five people used any walking aids, although one said she had a stick for use on uneven ground. There were two car owners and drivers within the fully ambulant group plus one person who regularly rode a bike. **Four** participants reported themselves as slowly ambulant. All of this group used a stick out of doors, walking was limited to between 25 and 100 yards, and most of these people used taxis or Merseylink for independent transport to shops. **Three** participants reported themselves as mobile only within their own homes. Two of the three were able to make short trips out of doors if they used a stick and were escorted by one person. One of the people used a zimmer walking frame and was housebound. She stated that she had last been out three months previously when a therapist had collected her in a specially adapted bus.

In terms of housing, ten participants had lived in their present house for more than twenty years, including three people who had occupied their present house for more than forty years. The maximum period of residence was 59 years. The houses occupied by the participant group comprised both twentieth century semi-detached and terraced residences and large older Victorian style properties, plus two bungalows. Of the two people who had made more recent moves, one had moved eleven years before into a council-owned bungalow with a warden in the neighbourhood, and one person moved 9 years before into a ground floor Housing Association apartment with a warden.

As part of the NLSA data collection process, occupations of the participants were requested. Eleven people had been fully retired for periods of time between fifteen

and thirty-seven years. One person continued to work one or two days per month in an office. Of the three male participants, two were retired from manual work, brick-laying and polishing at a shipyard, and the third was a retired insurance agent and magistrate. Of the nine female participants, eight had worked both before and during their marriages, the ninth reported brief periods of work before she became the 'hands' for her husband as he was disabled. The female occupations included: in-service, waitress and cook (2), wages clerk and comptometer operator, a member of the Women's land army, a maths teacher and the manager of boarding kennels.

SF36 Instrument

This second standardised test yielded a complete set of health-related data for each of the twelve participants. In the table 4.2, with headings as per the standardised test, a score of 100 equates with maximum health in any particular field.

Pseudonym	Physical function	Social function	Mental health	Energy/vitality	Pain	Physical limitations	Emotional limitations
Ann	95	100	88	80	77.8	100	100
Beatrice	75	100	48	55	77.8	50	66.7
Cath	70	100	60	25	77.8	100	100
Doris	80	100	44	50	33.3	100	100
Edith	85	88.9	92	70	55.6	75	100
Fay	20	55.5	64	45	22.2	25	33.3
Gladys	45	100	88	40	33.3	25	66.7
Horace	95	100	64	75	88.8	50	66.7
Ian	10	44.4	52	30	22.2	50	0
Joyce	0	33.3	90	30	55.6	50	100
Karl	20	55.6	88	70	100	75	100
Lucy	10	11.1	36	30	55.6	25	0

As may be expected from the research selection criteria, none of the participants was completely healthy in all domains. All participants to a greater or lesser extent had a degree of physical incapacity, although three people did not feel that this limited

their selected activity roles. All participants also had a degree of mental incapacity, although this was only below the 50% level for one person who had been subject to clinical depression for many years. Interestingly, six participants still managed to score 100% (i.e. no emotional limitations) for their capacity to cope emotionally, despite the degree of mental and physical impairment.

In further examining the above scores, there is great diversity in all areas. It is of particular interest to note that despite some considerable degrees of physical or mental incapacity, half of the participants scored full marks for social functioning. The category with a uniformly lower level of scores was that of energy levels and vitality, the highest score here being 80% and this was reported by Ann, who at 75 years of age, was the group's youngest study participant. The nonagenarians Beatrice, Joyce and Karl, did not however exhibit a commensurate very low level of vitality. Pain is clearly a predictor of limitations, as is expected, with Fay and Ian both recording a high level of day to day pain and both reporting low levels of physical functioning, although it is of interest that Ian had appeared to compensate to a level where he could fulfil an acceptable proportion (50%) of his day-to-day physical roles. The eldest participant, Joyce, with 0% for physical function, scored highly in the area of mental health and the SF36 recorded her as having no emotional limitations.

Visual analogue scales

As detailed in the methodology, at the close of the first interview, all study participants were asked to mark two visual analogue scales, recording the level of their feelings "today". In the Table below, the first numerical column gives the score for quality of life, which ranged from 0 (very poor) to 10 (excellent). The second numerical column rates satisfaction with level of activity, ranging from 0 (very dissatisfied) to 10 (completely satisfied; as busy as I want to be)

It can be seen from Table 4.3 that perceptions related to quality of life ranged from Fay who rated herself at 0.9, commenting that her current high level of pain in her ankle drastically reduced her quality of life, to Edith who rated her current quality of life as 9.7 because each day was so exciting with lovely things to do.

Table number 4.3: **Visual analogue scales**

Pseudonym	Age/ years		Quality of life	Level of activity
Ann	75	F.	8.5	9.8
Beatrice	90	F.	9.0	9.0
Cath	77	F.	7.6	9.1
Doris	76	F.	2.9	6.3
Edith	88	F.	9.7	6.1
Fay	83	F.	0.9	1.7
Gladys	83	F.	5.9	6.1
Horace	77	M.	8.5	3.1
Ian	85	M.	4.0	5.4
Joyce	98	F.	6.0	3.0
Karl	91	M.	5.0	9.0
Lucy	85	F.	4.8	2.0

The range of reported satisfaction with level of activity was equally great. Again Fay recorded the lowest score of 1.7 because she had had to reduce her activities a great deal recently, due to increasing limitations imposed by her arthritis. Ann reported the highest level of satisfaction with amount of activity. She thoroughly enjoyed her wide-ranging activities, but was mindful that “this level cannot go on for ever”.

In six of the study participants there appears to be a fairly close correlation between the two scores, to within two points. So that Ann, Beatrice, Cath and Gladys all have a more than average level of satisfaction with both their quality of life and their activity levels and at the other end of the scale, Fay and Ian indicate a correlation between their dissatisfaction with both quality of life and activity level. Of the four people who reported greater variance between the two scores, Doris said she was very active but usually anxious about most things, Edith held such high aspirations for what she wanted to achieve each day, that invariably her activity level failed to live up to expectations, Horace expressed similar frustrations when his tiredness prevented him from completing all his chosen activities. Karl by way of contrast

regarded that for his age, he was pleased with what he was able to do each day, even though his overall quality of life was only mediocre compared with the past.

It is of interest to note that chronological age within the participant sample appears to have little effect on either perceived quality of life or satisfaction with activity level. Beatrice, a nonagenarian achieves one of the highest combined scores, whilst Joyce, another nonagenarian, achieves a low combined score. Equally amongst the septuagenarians there is Ann with one of the highest combined scores and Horace with one of the lowest combined scores.

Rokeach (1973) and many other researchers to follow, suggested that there was always close correlation between physical health and quality of life. This is evident in the current study, and again is unconnected to chronological age. Four out of five participants who scored highly for physical health status/ function on the SF36, namely Ann, Horace, Edith and Beatrice, scored the highest results also in the VAS, all with results at 8.5 or above.

A final comment regarding the visual analogue scale results, looks at gender. The mean male score for quality of life is 5.83, and the mean female score is 6.21. For activity level satisfaction the mean male score is 5.83 and the mean female score is 5.9. As the range is great throughout it is also helpful to note the median scores here. For male participants the median quality of life measurement is 5.0 and 6.0 for female subjects. The satisfaction with activity level mean is 5.4 for males and 6.1 for female participants. Although numerically any differences are small, it is interesting to note that in all measures, the trend of perceived life quality and satisfaction with activity levels is marginally higher for the female study participants.

Geodemographic typology

It is recognised that an additional major determinant as to how elders may choose to spend their time may well rest in the broad field of the individual's socio-economic past and present. With this in mind, and the collected raw results to hand, recourse

was made to the study of geodemography, and in particular to the construct of super-profiles. (Batey and Brown, 1995. Brown *et al.* 1998). Batey and Brown (1995) describe the field of geodemographics as having a background in urban research where urban planners have used small area classification systems to check on main sources of social and economic variation within cities, with a prime aim of developing a consistent and systematic approach to resource allocation. By the late 1980s, a complex system of super-profiles had been developed into a recognised and accepted general-purpose classification system. Work has progressed and the latest version of the Super Profiles typology is based upon information derived from the 1991 Census. It has thus become possible to link all postal codes within the UK with a defined typology. The typology features three levels of description for each postal area. Firstly there is a very detailed 160 Super Profile cluster level, then an intermediate 40 Target Market level, then a much broader level of description at which 10 lifestyles are distinguished (Brown *et al.* 1998). The use of the ten super profile lifestyles has assisted planning teams, including from the NHS, in various parts of the country, and in particular in the Northwest, Wirral and Mersey region where the current research took place.

With the use of the local database, it has been possible to identify lifestyle profiles for the participants in the study, with the following results:

Lifestyle descriptors for study participants

(Super Profile Lifestyle Pen Pictures, CDMS Limited 1994)

Lifestyle A- Affluent Achievers: high income families with a lifestyle to match. Sophisticated tastes and aspirations.

Lifestyle B- Thriving Greys: older than affluent achievers, possibly taken early retirement. Prosperity is retained, there is money for luxuries.

Lifestyle C- Settled Suburbans: well established, white collar and middle management, fairly affluent lifestyles.

Lifestyle D- Nest Builders: middle management, white collar workers, little money for luxury purposes, tend to socialise at home.

Life style G- Senior Citizens: elderly group, living in small, possibly sheltered accommodation. High proportion of lone single female pensioners. Prefer to shop at convenience stores in own neighbourhoods, passive recreations such as television.

Lifestyle J- “Have Nots”: cramped flats, underprivileged, low qualifications, on income support, television is a major recreation, with high take up of satellite and cable TV, betting is popular.

Table number 4.4: Super Profile Lifestyles for study participants

Lifestyle profile A	one person
Lifestyle profile B	two people
Lifestyle profile C	one person
Lifestyle profile D	one person
Lifestyle profile G	two people
Lifestyle profile J	two people

It is seen from the preceding Table 4.4, and the outlined general descriptors, that the nine participants represented come from a relatively wide range of social backgrounds. It was not possible to obtain profiles for the additional three participants.

4.4 Summary of the background information for the study group

The background data reveals results for the participant group aged between 75 and 98 years. The twelve people live singly in the community as the study’s inclusion criterion specifies. All three men are widowers whilst one woman is single, and eight women are widowed. SF36 and NLSA results reveal wide diversity in mental and physical fitness plus general mobility levels. There are interesting correlations and non-correlations between dysfunction and limitations, in that low physical function appears to impose minimal limitations on two of the people, suggesting that

other factors, either personal or environmental, may exert greater impact here. Poor mental health however appears to hold a stronger correlation with physical and emotional limitations. The person with the lowest mental health score also presents with the lowest VAS score for activity level satisfaction. Such findings merit further exploration in the detail of the individual case studies and discussion to follow.

The strongest correlation, as has been reported elsewhere, is between physical health and perceived quality of life. The four study participants with the highest scores in VAS for perceived quality of life, are the same four people who present with four out of the five top scores for physical health and function in the SF36.

In terms of chronological age, it is interesting to note the two extreme boundary points. Test results reveal that the youngest study participant is clearly the most active, whilst twenty-three years her senior, the eldest person is clearly the least active of the group. However, within the boundary points any correlation is less clear, with long-term conditions such as arthritis imposing activity limitations on three subjects in their mid-eighties, whilst another ninety year old remains active in her local community.

Geodemographic typology confirms that the study participants come from a wide range of social backgrounds. Most of them have lived in their current houses and environments for more than twenty years, suggesting that the local environment could strongly influence day-to-day contacts and occupations. With remaining relatives widespread, most participants see no family members on a regular basis. In view of this trend, alternative support mechanisms and relationships merit further study.

Despite personal hardships in terms of pain, restricted mobility and declining abilities, the visual analogue scales reveal a group, relatively satisfied with both their quality of life and their current levels of activity. There was little indication of complacency, more an intent to find methods of compensation. Further investigations are reported in the detail of the twelve case studies, presented in chapter 5 that follows.

5. RESULTS II: CASE STUDIES

The classic approach to assuring textual room for the voice of the research participants is through using their own verbatim accounts as the major data source. However because the researcher must present this type of data, like all others, within her own commentary and argument, as much care must be taken about how it is selected and interpreted.

(Holliday 2002: 183)

In line with the study's phenomenological approach, the case studies focus on the yesterday interview findings. They are presented with a major emphasis on abandoning preconceptions and attempting to enter the client's world, and to penetrate personal concepts of meaning and value associated with a satisfying occupational day. Due attempt has been made to heed the warning expressed by Holliday above, in taking care with people's words. Kirsh (1996) reminded us that when the client is allowed to narrate his/her own story, the client is placed in a central position of control. This is consistent with client-centred practice and empathetic to the study of people in the context of their environment. It also respects *intentionality*, in recognising that "human existence and the world constitute a unity" (Colaizzi 1978:54). The yesterday interview, selected as the major data collection tool, yielded much rich data at an individual level. Following in-depth analysis of each transcript it was possible to elicit individual themes that exerted an influence over the day: these are presented below and supported by direct quotations. Each case study is introduced with a vignette derived from the initial interview situation and the background test results obtained at that time.

5.1. Ann

Introduction

Ann at 75 years is the youngest member of the research group. She is currently enjoying good physical and mental health, has a positive outlook as reflected in her higher than average VAS scores and she values her sporting activities such as badminton, yoga and rambling. Having been widowed for seventeen years, she has established many social contacts whom she sees on a regular basis; usually when she takes part in one of the organised activities, which form a structured part of her weekly programme. She takes care of her own large semi-detached house, and although she has family within 10 miles, she does not see them every week and is content with this arrangement.

Ann describes a day in March. She indicates that yesterday began like the great majority of her other days: "I get up in the morning, I have a paper delivered, have my breakfast and read the paper and try to do the small crossword (laughs) and that is before I get myself ready to go out". Describing a Thursday, there follows a yoga class, then a badminton game, followed by a light lunch before an afternoon shopping trip. Evening dinner, grilled chicken and two vegetables, was cooked before Ann hopped back into her car to go to one of her twice-weekly Scottish Country Dance groups. Ann suggested that yesterday was fairly typical for her. She tends to be out most days at one or two of the many activities that she enjoys. However when at home, she asserts that she is content, with the radio's music in the background for company, providing she has something to do.

Analysis of Ann's Yesterday Interview

The themes below arose from the text of Ann's yesterday interview and the subsequent MST.

A. The Day's Activities

Ann revealed a wide-ranging list of activities with an emphasis on physical activities such as badminton, yoga and walking. Appendix 3 gives a full list of occupations for all twelve participants. Ann clearly expressed a greater level of enjoyment in some

of the activities she described; this was explored further in the MST in which Ann self-rated her enjoyment of activities in the following way:

- of high enjoyment:** badminton, crosswords, having a cup of tea, dining out, driving the car, holidays, reading the newspaper, walking and yoga.
- of medium enjoyment:** housework, sewing- most enjoyed when it is creative, seeing the children- not highly enjoyed because there “is usually something wrong with them”, telephone chats- “I’m not a great lover of lengthy phone gossips”.
- of low enjoyment:** cooking- “it takes too long, uses a lot of effort and is all gone in under an hour”!

Ann mentions few mundane day-to-day chores, such as taking care of herself or her household needs. A well-groomed lady and an attractively kept house perhaps indicate that Ann’s automatic mode comes into play when she tackles such issues, and she discounts them as “activities”. It is also perhaps an indication of her current good state of health in that personal care and domestic issues are easily dealt with. In the interview she makes only one mention of housework “I don’t mind doing the hovering; there is a result there”. She is aware of a need to be focussed and to “accomplish some clearing out”, but is reluctant to embark on this:

*I can’t get the impetus to do that until the move actually comes on
and I think well why clear out bits when its all got to go*

010:2

B. Personal Characteristics influencing the Occupational Day

Ann's interview suggested that she likes *routine and structure*. As indicated in the Introduction, Ann has a consistent early morning breakfast routine, then she suggests in regard to her chosen activities that "most things are organised because there are times when you can do these things and times when you can't". Perhaps it is the need for a well-developed underlying infrastructure that is important to Ann; her networks of friends and social contacts:

I belong to different groups, because I go to N..... on a Wednesday morning playing badminton and they are a different crowd altogether.

010:3

and in relation to her different circles of friends:

I am going out for a meal on Saturday night to that new Italian restaurant in N..... Each week someone tries to choose a different place to eat every so often, and they said why not try there.

010:3

This helps to answer the question of a slight ambiguity when early in the interview, Ann smilingly offers: "Well I am generally just quite happy doing what comes along in the day". For with her infrastructure of group memberships and contacts already well-established, Ann can enjoy a flexible approach to scheduling her current daily activities as she is secure in the knowledge that there will always be something interesting to do.

A second personal characteristic of apparent influence is Ann's ongoing interest in *being busy*. She suggested that from an early age she always enjoyed having something to do.

Yes I have always been busy in that way. I have always done keep fit of some sort over the years. Even when we were in business in the pub, I mean I was up in the morning to see the family out, cleaners in and the catering went on all day...

010:3

and going back further Ann indicates her earlier interests:

“Well I have always liked activity and I am lucky enough to be able to do it...I mean any inclination, I played tennis when I was younger as we did as a family

010:4

Ann also recognises a link between **health and activity**. She referred to this on several occasions during interview and she opted to use the influence on health of her current activities as a category during the MST. Here she rated the following:

Activities with high

influence over health

badminton, yoga, Scottish country dancing, walking, driving the car “because it facilitates other activities”, and crosswords “for the mind”

Activities with medium

influence over health

newspapers because “they have health tips” and the radio, for the same reason

An additional theme appears to be Ann’s interest in ***maintaining the status quo***. In talking about her yoga class she describes, somewhat regretfully:

it started as a 50+ group, and that was sixteen years ago, but there are only two of us now who are founder members, you know people have died, people have moved on or got too old...there used to be thirty to forty of us joining in. We had a small committee and outings...but that is all gone.

010:1-2

Ann places great emphasis on still being “lucky enough to do it all”. Badminton remains Ann’s favourite activity; she plays at least four times each week. Her husband died of a coronary, sixteen years ago during their game of badminton, at the same leisure centre where Ann still plays. Ann does not consider that her health will deteriorate, as evidenced in the SF36 results, and she considers sheltered housing as unnecessary for herself.

C. Occupational Influences of the Home Environment

Although Ann likes to be out, she expresses feelings of safety and comfort in her home with phrases like:

if I have anything to do, I am quite happy staying in....I can quite happily stay in by myself and not worry about other people.

010:1

Seemingly neither the home's interior plus garden, nor the immediate neighbourhood are of prime importance to Ann because she is now looking for "something smaller with a view". She talks of a move to an apartment within the locality, but says exact position is not important. This is perhaps explained by Ann's widespread social and sporting networks and facilitated by her car ownership. She suggests that "having a car makes a great difference" and in response to the researcher's question: "Do you use your car most days?", she remarked:

yes, oh yes. I certainly wouldn't go out at night as much if I didn't have the car.

010:2

Ann asserts that her friends think she should move quickly, but her retort is: "I am in no hurry".

Conclusion

During the time between conduct of the yesterday interview and the MST, Ann had stumbled over an uneven paving stone on a summer's evening walk. She had strained both her back and her right wrist at the time. Unable to play any of her usual sports, she went to stay with her daughter for a week and needed to lie flat until her back healed. Although Ann made a full recovery, this episode very much upset Ann and at the time of the MST Ann was able to use this as a positive time of reflection. She considered what she would or could do when her more active pursuits are no longer possible and was pleased to realise that she had a number of more sedentary pastimes held in reserve, such as needlework.

For Ann occupation currently means physical action; each day equates with one or more planned activities. Being active is habitual and she aims to maintain a status quo. As her SF36 results record, she does not consider that her health will deteriorate. Ann works to preserve her health, through both her aerobic exercise and her healthy diet. She was shaken when injury caused her an enforced period of rest and inactivity, but this period provided time for reflection, during which she discovered and re-explored her latent interests in less physically demanding occupations. An element of the reality of ageing dawned at this time, and Ann realised that she had sedentary activities held in reserve. It would seem that lack of occupational involvement would be not just lack of quality living for Ann, it would be denial of *existence*.

5.2. Beatrice

Introduction

Beatrice enjoys her large old Victorian semi-detached house. She moved here forty-five years ago because at the time she was in service and her employer, a local landowner, offered it to her. Beatrice thought the house a little too big at this time, but was keen to get away from the sooty atmosphere of a nearby suburb. She has now lived alone in the house since the death of her husband six years ago. Her only son and his third wife live in Canada. Beatrice has a positive outlook concerning her capabilities, as reflected in her VAS scores, where she recorded 9 on both scales. She is well-known to neighbours and has younger relatives of relatives who pop in most weeks. Having been an active person, she has had two recent severe chest infections which have left her somewhat breathless and tired. On sunny days she still walks down to the village; at other times, relatives and neighbours shop for her. Recently too she has reluctantly accepted her son's advice that she must have someone to clean her house for her. She enjoys tending her many pot plants but finds some of the days are long and is frequently happy to close the television programmes for the night, with the comment "another day over". She comments wryly but without rancour that "days are no longer exciting". Beatrice has a sharp sense of humour and takes much pleasure from telling life stories and humorous

anecdotes to visitors. Over the past couple of years her short-term memory has become less reliable, as reflected in her SF36 mental health score of 48% and she now needs to use many memory aids to prompt her. Her son recently visited for her ninetieth birthday and left her a small book into which most visitors write a brief entry as a reminder of recent events. This book is in daily use and is an additional source of pleasure to Beatrice. She occasionally talks warily about what she will do when she can no longer cope. She has two sisters still living, one of whom is in a nursing home; Beatrice does not want to “end up like her” but neither does she want to move to a sheltered housing complex; her current home and environment are very important to her and she values the fact that she can take care of herself and her own needs.

The yesterday interview was conducted on a sunny June afternoon. Initially Beatrice was unsure about her use to the research: “Well I’m just a miserable old xxx who never goes anywhere, doesn’t like bingo and clubs...”. When the purpose of the research was repeated however, and the need for “all types of elderly person’s typical days” was stressed, Beatrice relaxed and readily participated. The interview was conducted in Beatrice’s front room, with scent from her freshly cut garden roses coming from the nearby coffee table. The interview was interjected with Beatrice’s humour and the researcher had some difficulty in confining the subject to the occupations of yesterday; there were many stories to tell. Beatrice said yesterday had been typical, they were mostly alike; a morning routine, walk down to the village, sitting in the garden and always a cooked dinner with several vegetables. In the evening there was the television until it was dark, and then 10pm bedtime. The interview is supported also by information from the MST which took place three months later, and by field notes completed by the researcher.

Analysis of Beatrice’s Yesterday Interview

The themes below arose from the text of Beatrice’s yesterday interview and the subsequent MST.

A. The Day’s Activities

Beatrice viewed her occupational day as being guided by how she felt each morning:

“then I say to myself ‘what shall I do today’. Sometimes I’ll say ‘I’ll just do that little job’ - I never kill myself by going like mad all day, doing too much. I just ration myself, to a certain point”

011:1

She described yesterday as beginning in the usual manner with her rising about 8am. Then followed her normal routine; coming “down in dressing gown and nightie, making my porridge and having breakfast”. She then proceeded to describe twenty discrete occupations, which were further explored during the MST, with the following results. Beatrice did not find the concept of sorting occupations particularly easy, so just two criteria were used, firstly frequency:

high frequency

(every day)

television- “it is company”
closing the curtains
reading or reciting poetry
cooking
sitting in the garden- “whenever I can”
having a cup of tea
cooking
planning
reading Friendship Book
saying prayers- “I do this every day now, I only started about a year ago”
sitting and thinking/ planning

medium frequency

(once/ twice a week)

reading the newspaper
people-watching- “well I don’t do it all the time, but I do sometimes watch through the window”
sorting out
spending time with children- “I see the little girl next door; I just bought her a bar of chocolate, I said I would then I didn’t see her, so I ate it. I shall have to go and buy another one now!”

tending cut flowers
going to the village- "I don't go as often as I used to"
talking on the phone- "this is too expensive to do
every day"
housework- "I do tidy around regularly"

low frequency

(occasional)

supermarket shopping "I only need to go once or twice
a month"
playing cards- "there is no-one to play with these days"
reminiscing/ sharing memories- "I don't get many
opportunities"
seeing her son, just once per year because he lives in
Canada.

Beatrice next rated the enjoyment that she gained from her daily activities:

high enjoyment

spending time with children "I always have time
for them"
television "for the company"
having a cup of tea
going to the village "I'm always glad when I get there"
planning "deciding what I am going to do"
sitting in the garden "I love this"
reading the *Friendship Book*
poetry
tending cut flowers
playing cards "I love this, but they have all gone now,
well most of them"
sharing memories
people watching "especially in N!" (a favourite sea-
side resort)

medium enjoyment: supermarket shopping "I have never really enjoyed
this"

saying prayers "I feel I *ought* to do this"
reading the paper "it is so often depressing"
cooking "I am fed up with this, I do it every day, you
know a piece of cauliflower, a carrot.....but I
have to make myself do it"
housework
sorting out

sitting and thinking “I have no choice, I do plenty of this”

low enjoyment: closing the curtains “I always do this, but I don’t like it; it is shutting out the light”

In talking of the various activities that Beatrice had undertaken yesterday, she was quite clear about activities which were completed because they brought pleasure and equally clear about the “duty” tasks, undertaken due to necessity. This latter category included cooking the daily dinner. During the interview Beatrice talked graphically of formative earlier experiences that had convinced her of the necessity of this activity:

I always make sure I have a dinner...and make sure I eat. I have seen so many old people starving themselves. I used to go and see friends...going back a bit..., when I was young and they were old. When I said “what did you have to eat today”, she said nothing, just a cup of tea. She ended up and her skin and everything went

011:1

In considering the activities which brought pleasure there were a number now, which had become infrequent due to lack of opportunities, and in particular lack of old friends with whom they could be shared. These are highlighted in the MST above, particularly in pastimes such as reminiscing and playing cards.

B. Personal Characteristics influencing the Occupational Day

A recurring feature of Beatrice’s interview was evidence of her *positive outlook*. She said she got “fed up with people who moan” for “nobody wants you when you moan, do they?” attesting her personal philosophy to “make the best of each day”. Although able to describe earlier frightening experiences and deprivation during the war years, Beatrice was still able to say:

you know I have been lucky in life- meeting lovely people, no but I have, I have been very lucky

011:2

and she went on to illustrate this with an incident which had occurred some years previously. She had fallen from a ladder whilst cleaning windows, leaving her leg

pinned between the ladder's rungs. A trip to the hospital followed, then fourteen stitches without anaesthetic, and six weeks of outpatient appointments for dressings. However, the end result was that "I got my rest that I had been wanting", because she had a six-week break from her job, at a time when she felt "totally worn out".

A close ally to the positive outlook is Beatrice's *sense of humour*. The yesterday interview was punctuated by regular periods of laughter. At times the realism was almost macabre:

*not that when you get to this age there's much to look forward to
except a nice box with handles on!*

011:1

Beatrice used her humour both as an ice-breaker into more difficult subject areas, such as above, and also as a natural and ready adjunct to many topics of conversation. In relation to going to the village, and the mention of a liking for fish, the researcher casually asked if Beatrice got her fish from the village. The ready retort here was: "No, from the freezer!" In keeping with Beatrice's positive outlook is an *avoidance of depressing stimuli*. This is particularly noticeable in her avoidance of daily newspapers because they: "are all doom and gloom" and "murder, moan, moan". A further personal characteristic which appears to influence Beatrice's daily occupations is the theme of *spirituality*. Under this theme there is mention of several activities. Beatrice mentions a return to prayer:

*I say my prayers, thank you for a nice day, and then I try to go to
sleep... "*

011:4

she added that she always knew there was a God, but for years "had no direct communication". She now feels grateful to be back in touch. She does not go to church, because she feels the vicar will wonder why she has not been before. Beatrice finds support too in her daily readings from the *Friendship Book*, which a friend sends each Christmas. Kept on the breakfast room table, it is ready for each morning's passage to be read. Also in support of this theme is Beatrice's liking of poetry, and particularly inspirational verses such as Kipling's *If*, which she can recite right through. An area which continues to enrich day-to-day life is Beatrice's

longstanding *liking of children*. She talks with regret that she had only one son, whilst she came from a family of nine children. She looks out for the little girl next door and takes every opportunity to foster and develop relationships with children and young people; this is evidenced in her remarks accompanying the MST above.

A major influence on Beatrice's occupational day is a group of activities and responses which can perhaps best be grouped under the theme of a *flexible concept of time*. This theme encompasses the 'looking back in time activities', the reminiscing and sharing of memories, which is greatly enjoyed. This is coupled with a strong awareness of the past and learning from past experiences in order to influence current practice (e.g. dietary intake, described above). Time structures both the week: "*The Mail* on Saturday helps me plan the week's {television} programmes" and the day too, in that when the television programmes are closed it is "another day, or week gone", and bed-time is governed by the onset of night, as:

with the light nights coming, I am staying {up} longer because I like to close the curtains around the house and I don't like to close them up when it is light

011:4

There is also the barely expressed concept of 'time hanging heavily'. This is revealed in such comments as "I don't say that I am very, very bored" and:

I am not a reader, if I read I am sure the time would go You know when sometimes you think time is going a bit slow, I do pick up a book and I think oh that has seen that hour off

011:4

Under this theme too, is the reinforcement of past or present times, because "there is not much to look forward to". As short-term memory is becoming more of a problem for Beatrice, she possibly feels more secure in past time; she does however show strong personal resourcefulness in combating her memory problems. An example of this is recorded in the researcher's field-notes on the occasion of the MST:

15th October I organised last week that B would come to my house around 3pm to have a further research discussion – and tea and cakes. She had not arrived by 3.50 and I was unsure whether poor memory, illness or reluctance to come, was preventing her arrival. I called on her to find her behind the front door “just going out”. Assuming unhappily that she had forgotten our rendezvous I enquired where she was off to. Thankfully her reply was “to you and come and see why”. At this point I was led back into her house, to an ornamental dagger hanging above the mantelpiece. To this was pinned the message: “Sharon 4pm Friday”. I need not have worried, after all what is an hour when you are 89!

Field notes: 011:3

C. Occupational Influences of the Home Environment

Beatrice’s home environment appears to facilitate some of her ongoing occupations, whilst doing little to support other enjoyed pastimes. Having lived in the same house for 45 years, the strongest positive influence lies here; the neighbours are supportive and village shops are known, and personally accessible during the summer months when Beatrice “feels like going out”. During the winter months:

someone is always there to go for me if I need it. N is very good, he has been getting my paper every Saturday...I think it is very handy here for the village and the people there are all very nice, there is no-one I wouldn't go to.

011:3

On the other hand Beatrice indirectly expresses periods of loneliness. She misses having someone to “share memories with” and regrets that she now rarely has the opportunity to play cards. A sheltered housing environment could provide Beatrice with some of the companionship she lacks, but this has never been a serious consideration for Beatrice, she asserts that she remains lucky that she can “do for herself”. She recognises that the house is big for her, but she has help now with the housework once per fortnight; her son insisted here, although Beatrice remarks that she is perfectly capable of doing it herself. She has thought of the future, and even if

housebound, she feels she has room to exercise within her own home. The garden, tended regularly by a gardener, is also enjoyed in the summer, and Beatrice takes pleasure in always having cut garden roses indoors.

Conclusion

Beatrice's yesterday interview revealed a lady, content in her home environment. To those who do not know her well, it may appear that a change to a more supportive living arrangement may lessen her loneliness and enhance a general quality of life through the security that such systems bring. However, the exploration of yesterday's activities reveals many ongoing pastimes that can still be pursued. These are generally passive, such as people watching and television and reading the Friendship Book, and they can be ongoing and not limited by advanced age nor increasing frailty. The familiarity of the home and its surroundings provides reinforcement of happy past memories, and a place for the various mementoes and photographs which also provide ongoing pleasure, and a known base for former friends and their children, to return to for visits, when opportunity permits.

Examination of the phenomenon of occupation reveals that after an active, often exhausting working life, Beatrice has settled into a routine that permits her time to reflect and reminisce. She is aware that she never had time or opportunity to develop hobbies that may help her to pass the time now, but without rancour she accepts that "some days are long" and holds a resolve that she should "read more" because that would help to pass the time. A surprising revelation in Beatrice's case is that a large Victorian semi-detached house with six bedrooms can actually be a supportive environment. It raises the issues of the powerful positive influence over occupation that longevity within a neighbourhood can bring. She has intergenerational visitors who always know where to find her, and she is well-known to neighbours and shop keepers. Beatrice has not neglected to consider the frequently proffered alternatives that she should perhaps move to a sheltered environment, but has weighed up the factors and concluded that even if housebound she has room to exercise within her home. As many of her pastimes are sedentary, such as reading her *Friendship Book* and people watching through the window, or reminiscing with the aid of old photographs and artefacts and enjoyment from sitting in the garden or savouring the

scent of newly-cut roses, it appears that Beatrice has adapted well to her advancing years. Quality of life includes occupational satisfaction and Beatrice generally achieves this in her current environment. This case study may exemplify the case of seniors who after long working hours at a younger age, have few interests to revisit in older age. Social pursuits such as playing cards are not possible when the requisite group is no longer there and the prospect of fostering new pastimes is not relished.

5.3. Cath

Introduction

Cath is a fully mobile lady, who walks and visits a gym several times each week. Her SF36 scores reveal no current physical limitations, although with a score of 25% for energy levels, she says that some times she has to “battle”. After twenty years of caring for her husband following his cerebral haemorrhage, Cath found it very difficult to be alone when her husband died four years ago. She takes care of the home they developed together, enjoying its spotless appearance and she also appreciates her ongoing car ownership which facilitates her twice weekly trips to the shops. During a recent period of discomfort in her knee her mobility was restricted and she needed support from a stick when out-doors. However a cartilage operation followed and Cath is now pleased that she has re-gained her ability to “take a decent walk most days of the week”, describing local walks each of around two miles. She now no longer needs the support of a walking stick. One of Cath’s closest relatives is her sister who lives in Connecticut; a recent trip to the USA for a visit was greatly enjoyed. Cath is concerned about what she should do with the many books that her husband owned, for purposes of study and reference. She would like them to be of use to someone else.

Cath was interviewed on a warm summer afternoon, sitting comfortably in her neat lounge. Recently returned from a six-week trip to visit her sister in the USA, Cath talked about her liking for travel and her interest in remaining active. She described her last four years as having been difficult, following the death of her husband. Prior to his death Cath had nursed him (“a brilliant, shy man”) for twenty years after his

cerebral haemorrhage. She described how she had “been his hands”; he issuing instructions and Cath carrying out projects, from re-wiring circuits in the home, to car maintenance. When her husband died, Cath realised she needed an absorbing, regular occupation to help her overcome her loss. It was at this time that she discovered and joined a local gym, and looks back on this discovery as a “lifeline” to her. During the yesterday interview, Cath sat poised, apparently ready for action, hands occupied with a handkerchief when the cup of tea was finished.

Analysis of Cath’s Yesterday Interview

The themes below arose directly from the text of the yesterday interview, supported by field notes made by the researcher on the same day.

A. The Day’s Activities

During the interview, Cath revealed and repeated that she liked to be active all the day. Recently having regained full, mostly painfree movement in her knee, following a successful cartilage operation, meant that she could now be as active as she wanted to be. Sitting “doing nothing” was not a comfortable state. Cath described an organised day that included the following discrete occupations:

- cooking
- housework
- walking
- going to the gym
- car driving and maintenance
- planning
- sorting out

In terms of preferred occupations, Cath suggested that her two mile walk to the gym made her “feel good”, and as always she enjoyed the ongoing exercise on the equipment, once she arrived. She mentioned cooking as a somewhat neutral task:

I do all my own cooking. I cook a main meal every other day...I eat healthily, lots of fruit and vegetables. I eat chicken and fish, but not so much meat.

012:1

as was car driving. She remarked that she only used the car for the more major shopping trips, usually about twice per week. Yesterday Cath had “steeled” herself to do some sorting out. She has a huge collection of her husband’s specialist books, and worries about how to dispose of these.

B. Personal Characteristics influencing the Occupational Day

Cath has a strong need to *be busy*. She expressed this frequently throughout the interview, with such phrases as: “I don’t let myself just sit”. She rated being calm and relaxed, as an undesirable state, and one that she did not usually permit, although she does have a few “quiet moments” in each day. During the evenings she likes to have a needlework project “on the go”. Cath acknowledges that she is perhaps quite unusual in that she has *a wide spectrum of practical skills*. Because her husband was skilled in electronics and all aspects of home maintenance, yet was physically unable to carry out practical tasks in the home, Cath learnt the many intricacies of wiring, decorating etc. under her husband’s instruction. She points out several features such as cocktail cabinet lighting, with the comment that she “was the hands” for completing all such projects. She is also able to carry out a number of car maintenance tasks.

A further theme which recurs during Cath’s interview is an emphasis on *planning*. She mentions that although she feels tired on most days, because she plans the daily activities well, she is able to avoid becoming over tired. She knows that she cannot carry heavy goods, so organises her week to shop for heavy items only once or twice per week, when she will take the car. She feels that her planning ability also helps her avoid pain:

*I don’t ever let myself get worn out, because I plan my activities,
and I plan the time for activities too, so that I won’t push myself and
cause pain in my knees*

012:2

With a brother in Reading and a sister in Connecticut, Cath has more recently resumed *an interest in travel*. She remarks that this gives her a great deal. She looks out for travel programmes on the television, and enjoys both the anticipation and the actuality of her fairly regular American trips.

C. Occupational Influences of the Home Environment

Cath takes an enormous pride in both the *internal and external appearance* of her home. Because she and her husband have worked as a team to effect home improvements over a twenty-five year period, it means a great deal to her. Her brother tends the garden for her, and she suggests *that all is planned for easy maintenance*; “it always has been”. The situation of the house, within a short car ride of most shops and within a one to two mile walk of leisure pursuits, remains acceptable to Cath. No mention was made of any links with the immediate neighbourhood.

Conclusion

Cath appears content with her occupational day as it is. Her careful planning ensures that she can accomplish her daily goals without undue stress. Due to recent knee surgery, her walking capabilities have increased, to enable her to walk two to three miles out of doors, now without the need for a stick. Because the design, decoration and content of the home hold so many memories for Cath, she would not contemplate a move.

For Cath occupational involvement appears to represent an essential component for all of each waking day. Although she tires quickly, her need to have something to do at all times, perhaps represents the “blanket” that activity can present, shielding an individual from moments of inactivity when feelings surface, and distracting the mind from unwelcome thoughts. To reinforce this position, Cath had asserted during the administration of the SF36 that “feeling quiet and calm” was undesirable. Whatever the reason for compulsive occupational engagement, Cath stresses that she would be very unhappy were she to find herself idle. Cath has a very physical reminder of her *being*, as her environment is a constant reminder of a major life role which was to support her husband, “a brilliant and shy man”, and then for many years to “be his hands” after he became profoundly disabled. To a large extent Cath’s existence today is founded in her past, in her home environment, because this is a constant memory of her husband, and she has a need to perpetuate occupation and ongoing activity as a reminder of this time.

5.4. Doris

Introduction

Doris has been contemplating a move from her rented terraced house for a number of years and has recently looked at two sheltered schemes, both of which seem expensive to her, and she hopes instead that her land-lord will eventually carry out the promised modernisations to her current house. VAS scores reveal that Doris currently rates her quality of life as 2.9; the low score being partly justified by her home circumstances which she finds cold and noisy. Doris's SF36 scores indicate high physical functioning with no limitations and she says she has always been an active but somewhat restless person. She used to enjoy long solitary walks but has now been advised that this is not safe practice; in fact she admits to having been threatened on one occasion. Instead of the solitary walks, Doris now uses the treadmill at the gym. Doris is a weight watcher, takes a keen interest in her diet and has maintained a slim, seven and a half stone weight for many years. Recently she has had a number of "fainting attacks" when out, but says the doctor can find nothing wrong. She feels happier now when going on an organised trip, because she knows someone is on hand to help if anything untoward happens. She has no close relatives in this country and has lost contact with relatives who went out to Australia some years ago. She usually has a fortnightly visit from a nephew, and she spends time each week helping a younger friend who has difficulties in coping with her own small children.

Doris was interviewed in her front room on a summer afternoon. She has back-ache much of the time, so tended to shift her position regularly as we talked. Doris was keen to tell me something of her background, when she lived in a nearby, now demolished street. So this was how the interview started, giving Doris time to relax before the Yesterday interview began. She described a "difficult" childhood; her mother had died early and her father had a succession of young housekeepers who were themselves at school. Consequently Doris spent much of her pre-school time alone, standing on a chair in the hall, trying to open the front door. She has lived in her current rented house for over 20 years, originally with her two sisters who both died some time ago.

Analysis of Doris's Yesterday Interview

The themes below arose directly from the text of the yesterday interview, supported by field notes made by the researcher on the same day.

A. The Day's Activities

Doris described a day that involved a number of “comings and goings”. In studying the text, the discrete activities she described were as follows:

- walking
- going to the gym
- preparing meals
- shopping
- window shopping
- light housework and tidying
- checking the house and windows
- going to the launderette
- visiting a friend with children
- Weight-watchers
- having coffee
- television

Doris suggested that she did not have a structured morning routine: “I don't always get up at the same time”, but her breakfast routine normally concluded with either the 9am or the 10am news on the radio, then she prepared for the first shopping trip of the day. She shops daily for food, walks miles each day and visits the gym at least four times per week. Doris asserted that two things she did daily were to “tidy round” and to “check the windows”, each time before she goes out. When the daily trips are over Doris normally spends the evenings watching television; she would like to read more but:

I can't concentrate. There's so much traffic in this busy little street, and the people next door have two children. She has one that cries regularly 'cos they're only young

013:5

B. Personal Characteristics influencing the Occupational Day

At several times during the interview, Doris referred to her *interest in weight control*. She asserts that:

I know I must stay 7 stone 12; I mean I am only small, I'm five foot one and a half and 7.12 is my weight

013:4

She begins her day with a weight-watcher's breakfast of fruit and cereal, saying: "I do believe in what the weight watchers say, it takes three meals a day". This theme is closely linked to her *interest in healthy eating*, so that she has a low fat diet, plenty of vegetables, bought fresh every day, and fish or chicken. Her rigour in this area does however cause her anxiety, particularly at Christmas or the time of her birthday:

if I've had a birthday, which I have, they bring me things, my relatives. I eat them and then its sort of stimulated my appetite for sweet things and I think, oh, I'm indulging again

013:4

This is noticeable again when Doris talks of a young relative who calls on her every couple of weeks and stays for a cup of tea:

then I tell him he must bring his own cake because I'm a weight-watcher. Because if I buy biscuits, I wont eat one I'll eat the packet. No will power!

013:3

A further related theme emerging from Doris's day, is her *need to be active*. She described herself as a somewhat restless person, and talks of her delight in discovering the local gym. Prior to joining the gym she was used to taking long solitary walks, often along a fairly un-populated stretch of coast-line. However, friends and her dentist advised her that this was unsafe, and on one occasion she was subject to a minor incident that convinced her that she should look for a safer pastime. She now attends the local gym at least four times a week, and talks enthusiastically of her activities there:

the classes usually 2 to 2.30 and I do aerobics, step or simple exercises, then I might go in the gym half an hour and I go on the treadmill and I go on the cycle, just these simple things

013:2

Then during the summer months, when the “nights are light”, Doris returns to the gym in the evenings to “do one and a half hours” including a stretch and relax class, before walking the mile and a half back home.

Although not spoken of directly, Doris’s occupational choices appear to be influenced by her nature of *being solitary*. Her walks, shopping trips etc. are all undertaken as solitary pursuits. She remarked early in the interview that this arose because:

Most of my friends are dead. They all died young in their thirties and forties, some in their twenties. That was why I travelled. I am not rich enough to go back and see anybody so I just forgot them over the years, they faded...

013:6

Now Doris’s choice of television programmes is influenced by these early experiences, and she enjoys the travel programmes because they enable her to re-live past memories:

Years and years ago I emigrated to Canada, so I’ve been a part of Canada and had a few vacations there, so when I see them on the television, I think ‘oh I’ve been there’

013:4

Doris refers to her solitary lifestyle again in talking about the lottery, suggesting that a win would enable her to travel to look up old friends and places, and in terms of her chances of winning: “oh I think there is something in the pipeline for me somewhere, sometime”. She goes on to suggest that she has “a knowing mind”, but does not find herself in the right place to buy her tickets at the right time, also:

and with me not having anybody to talk to, I don’t discuss anything you see

013:7

Doris remarked that she used to like ballroom dancing, but she sees some heavy ladies at the gym, and knows that afternoon dances now entail “slower movement, cups of tea and cake”, so it is not for her. Likewise, she used to attend church regularly, but “now it has all changed” and Doris feels:

now we are only there for marrying or funerals, and I don't like the way they talk to you any more and I don't like some of the people who go there, I don't know, their attitude to life. Its none of my business whether you are married or single or what you chose to do, because sometimes you try to be married and it doesn't work out

013:8

A regular solitary occupation, which brings Doris into contact with others, is her visit to the launderette.

I go twice a week if I can and that's like half a day out...about a fifteen minute walk but I don't mind, it's a pleasant walk

013:3,4

and as she described during interview, she has a young friend who has problems with depression. Doris takes pleasure and pride in being able to help her out with childcare and household chores on a fairly regular basis:

sometimes they'll phone me of a week-end and we'll go the park. I'll play with them and help her do the dishes, which have usually accumulated a day or two you know, because she is depressed

013:3

C. Occupational Influences of the Home Environment

Doris's home environment appears to influence her occupational choices a great deal. She talks graphically and repeatedly of a secondary reason for going to the gym. She appreciates the shower facilities there, because her own bathroom is unheated:

when I go to the toilet here, I put a hat on and I have an extra woolly, I do. I go around with more on, than when I go out

013:6

Consequently, Doris was delighted to discover the facilities at the gym:

When I saw the shower room, all the individual showers and the sauna, I thought oh I will come here all winter, I wont be cold in that bathroom

013:6

Although her current environment is conveniently situated for bus routes and shops, her house itself with the noisy street and lack of garden (“to keep a little herbaceous border weeded and hoed and to have a few perennials, would be much better” [than a yard]) causes her a diminished quality of life. She worries too about burglaries and carefully checks each window is locked every time she is about to leave the house. Doris acknowledges the need to look for somewhere else to live and has been to visit two sheltered housing complexes, but thought them very expensive, particularly as “they don’t do anything for you” and “there is only a little electric heater in the corner of the bathroom, no radiator to keep your towel warm and dry”.

Conclusion

Doris’s yesterday interview revealed how she creates an active lifestyle and a structure to her day. Some environmental features appear to mitigate against her and cause her reduced occupational opportunities. Doris says that she has now accepted that she must move from her current house and expressed this at the close of the first interview. However she was seen again on an informal basis twelve months later, when her comment was: “I think I can manage another twelve months there, then I will need to move on”.

For Doris the concept of occupation appears closely allied with being active, but there is little clear link with purposeful activity, apart from the concept of being a weight-watcher. Physical activity, normally undertaken on a solitary basis, fills the daylight hours and the evenings are always occupied in watching the television. As the VAS scores reveal, Doris reports a low score for quality of life which possibly reflects something of her low involvement in purposeful activity. Friends have mostly died and even the stimulation of ongoing periodic work duties is due to finish soon when an old company closes down. Doris’s most animated conversation

centred around recent day trips undertaken by coach; she expressed pleasure in new places seen, shopping centres visited and in the availability of different food products. Should similar focussed daily activities be fostered and encouraged, Doris may well experience greater overall satisfaction with her days. A major bar to this however is her loneliness and as she expressed, “there is no-one to discuss things with”. The therapeutic nature of purposeful activity is indicated in Doris’s case and it suggests a role for supportive client-centred practice in the area, in order to promote positive change. Doris expresses little contentment in *being* in her current state, but has no definite plans to make a change.

5.5. Edith

Introduction

Edith is absorbed in each day. When her husband died twenty years ago she made a determined effort to find fulfilling occupations to fill the void. She has lived in her bungalow for forty-eight years and takes daily pleasure from its garden which she tends enthusiastically. She grows abundant soft fruits and vegetables in addition to year round flowers and shrub displays. Her one concession to advancing age is that this year she had her small lawn replaced by paving stones to obviate the need for grass cutting. Indoors, Edith’s environment is equally treasured and colourful. Her rooms are full of her own creative endeavours from water colour paintings to an extensive collection of shell sculptures. The latter are of such a high standard that she has exhibited them locally on more than one occasion. Edith is acutely aware of the numbers of hours in each day because she always has much she would like to accomplish. She consequently presented a VAS activity level score of 6.1, although she rated her overall quality of life at 9.7. She sees her daughter only infrequently; she lives with her family some 80 miles away and Edith feels she has not a lot in common with them. Locally Edith has cultivated friendships amongst like-minded creative people and although alone she says she is not lonely. She is aware however that she has a distinct tendency to “hold on to willing visitors” because she so enjoys talking to them. Fully independent she cooks her own mostly fish and vegetable

meals and entertains her sister to lunch most weeks. Two recent bouts of polmyalgia rheumatica have caused her pain and periods of limited mobility and function. These periods caused her a great deal of worry; the feeling that she was suddenly “done for” was devastating. However, with carefully self-administered medication, she has made a good recovery and continues to enjoy her many activities. One ongoing cause for concern is what she should do with her many household possessions, in particular the shells which are many and have been collected from around the world and are currently stored carefully, for example a drawer of tiny New Zealand pink corals for the cheeks of fairy sculptures. She has two friends who share an interest and enthusiasm for shell sculpturing and she is contemplating approaching them with a view to “taking over” her supplies.

Edith’s yesterday interview took place in mid-summer. Field-notes record the occasion:

26th July. This afternoon E was in the front garden loading clippings into her wheelie bin. She welcomed me into her ‘spider’s web’ of a house.... First a lighted display cabinet full of exquisite sculptures; all turned out to be made entirely of natural and exotic shells, down to coral for the lips, and witches and fairies in moving poses were accompanied by poems, all made by E. since 1959 when took up a self-made challenge that she could do better than a purchased creation. She has exhibited many times and held a one-woman show at the local art gallery. Watercolours hung in every room, they and the half-made, altered pure silk suit on the dining room table, were also E’s own work. A small, lively lady, E suggested we sit in the garden (also all E’s own handiwork) to talk. It was an oasis of colour; butterflies and relaxed-looking blackbirds sipping from the birdbath. Person-high yellow, red and white lilies by the back door, next pots of violas and hundreds of hardy cyclamen and a most colourful backdrop of roses, bushes and fruit trees beyond, as we sat side by side on the lawn seat. A natural, outgoing person, E. chatted on for three hours, stopping only to get us both a sun hat and umbrella, then eventually to prepare tea and scotch pancakes with strawberry jam.

Analysis of Edith's Yesterday Interview

The themes below arose from the text of Edith's yesterday interview and the subsequent MST, supported by researcher field-notes.

A. The Day's Activities

Edith spoke of a Saturday for her yesterday interview and revealed a wide range of occupations that she had undertaken. Towards the end of the interview she spoke also of her other occupations, about which she is "passionate". She said that Saturdays were always a "bit different" because she had *The Times* and began the crossword with her three morning cups of tea. Examination of the interview content revealed a wide range of activities that was later subjected to two sorts, firstly for frequency:

very frequent:	visiting charity shops, gardening, water colour painting, classical FM radio (not as a background), crosswords, and cryptic puzzles, cup of tea, cooking, picking soft fruit, garden design, creative sewing
once/ twice per week:	composing verses, reading newspaper, housework, TV, sorting out, having relative to a meal, the T-Pot bus (Age Concern)
occasionally:	knitting, crochet, shelling, embroidery, buying fish, jam making, hat making.

The second sort was for the enjoyment, with Edith choosing the two categories:

high enjoyment:	seeing friends, charity shops, creative embroidery, hat-making, the T-Pot bus, having relative to a meal, having a cup of tea, crochet, writing verses, gardening, garden design, picking fruit and any edibles, crosswords, painting- mainly water colour, shelling
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tedious, done

**only because of
the end product:** knitting (although the design phase is of high enjoyment), jam-making, sorting out, housework, reading the newspaper, cooking, sewing (needed in order to make her clothes fit), buying fish

On the given Saturday, Edith began her morning by picking her garden's raspberries, loganberries, Tay berries and blackberries and sugaring them ready for her sister who was visiting for lunch the following day. There then followed an organised day which included planting out the recently purchased alpines in a neighbour's rockery, the latter having been designed and built by Edith earlier in the summer, and culminating in a cooked evening dinner and a session to finish the crossword.

B. Personal Characteristics influencing the Occupational Day

The interest and pleasure derived from *creative occupations* is evident in every page of Edith's yesterday interview and supported by the MST results above. One of Edith's more unusual occupations is shelling or the making of intricate shell sculptures. She talks of the intensity of her involvement here:

...you wouldn't get them {shells} out unless you had absolute free time ahead for at least a fortnight, and if D... came for a meal she would have to have it on her knee in the front room. I wouldn't clear the table...It is intensive, takes precedence over everything. I can put the painting away, aside, and have a rest from it, say garden again, but if I am shelling that is a different story...I can lose myself and forget everything

014:4

The theme of enjoyment in creative pursuits is mirrored in her other preferred occupations too. Talking of a hat she had recently made she displayed it with the remark: "It is my own design, hasn't it worked well? I love it you know!" Incorporated in the creativity theme are two sub-themes, the first being an *appreciation of colour and beauty*. Edith refers to this on many occasions, in relation to her frequent visits to charity shops she says: "I find beautiful colours and beautiful materials and bring them home to remodel". Again this is reflected in her

love of gardening which is reported in the researcher field-notes above and again when Edith talks of her afternoon spent helping her neighbour establish a rockery:

then I went next door...and started to place the beautiful collection of alpines we had bought, deciding exactly which was the best little pocket, ...knowing which needed the ericaceous soil and which needed good drainage, which could be put at ground level to make a nice cascade with something else...

014:1

The above quotation leads into the second theme related to creativity, that is an ***interest in producing the best***. This is not expressed with any sense of competitiveness, but more in relation to ***knowing*** and ***improving one's art***. Edith dismisses much of the television programming, including garden programmes, because: "I learn little if anything from them"; she took up shelling as a personal challenge to improve on a crude shell sculpture made elsewhere, and she plays no musical instruments because:

I did play the piano, but I didn't excel so my heart wasn't in it

014:8

A second major theme from Edith's interview, which clearly facilitates her creative expression and productivity, is her interest in ***always having something to do***. She has no problem in achieving this aim when in her own home, because "I always have several projects on the go", however when she goes to visit her daughter, she plans carefully:

I have been sorting out some knitting to take away with me so that I have something to do on those moments when you are left with nothing to do. I can't be left with nothing to do, I must have something.... Then you see when I have been there a few days, I can pluck up courage and ask if I can weed the front garden!

014:4,5

Edith is focussed in her occupations, without compulsion, but with the realisation that she has much she still wants to accomplish. In order to do this she regards crossword completion as a treat for a Saturday or the end of a day, and she is aware that the more mundane tasks take second place in her order of things: "I am a bit upset that my house isn't as spick and span as it ought to be....". She maximises her

time-involvement in the regular chores which she must do, for instance in her daily meal cookery:

Well I cook perhaps every other day but I eat a cooked meal every day because I cook enough for two days and put it in the microwave, just saving time. I don't waste anything, don't waste anything. I save as much as I can. I often cook the potatoes in advance like that but I prefer the greens to be freshly cooked.

014:2,3.

Edith gives several more examples of how she makes the most, not just of time, but of resources too. During interview she shows a small watercolour she is just finishing, with the comment: “well if it doesn't turn out well, I shall use the back for something else”. This theme is also echoed in her judicious use of all the fabric she acquires from charity shop clothes, and is highlighted again in a related theme that could be described as *perpetuity*. On several occasions Edith spoke of her desire to “carry things on”. She has no religious beliefs, but she has a strong sense of perpetuating what is of value. She spoke nostalgically of some beautiful embroidery, rescued from her deceased sister's dressing gown, and she showed how she had been able to incorporate this into an attractive hat decoration. Edith then wore her finished hat at a grandson's wedding, then: “something of K {sister} was at the wedding”.

Not only does Edith recognise the value of an absorbing occupation for herself, but she shows a clear understanding of the deprivation which others have experienced when no longer able to indulge. She described a tortuous route she thought out each week for a weekly outing, when her husband first became ill and could no longer play cricket, in order that he would not have: “to hear the sound of willow on wood”, because “it tugged at his heart strings so much”. For herself, she reflected that she had always enjoyed many activities, and had little problem in finding a new hobby, because “there is no such thing as a vacuum...there is always something to take its {tennis} place”.

A final theme emerging in this category is that of *healthy eating*. Edith stresses that this is a subsidiary theme, pursued only because she wants to live a long time in order to accomplish as much as possible. Into this subject arena came Edith's love of fish; the story about today's fresh fish, bought from a shop counter, was preceded by

a past account of Edith and her husband taking regular trips to a local shoreline, armed with “a set of lay fishing lines each with a hundred hooks and a whole load of copper stair rods to affix the lines”. These were laid a mile from shore and a few hours later after the next tide, their lugworm bait used to result in: “dabs, as sweet as honey, a few plaice, but best of all was the bass”. Today Edith had acquired her fish by a more conventional method and she stressed that:

I have a very healthy diet, lots of fruit and lots and lots of vegetables and chicken predominantly. I do love meat and I have it every now and then. I am not a vegetarian by any means.

014:2

Edith grows many of her own vegetables, in addition to her plentiful fruit and she tries to ensure that down to the last windfall apple, all will be put to good use. She suggested that her wartime upbringing had given her these deeply rooted principles. She remembered her father, a schoolteacher, working hard on his allotment to provide plentiful vegetables for the family.

C. Occupational Influences of the Home Environment

The yesterday interview clearly revealed the importance of the home environment to Edith. On a visual level, both the house and its creative contents and the garden packed with colour and edible items, provided a strong indication that Edith’s immediate environment facilitates her occupational endeavours. At the close of the interview, Edith was happy to speak on this topic too:

I am surrounded by lovely things, and I have so much to do.... However it could be managed, I would wish to stay here, that would be my aim, to stay here until I am no longer anywhere...and whatever it took to make that possible, that would be my desire...and I would still hope to do all the things that I...I always hope to do, more painting, more shelling, keep the garden better, but I know a lot of that is wishful thinking.

014:6

Edith is realistic about the few things that she cannot manage. She does not saw down any large trees in her garden and she does no plumbing; most other tasks are

within her repertoire. Beyond the house and garden, Edith values the immediate neighbourhood:

I love living where I do, in a cul de sac position, everybody knows everybody; its all Christian names

014:6

A little further afield too, there is a regular bus route, now with a specially adapted bus. It accommodates wheelchair users and is also helpful to Edith and others with laden shopping trolleys. Although taking a “roundabout route”, the bus goes to the town’s small shopping centre. This is also where the weekly Age Concern “T Pot Bus” makes its regular stops, and Edith values the friendships fostered here.

One downside to Edith’s home, is that having occupied the same bungalow for many years, she has accumulated many items, both of her own and from deceased relatives, this causes her some stress:

I am trying very hard to sort things out a little, but I have had so many things dumped on me when people have died...everybody got landed with boxes of this and that to go through.... I don't know I seem to get a lot more clutter than I really want, and I've got clutter of my own, absolutely essential clutter because I need so many shells, I've got them everywhere. But it will all go in a skip when I go because nobody will want to use it...

014:7

Edith suggests though that she is making an effort to sort things out, and sometimes she thinks she is winning. Her current project is to get her clothes sorted out, “having something nice to wear whenever I might want it”. It was at this point that Edith fetched her newly completed hat, to demonstrate her point.

Conclusion

Edith’s yesterday interview and the MST which followed, revealed a lady contented with her quality of life and her opportunities to make the most of her creative talents. She remains ambitious to make the most out of every day, to share her hobbies and skills with those who are interested, and to continue to accomplish as much as possible. Her occupational interests are supported by her long-standing residence in a bungalow with a self-landscaped garden, and with interior light and space to

display Edith's completed work. Just after the MST was completed, Edith had the first of three bouts of polymyalgia rheumatica (PMR). In addition to intense pain and weakness, Edith was psychologically distraught during the first episode of the illness, describing it as: "I felt I was done for...". However with medication and support from her GP, and from friends who made Internet checks for information about the condition, Edith has weathered these crises, and is able with controlled medication, to continue as before. She is also pleased to have located two creative acquaintances who may be able to take over her shell collections.

Purposeful occupation means a great deal to Edith and her days are centred around how much she can accomplish. She describes the pleasure in "ticking off her progress" mentally each night, when she recognises her achievements both large and small. In her occupational account Edith describes something of the high sense of value that she places on both being productive and in producing the best. These standards are long-standing and she recognises that *time* is a precious commodity: luxuries such as crossword completion are reserved for once a week or late evening enjoyment. Interestingly Edith indicates that "there is never a void"; she never lacks a new creative project to undertake as another venture finishes. One great concern is that ill-health may at some point prevent her from continuing her current independent lifestyle and creative occupations. In existential terms, Edith is *making of life what she will*. She recognises the finality of death, but hopes fervently that she may be "shelling at the time".

5.6. Fay

Introduction

Fay revealed in both her SF36 scores and her VAS scores, that she has some severe physical limitations, which result in a degree of social isolation and consequent loneliness. She is profoundly deaf, deriving some benefit from a hearing aid, but reliant mainly on lip reading for comprehension of conversation. Paget's disease and associated arthritic changes affects her hips and now her right ankle. This causes her much pain and limits her activity considerably. She is awaiting surgery for a new ankle joint but has concerns that immediately post-operatively she may be even more limited, and perhaps unable to go up stairs at all. She walks with the help of a stick for brief distances only. Her husband died twenty-four years ago and she is unable to see her daughter or son on a regular basis. Her daughter lives in London and her son in North Wales. Two of Fay's sisters have died and the remaining sister is in a coma in a local hospital. Despite her limitations Fay copes with her own housework in her own semi-detached house where she has lived for over thirty years. She has tried to get help in both her house and back garden, but has not yet found anyone satisfactory. With her increasing immobility Fay has recently joined schemes which now provide her with a degree of security and assistance. Merseylink helps her with outdoor transport, a day centre provides company and a hot meal on two days per week and a local female contact takes her shopping on a regular basis.

Fay had alerted the researcher, before interview, to the fact that she is deaf. However, at the time of interview, with front lighting, she lip-read fairly accurately. She has Paget's Disease, and was clearly in pain at the moment. The interview was conducted in a rear living room where two of Fay's watercolours were hanging and a large album of certificates for preserving and swimming rested on the coffee table. Due mainly to Fay's deafness, it was sometimes difficult to confine the interview to the specific topic of yesterday's activities, however Fay was very happy to talk about her many current occupations.

Analysis of Fay's Yesterday Interview

The themes below arose from the text of Fay's yesterday interview, supported by the researcher's field-notes.

A. The Day's Activities

Fay described the occupations she currently enjoyed, and pointed out that unless she has a specific reason for going out, to a Day Centre, or shopping with a friend, she is mainly housebound at the moment. She hopes very much that her forthcoming ankle-replacement will bring her restored mobility. The activities described were:

- Monday Day Centre
- having a cup of tea
- using a Dial a ride bus or a taxi
- scrabble
- sailing
- going shopping with a friend
- swimming
- cooking
- preserving
- growing vegetables and flowers
- flower-pressing
- painting
- tidying the house

Fay spoke very animatedly about her newest hobby, swimming. She attends a disabled swimming club on Friday afternoons and has been to Stoke Mandeville with the club members. Due to her deafness and joint problems she says she would not be able to go to an ordinary swimming club, she comments: "I can only swim on my back, and get scared when people swim under me". Fay described having a focal point to most days, so that Monday she goes to a lunch club, Tuesdays a friend takes her shopping, another day it is an Age Concern painting class and Sundays she liked to go sailing with a disabled group, but could not do this every week as the £10 taxi fare is a deterrent here. In fact now that Fay cannot manage to travel on a regular bus, and is also very limited in her walking ability, she is finding transport something of a problem, and regular taxi use is prohibitively expensive. Fay also outlined that even simple tasks such as tidying around the house takes so much longer at the moment because of her immobility. She has tried to minimise cleaning, has floors that she can mop over because she cannot manage a Hoover, and tries to leave "things handy" so that she does not have to "traipse from room to room".

B. Personal Characteristics influencing the Occupational Day

Perhaps the major theme here is that of *stoicism*. Fay spoke at some length about a hip replacement that had not worked:

after 3 years it gave up...and quite recently I was in agony because it was loose. I remember going shopping in the village; it was alright going there, but coming back it was agony.... It used to lock and I used to pray it wouldn't happen when I was crossing the road.

015:2

then a broken pelvis resulting from a fall when mowing the front lawn, and cracked ribs when she fell through her son's window during a "dizzy spell". However, throughout all the trauma and periods of immobility, she appears to have battled her way through, mostly with very little help and support. She describes how she reacts when offered help:

I was at the lip-reading class and a lady said to me "Do you need any help" and I said "oh no I am fine", I am always very independent. But I said "I know a lady in her nineties who does need help". They said we're not interested in her, we are interested in you!

015:4

Having recently discovered the Monday lunch club, she struggled to get there on a bus, for a trial run, but could not walk the 100 yards from the bus stop, so she took a taxi for her first proper visit the next day. She was worried about the £5 fare, but would not have mentioned this, except when pressed to disclose the cost, and was then delighted to be told of "a scheme whereby you pay £5 per week which covers your lunch and a taxi". Although not dwelling on the problems of deafness, coping here clearly demands much perseverance. She remarked that she had been "ripped off" by supposed gardeners or house-cleaners, and that her handbag was stolen in a local supermarket, probably because she had not heard someone approaching and delving into her basket.

One of Fay's coping strategies is her *sense of humour*. She mentioned this on a number of occasions from everyday situations, to more critical instances where an

ability to laugh at her own misfortunes clearly assists her. On the occasion when she broke her pelvis, she was unaware of this, thought it was her hip “playing up again”, and her son took her back to his house to “recuperate”. She remarked that the only way she could get to the table for tea, was on her son’s builder’s trolley and “the two grandchildren were awestruck at gran being pushed!”. The following day she was admitted to hospital and remained flat out for a month. Fay then went on to describe her shopping trip of yesterday, suggesting that as always this was one of the highlights of every week. A deaf friend drives her:

she is a wonderful driver and we laugh all the way. They have threatened to throw us out of Sainsbury’s, we are such a riot!”

015:4

A related theme, possibly deriving from Fay’s understanding of what life is like when you are coping with one or more disabilities in an able-bodied world, is her **empathy**. She describes a visit this week of the Lord and Lady Mayoress to her lunch club. Fay had taken along a photograph of her new grandchild and one of the girls asked if the mayor could read the inscription:

but I didn’t know the poor man was short-sighted. he had thick lenses, took them off and tried to read it but he couldn’t. I felt so sorry for him and would have read it to them had I known

015:1

Fay demonstrates this again when talking of some of the other people who attend the club, talking of a lively lady who has had both her legs amputated. When Fay was “fooling around” and said “I feel ninety this week”, this lady “piped up well I am ninetytwo”.

Fay indicates **an enjoyment of a varied activity routine**. She participates as fully as possible in active sports, such as sailing and swimming and says the thing that she misses the most is “being able to take a brisk walk”. She also has an interest in creative hobbies such as water colour painting and flower-pressing. Fay indicates an understanding of the therapeutic value of occupation too:

yes I used to make bread until recently too, it is very good for you, the dough, if you are feeling bad tempered!

015:6

Fay shows pride in her accomplishments over the years, as demonstrated in her collection of certificates, many for jam-making and preserving (she made 50 jars of marmalade for the swimming club this year), and the most recent ones for swimming. She comments about her collection and hints at a sense of *perpetuity* too when she says:

I thought my grand-daughter might be glad of it, I don't want a lot of it thrown away

015:6,7

Fay also refers to *an interest in diet* when she talks of cooking a main meal each day for herself, going on to say:

I have fish about twice a week, I don't eat much red meat, mostly white meat, I think it is better for me. I do get a bit scared with this BSE and I found that if I saw raw meat, it puts me off, so I eat a lot of vegs. I grow a few peas and beans and potatoes, about my limit now, but you almost have a meal with just those

015:6

C. Occupational Influences of the Home Environment

Fay has lived alone in her house for the past 24 years, since her husband died. With a daughter in London and a son in North Wales, she does not see her family very frequently, nor does she make any mention of her immediate neighbours, or of any neighbourhood facilities she uses. Since mobility has become an increased problem she tends to be driven to activities that take place some distance away. Fay speaks with mixed feelings about her house and garden, clearly the stairs are difficult and she has problems in finding suitable help with cleaning:

I had a lady for 2 hours for £10, but she just did the bathroom and half the stairs, not like P., who did everywhere in 2 hours and I used to say "stop!"

015:7

Similarly Fay has difficulty in coping with the garden, she talks of "big long rows of sweet peas" which she used to grow, but now she is unable "to dig deep" for planting and she is looking for some reliable help in the garden. Fay's strongest positive comment about her environment concerns her store of memories. She says:

We were expecting J... and my husband came home with four roses he had bought in Woolworths, so I put one in each corner of the garden, there was nothing in it at the time but mint and weeds. One lived, it produced one flower in 30+ years. The year he died- 70 roses and it has been like this ever since. It is that one there and it is the first to come out in May- all those years!

015:6

Indoors too, Fay has indications of her hobbies all around her. She has planned her house so that “things are left handy”, although she indicates she has to do a lot of work whenever her daughter comes to visit because she invariably comments: “mother your house is like a pig-sty!”

Conclusion

Fay presented as a lady who clearly has to struggle through each day. Nevertheless, within the limits imposed by pain and profound deafness, she has sought out a number of occupations that she continues to enjoy on a day-to-day basis. Although her home is now difficult for her to care for, Fay made no mention of looking for any alternative.

In Fay’s case personal resources and traits such as stoicism and use of humour, have enabled her to maintain an active involvement in a wide range of pursuits. Her physical and sensory limitations are considerable, but these have not impeded her varied programme of interests. She has shown adaptation skills in taking on new ventures, such as her recent membership of a disabled swimming club, when other activities such as gym sessions, became too difficult. Fay did not refer directly to her need for occupation, but she made clear reference to her planning which incorporated one activity per day. Other evidence of the value of activities to Fay was provided when she displayed her collection of certificates in recognition of previous hobbies such as jam and chutney making. She suggested too that she would like to pass this collection on to her new grand-daughter in the future. This suggests that Fay places a high value on occupational success; it is worth struggling for against the odds and the records are worth preserving for future generations. An existential interpretation could be that such records provide evidence of *being*. As personalised and individualised documents, they serve as proof of Fay’s authentic existence.

5.7. Gladys

Introduction

Gladys has been widowed for two and a half years and still misses her husband a great deal. She now lives alone in the ground floor of her large six-bedroomed house. The house used to be an old people's home before she and her husband bought it twenty years ago. As the VAS scores reveal, Gladys suggested that both her quality of life and her satisfaction with personal activity levels are limited by her physical limitations. She has angina and severe pain and limited movement in her right hip; she had a left hip replacement some ten years ago and now uses a walking stick whenever she leaves the house. Her back also causes her pain since she slipped from her rocking chair six months ago. Despite her many problems, Gladys has organised her lifestyle so that she can cope; this is reflected in her SF36 score of 100% for social functioning. She takes a local bus and uses a trolley for shopping. She uses ready meals, has help with heavy housework and wears loose clothes that she can handle herself, declaring "I haven't worn socks or stockings since N (her husband) died". With a strong religious faith Gladys has derived much support from her local church; in return she helps out at a number of their afternoon activities, especially the ladies group and mother and toddler sessions. With a smile too she declares that this gives her chance to reduce her collection of books; she takes a few per week to sell to support church group funds. She has also, in recent past enjoyed Arthritis Care meetings, but when her local council withdrew transport to these events, she felt their replacement service of a low level bus charging £3.50 per trip, was too expensive. Gladys says her main support comes from good friends and neighbours, she sees little of her family. She has a daughter in Canada and one in York and a son who lives ten miles away, but he is very busy and does a lot of line dancing. Gladys feels that she will not always be able to cope in her current environment, but she knows of a local residential home, which she has visited and she feels she could be quite happy here when the time comes.

Gladys was interviewed in the front lounge of her large Victorian house. A large pink hydrangea in the front garden filled the sunny bay window, and Gladys proved a

bright conversationalist. Her right hip is now limited to 90% of flexion, and getting her small frame in and out of the armchair was a laborious process. Gladys was happy to talk about her yesterday. She led into the subject with a little information about her earlier jobs and occupational activities.

Analysis of Gladys's Yesterday Interview

The themes below arose from the text of Gladys' yesterday interview and the subsequent MST.

A. The Day's Activities

Gladys spoke of a typical day, which normally involved rising at half past seven, having a light breakfast before dressing, then being ready to go shopping by 9.30 am. In this way she could be sure of buying fresh milk before supplies ran low. The afternoon was occupied by a mother and toddler group where Gladys helps out on a weekly basis, she commented: "whilst the kids are fighting, we have a good old natter". Gladys prepared her evening meal, a pre-packed chicken drumstick and vegetable dish, then settled down to an evening of reading. The MST completed some three months later, was able to explore Gladys's current occupations in greater depth. The first sort was for frequency:

Every day/ most days: cooking, shopping, reading,
cups of tea, seeing friends, radio

Once a week: T-pot bus, church, time with children,
re-selling books, ladies group, television,
Salvation Army teas, having a wander,
sorting out, seeing her grandchildren

Occasionally: outings- has been on five this year

Gladys mentioned that with ten grandchildren and four great grandchildren, she sees at least one of them each week. She sees a lot less of her children. One daughter

lives in Canada, one daughter is not well, and her son who lives five miles away, is a busy line dancer.

Gladys then sorted the occupations for enjoyment:

Very much enjoyed: seeing friends, reading books, reading *The Echo* to “keep in touch”, outings, time with children, having a wander and meeting people, T-pot bus, ladies group, radio, cup of tea, selling books- as a money-raiser for charity

Done because they are a necessity:

cooking- “not much fun for one”, sorting out, going shopping- “recently this has become a chore, I have to take my trolley just for a pint of milk now; it is something to hold on to”
TV- only a few programmes enjoyed, eg. UK travel and archaeology

Gladys places great emphasis on seeing her friends. She has both newer friends, made mainly via her local church activities, and a group of friends from many years ago. She referred frequently to the fact that “my friends are very important in my life”. The long-standing group of friends began when the members were all teenagers together, in a local girl guide patrol. Eight to ten members of this group continue to meet once or twice per year at a nearby city church where they can “get a good meal”. Gladys also has long-term friends from her night-school days.

B. Personal Characteristics influencing the Occupational Day

Gladys returned several times during interview to a theme of *meeting people*. Her week is planned so that four days of each week include a scheduled meeting with people. Her church, ladies group, mother and toddler group and Age Concern T-pot bus are all features of a normal week. In between times Gladys spoke of liking to be out early in her local shopping centre:

I check my list, then get out. I've got a pass I can use any time, I don't have to wait for half nine.... So I go and have a wander around there. Its funny because nearly every time you meet somebody you know.

016:3

Gladys has been a keen night school attendee for many years and has studied subjects from cookery to radio construction and Egyptology. She retains her membership of a local photographic club, although she is not able to get to many of the meetings. Gladys remains friends with people she met many years previously during her active participation in societies and classes.

Gladys clearly has an ongoing **interest in the church**. Many of her friendships are fostered here and she has found great support here when in times of difficulty. She described her first visit to the Salvation Army after her husband died:

the major who was there then, she couldn't have been kinder, she didn't say anything, she just put her arms around me and led me to a chair and sat me down....

016:6

This is a longstanding theme in Gladys's life, she had wanted to become a missionary doctor when she left school, but her father did not support her in this.

Gladys shows an ability to **occupy time** in ways that are meaningful to her and she enjoys **continuing to learn**. Not a great television addict, she responded to the researcher's question on the topic with:

Enjoy television....corr! I mean it is either violence, sex or bad language, or a mixture of the three. I might watch once or twice per week. Now last night I did watch; the programme about King Arthur about 1500 years ago when the whole sky went black....

016:5

In the evening Gladys described "losing herself" in one of her books, with the comment that she did a lot of reading and often the children bought her books for Christmas. This theme led directly into her concern that she **has too many books**. Gladys commented that:

I have not hundreds but thousands. The small room upstairs, the walls are bookcases and well there's none in the bathroom but every other room has books, so I have started selling them at Arthritis Care once a month. Because people there can't get out much, so they probably do more reading than the average. They're probably like me, fed up to the back teeth with television

016:5

Gladys is doubly concerned about her large book collection because her son does not share her interest in books:

But I know what I... will do if anything happens to me. He'll get one of those big things and just bung everything in and they'll all finish on B...tip! If I know I.... I don't think he ever reads; well he is busy with line dancing now.

016:6

Much of Gladys's account of yesterday was punctuated with **humorous anecdotes**. There was a wonderful fruit cake she produced in a cookery class and delivered to the children's tea table:

then I very proudly brought in this cake, expecting them to do the usual "oh isn't it lovely". There was dead silence from the two girls and Ian pipes up "oh you haven't iced it". I could have hit him over the head with it!

016:4

At the end of the interview, in the response to the researcher's closure question soliciting anything Gladys would like if we could wave a magic wand, she giggled and responded:

I would straighten this road out. I have a nasty feeling it is sinking at the bottom and rising at the top, so that each time I come up it seems a little bit steeper!

016:6

Although said with humour, this remark hinted that Gladys's angina troubled her and some features of her immediate environment caused her increased difficulties.

C. Occupational Influences of the Home Environment

As Gladys had hinted during the first interview that she had some difficulties in coping with her hilly street, it seemed important to explore the environmental theme more fully as part of the MST. A third sort at this time was undertaken on the topic of environmental influence on occupational choices:

Activities dependent

upon current house/

environment:

selling books; there may not be outlets elsewhere

Activities not dependent

upon current house and

environment:

all other activities. Gladys examined all her listed activities and stressed that she could and would make an active attempt to carry them out if in a new environment, finding a new church as a hub if necessary.

The researcher followed this sort with a question soliciting whether Gladys saw herself staying on in her current house. The response was: "as long as I can manage; there is a Methodist Home on the corner if I need it". Some years ago Gladys was a regular visitor to this Home when she collected for an Insurance Agency.

An additional feature that exacerbates environmental problems is *lack of suitable transport*. Gladys spoke of having to give up her car some years earlier because she had been in hospital four times with heart trouble which could "come on so soon. One minute I am sitting like this, the next out for the count". Since this time she has been able to use a bus for shopping, but has had to give up membership of some of the societies she enjoyed, for example the local archaeological society:

I don't go now because they moved down to...Park for the meetings. Of course the bus would be very handy but it doesn't run in the evenings, only in the day.

016:3

Conclusion

Gladys presents as a lively lady who despite quite severe health problems, continues to pursue social interactions and meaningful pastimes. She is sustained by friendships both new and old. She enjoys the company of her grandchildren but acknowledges that her children are not normally seen as part of a regular schedule. Her immediate environment and neighbourhood is of less importance to Gladys than her contacts and friends, and it appears that she will readily accept a move to a local Home which is known, when more help is needed.

The social element of occupational engagement figured high on Gladys' agenda. She spoke of her pleasure in meeting people and she participates in a number of social group events that are held in the afternoons. Quick to sense a chance for social encounter, Gladys comments on her daily shopping trips: "you nearly always meet someone you know". The same trips too appear to help Gladys structure her day: the occupational routine, beginning with early morning shopping for milk, acts as a timed starting point to most week-days. Gladys' faith and religious beliefs provide her with a strong *raison d'être* and link closely with her personal ambitions to use time in a meaningful way. The church-orientated activities also enable Gladys to reciprocate and "give something back". Having received support from the church at the time of her husband's death, Gladys is now pleased to return this support by helping out and selling her books to boost church funds. In considering her future too, Gladys finds reassurance in knowing a Methodist Home nearby as "being there if I need it".

5.8. Horace

Introduction

Horace cycles to the shops and to activities such as the local youth club where he helps out on a regular basis, and his SF36 scores reveal high scores for both physical and social functioning. Horace asserts that he has to be strict with himself, in order to get through all the necessary jobs in a day. He has lived in his large semi-detached house for thirty-eight years and continues to take care of all his own housework. Although he considers his health is very good, he is frustrated that he has to struggle each day to get through the chores, sometimes even setting an alarm to wake him, should he fall asleep during the day. Horace has one stepson whom he sees infrequently, also a sister and niece fifteen miles away. Normally one member of his family will visit him about every six weeks. One of his hobbies is dancing, which he enjoys on a weekly basis with a new lady friend. Horace scores highly in both the SF36 function tests and in his quality of life rating. His frustration in fighting to “keep up” or “do more” each day, causes him mental discomfort and tension and a low VAS self score of 3.1 for his level of satisfaction with activities. He does not see that his health will get any worse and does not foresee that his environment will need to change.

Horace was interviewed on a hot July afternoon. The researcher was greeted on the doorstep of the large Edwardian semi. with “would you like a can of coke or a cup of tea?”. On opting for the latter, this determined the place of interview, in the back room near the kitchen and whistling kettle. Horace opened a new packet of custard creams and we settled for the interview. He was a willing subject with much to say and was both tense and eager to stick to the remit for the interview. Before we began, he remarked that he had to work every day to “keep the house up”. Since his wife’s death ten years earlier, Horace has tried very hard to emulate her standards. As yesterday was a Sunday and therefore not a “usual sort of day”, Horace opted to talk about last Thursday for his yesterday interview.

Analysis of Horace's Yesterday Interview

The themes below arose from the text of Horace's yesterday interview supplemented by the researcher's field notes.

A. The Day's Activities

Horace's day began at 7am, as did all his days except Sunday, when he permits a lie-in until 7.30 am. He then described a day that began with a cooked breakfast, then a bike ride to the local shops where purchases were dictated by a weekly shopping list that has been in use for many years. The Age Concern's T-Pot bus provided a mug of hot chocolate and a friendly chat, then Horace returned home about 2.30 pm.

Later in the day he went to a monthly union meeting, then had "a few pints with the fellas", before returning home for supper. Horace remarked that he usually had his supper standing up, because if he sat down he fell asleep in front of the gas fire. He may not then wake for several hours, to find he has "been paying for the gas when the bedclothes should be doing the job". Horace spoke also of several other occupations that he enjoyed on a weekly basis. His list of activities comprised:

- having a cup of tea or chocolate
- cooking breakfast
- checking shopping list
- housework
- shopping
- T-Pot bus
- Riding bike
- Union meeting and a pint afterwards
- cooking dinner
- Friday youth club
- table tennis
- keyboard
- dancing and music
- seeing friend
- church and communion

An important part of each week is Horace's role in helping with a local youth club. He plays table tennis with the eight to eleven year old boys who attend.

B. Personal Characteristics influencing the Occupational Day

An underlying group of themes appears to exert a strong influence over Horace's occupational day. He is quite a strict *disciplinarian*, who is very conscious of *the pressure of time*. In examining these themes together we can understand something of Horace's restless nature, which was evident throughout the interview and began with his account of getting up in the morning:

I get up at seven o'clock every morning except Sunday when its half past seven. I used to get up at half seven on Saturday and Sunday but I now find that's too much, I can't permit that, so I get up at half seven just on Sunday

017:1

These themes are evident at the other end of the day too with Horace asserting that when he stayed in during the evenings, a "priority would be housework", because he does everything himself. He remarked that he bought himself a keyboard but hasn't been able to play it recently because:

the amount of work I have to do, it just stays there. There was a time when the washing was piled high, almost to the ceiling and I thought something has to be done...

017:3

and at the end of each day too Horace is strict with himself again:

so the answer to that one is that I don't sit down for my supper then I can't fall asleep. I have it standing up, its usually just a few biscuits and cocoa as per the dietician's orders

017:2

Horace has been worried about his increasing tiredness and sets an alarm for himself if he sits down in the afternoon, so that he will not fall asleep and waste time. On one occasion he went to visit a friend in hospital and fell asleep in the hospital corridor; he found himself admitted for investigations, but was released after a few days when they could find nothing wrong with him. In keeping with the theme of not wasting time, Horace has chosen to have no telephone and no television. He

asserts that his bike and his radio are his “pals”. He is able to adhere to advice too; when he was found to be a little anaemic a dietician recommended liquorice and chocolate, and liking both, Horace was happy “to comply”. He is strict about having two cooked meals per day, breakfast and an evening dinner, and he remarks:

yes, I cook every day, a good sized dinner. I mean anything like meals on wheels would be an anathema to me, it really would. I sit down to a really good meal

017:2

Enjoying a daily cooked breakfast too:

bacon and I liked fried potatoes a lot- potatoes that I've boiled the day before, and I keep one back {laughs}. I delude myself its not kept over but I'm always glad to see it has been left over!

017:2

A second group of themes occurring in Horace's interview embraces **continuity and perpetuity** that is linked to Horace's expression of **spiritual direction** and **social conscience**. Horace talked about his late wife and the shopping list she compiled :

you will be horrified at the state of this I know. My wife made it ten years ago, before she died, and I keep to it. I do everything that my wife did. I regard my wife as a fellow runner in an Olympic race, and she dropped the baton when she died and I picked it up and carried on running, and part of the baton is this shopping list!

017:1

So on the Thursday in question, as part of Horace's yesterday, he had bought the joint for the week-end, along with rice pudding, peas and beans, just as his wife had listed.

Horace spoke much during the interview about his involvement with a local youth club, suggesting that he did this because he needed to “pay something back”. Horace mentioned attendance at church and communion early during the interview and the researcher pursued this with a question about spiritual direction, did this influence his decision to work with the young people for instance? Horace gave a full reply here,

beginning with his belief about a life hereafter. On being asked his belief on this topic by an elderly friend, Horace's response was:

I do {believe} to be quite honest I do. ...I read once an article by a priest and he put it this way, to imagine a chocolate factory. Into one end goes the cocoa, sugar, milk, all the ingredients necessary to make the sweets. They were processed and came out the other end, but what if they just went into a fire and got burned?- Too ridiculous for words; that we live our lives, strive for this and that, only to reach the end and get burned.

017:5

This led Horace into revealing his justification for working so hard with the young youth club attendees. He spoke about the war and the fact that he "had a good time in the war, as long as he could get to the dances and the booze". He later felt that his actions were totally irresponsible because "others were having their guts gouged out for the likes of me". He then spoke directly of the youth club:

I've been there fourteen years...The children are those of those who did have their guts gouged out and I feel a certain responsibility to do something....Now I feel as though I am putting something in. So there's a spiritual action, I feel as though I have got to do something back

017:5

A final theme emerging in this category is that of **valuing activity as a passport to friendships**. Horace mentioned this in relation to a number of activities and events. Visits to the T-pot bus were seen as enjoyable because "I am very friendly with the man there and vice versa", and the Union meetings were seen as an opportunity to "socialise with the fellas". In discussing gardening, Horace commented:

I don't dislike gardening, in so far as I used to work for the W... Council of Voluntary Service. That was about eight years ago. So although I was never one with green fingers I got into it just the same and could then join in the gardening conversation

017:4

Horace places much value too on an early friendship when he learnt to play table tennis during the nineteen thirties:

but I little thought 50 years hence that table tennis was going to be my salvation because I can lick practically all the kids at the youth club.

017:3

C. Occupational Influences of the Home Environment

Horace is very much aware that his current house is too big for his needs. However he feels he cannot move on and away from the family house at the moment until some family disagreements are settled. He is estranged from his step-son and feels he must sort out matters here, before he can dispose of contents from the family home. Having lived in his present house for thirty-nine years, Horace is familiar with his neighbourhood, although many of his activities take place either a bike ride or a bus ride away. He made only one mention of a friendship with a neighbour, this is a 91 year old gentleman whom Horace is currently visiting in hospital. Horace has a garden but has little time for it at present. Beyond the house and immediate neighbourhood, Horace places great emphasis on friendships and support networks. A regular Sunday morning communicant, Horace described how he met his current lady friend, some six years ago. At an early morning communion service Horace had a chat to the priest, also a friend and newly discharged from hospital, before the service began. They agreed that Horace would finish the communion wine as regulations dictate, as the priest's health forbade this. However just as the service began, a lady communicant arrived, and Horace had to engineer the process in order to remain the last communicant. He felt the need to explain this to the lady after the service and a new friendship began here. Now activities such as dancing, music and joint holidays are once again possible.

Conclusion

Horace is working hard to fit the tasks into each day. He has many friends and support systems that are readily accessible to him within five miles of his home. He is able to cycle to many regular venues, but occasionally uses a bus. He does not like to use a bus to go to the youth club though, because:

they seem to expect me on the bike. They would regard me as beginning to crumble, to crack up if I didn't go on my bike {laughs}

017:2

Horace has some plans to try to organise a family get-together within the near future, in the hopes that some long-standing disagreements may be resolved. If this should happen, he may be able to move to smaller accommodation that would entail less work for him. He has no lack of occupations, but is frustrated by his lack of time in which to pursue them.

For Horace, occupation has come to mean pressure, for he struggles each day to accomplish the tasks that he feels should be done, then finds himself tired and having no time or energy for hobbies he would like to engage in. The meaning of occupation for Horace appears steeped in legacy in that he feels strong needs to repay debts of the past and to carry on traditions that his wife introduced several decades ago. He has religious beliefs that support his personal philosophy of reaping what one sows, and it is possibly such beliefs that force him to drive himself so hard. This does not bring contentment as his VAS scores show. Occupation fails to reflect Horace's current *being*; rather it reflects characters and occurrences from his past.

5.9. Ian

Introduction

Ian is still experiencing bereavement and acute periods of overwhelming sadness. After 58 years of marriage, his wife died fifteen months ago. For the final three years of her life Ian had been her full-time carer and their home was re-adjusted with downstairs bedroom etc. to facilitate this. Some fifteen years before this time, Ian had taken early retirement in order to help his wife when she first became ill. Ian has lived in the same terraced house for over fifty-nine years, being moved here when his parental home was bombed and his mother was killed at the same time. Ian is not in good health himself and rheumatoid arthritis causes him considerable pain. He uses two sticks out of doors and his walking capability is limited to one short block. His

hands are also affected which means that all tasks involving grip are difficult. As a retired craftsman, much of his home furniture is self-made and French polished and his current level of disability causes increased sadness. Ian has other health problems too and is “on a daily cocktail of pills”. He is mostly housebound, going out once per week to his local church for half an hour. As the standardised tests reveal, scores on the SF36 are low in particular for physical function and emotional status and the self-charted VAS scores reveal a low to moderate quality of life score. Ian has a niece who visits most weeks, his two brothers and an elder sister have all died and he has no children.

For the interview, the researcher was welcomed into a comfortable back lounge, furnished with tables, shelves, fire surround and cabinet that were all Ian’s own handiwork. During his working life Ian was a French polisher at a local shipyard for over thirty years and he still keeps a full set of his carpentry tools, although due to multiple joint arthritic involvement, he can no longer use or even hold the tools. He is in pain for much of the time, and has a reactive depression following the death of his wife fifteen months ago. Ian had been her constant carer for the three-year period prior to her death and he misses her a great deal. Before starting the interview, Ian moved a large emptied margarine box, full of his assorted daily medications, to make space for the researcher on the sofa. Ian described himself as, like people of the time, those who grew up in the war, very independent, having very little but then those next door had very little either, so you made the best, got on with it, and asked for nothing because nobody had anything to give.

Analysis of Ian’s Yesterday Interview

The themes below arose from the text of Ian’s yesterday interview supplemented by the researcher’s field notes.

A. The Day’s Activities

Ian described his yesterday, although he said that “all the days are pretty much the same”. He indicated that the only exceptions would be Thursdays when he “went down for his pension” and was usually out about half an hour and Saturday evenings when he crossed the road to his local church and was again out for half an hour. Ian

said that he slept poorly and was up several times each night to visit the toilet because of his prostate problems for which he is awaiting potential surgery later this month. He is always awake from 3.30 am onwards, and dozes after this time. About getting up he says:

Round about 8 o'clock if I want to get up I can't be bothered. I just lie there, might lie until 9 o'clock, then come downstairs, feeling neither one thing nor the other.

018:1

Ian then went on to describe a day that involved some household tasks, interspersed with lengthy periods of "just sitting". During the course of interview he talked of the following occupations that he still undertakes:

cooking
weekly attendance at church
sitting
sport on television
visits from his niece
going to the post office
old time discs or tapes
reminiscing
sitting in the garden
tidying around

B. Personal Characteristics influencing the Occupational Day

Although Ian clearly attempts to find a positive outlook, he is greatly inhibited by both *physical pain and immobility* and *constant depression*. He struggles not to dwell on his problems with the outlook that:

but I think I am lucky; I've got a lot of problems but who hasn't? ...and I think if you dwell on your own problems you can make yourself more ill than what you are, and not only that but you depress everyone else don't you?

018:3

However he clearly finds this difficult to do and describes how the depression can overwhelm him when he gets up:

occasionally I have come down{stairs} and felt exceptionally great, and I've thought: "oh this is smashing", no headache, feeling really good and it lasts about an hour. Then it is almost like a weight that comes on me, like a headache this type of depression comes on me ...

018:1

He returns to this theme later in the interview as he thinks about retiring for the night, when again he is trying not to think of his problems and not to "become a martyr" to himself. He talks to himself:

oh for God's sake, shake yourself out of it, there's a million people worse off than what you are...doesn't make my case any easier, but that's not the point. The point is as you get older like me you must not start having any doubts in your mind. Although I still admit when night-time comes around, its nearly always worrying especially if you are feeling a bit off colour

018:2

Although Ian is worried about his health, an accompanying theme is *stoicism* or as he himself describes it: "pig-headedness". The researcher asked did he have anyone he could call on if he felt unwell or worried in the evenings and his response was: "its just the way I have been brought up, I don't think I would". Then he added that he did not want to bother anybody, despite the fact that two neighbours and his niece have encouraged him to ring at any time if he needs help, so he has decided if he needs help because of feeling ill, he will just ring the hospital.

One theme which brought instant animation was Ian's *recall of past events*. He mentioned this on a number of occasions, and these were clearly times when he enjoyed a great deal of sport. Earlier as a child, he regularly played football in the local park:

we lived right by the park, so we used to mainly go there, play football you know and finish up with a score like 99, 96!

018:4

and he currently enjoys listening to old discs and tapes:

...talking about the women and when they went to the washing places over the river and when they were on the dole, and the overhead railway and all the liners and all that.

018:2

He enjoys his niece's regular visits too, because "she is interesting", she "laughs a lot" and she also likes to ask about the past with questions like: "when you and my dad were young, what did you used to do?" He also enjoys these visits because he can clearly become involved, he collects coupons for school computers, because his niece is a supply teacher and always in need of equipment and resources.

Frequently during the yesterday interview, Ian referred to the theme of *just sitting*. When he had finished his breakfast and tidied the papers, he would "go to the door to get some fresh air, then just generally sit around". After lunch he did not take a rest, he may watch the television if it was sport or travel "but generally I just sit", and in the evening of yesterday he commented:

I just er...let the world go by. Its just a case of sitting around and letting the evening pass.

018:2

On the theme of *cooking* Ian was quite positive with:

oh I never go hungry, never go hungry. I'll have cornflakes and fruit juice of a morning and dinner hour as I say I can cook, beans fish..., sausage and mash, soI have no problem at all with my food, a bit of a problem with opening things but I get round it.

018:2

C. Occupational Influences of the Home Environment

Ian is surrounded on a daily basis with reminders of how difficult life has become. He still has a downstairs bedroom that he does not use, but it was converted for his wife during her illness. A small corner table in the lounge with a large photograph of his late wife and constant fresh flowers, is also a reminder of his loss. Ian's love of carpentry and marquetry is also in evidence in items of hand-crafted lounge furniture, and he is particularly sad that he can no longer manage such hobbies. Ian enjoys sitting in his garden even though he can manage little of the manual work necessary to maintain it, he has paid help here and can manage a little light work outside.

Beyond the immediate environment Ian speaks of knowing few people in the street, although two middle aged neighbours have offered to help him if he is in need. It is helpful that both his local church and a local post-office are within short walking distance as these provide focal points for short weekly excursions. Ian did not talk of a move away from his family home, even though he is clearly concerned when he has to go to bed at night knowing that he feels unwell.

Conclusion

Ian reported a day, in fact most days, which brought him little satisfaction, although he clearly tried hard not to dwell on this topic. On a final note as the interview finished, Ian mentioned two occupations that he could still manage although he did not feel sufficiently stimulated to sit and concentrate very often; these activities were *poetry composition and painting*. It appeared that with further encouragement he may find satisfaction in such activities in the future. The researcher was given a copy of two of Ian's poems as the interview drew to a close. The poems were entitled "The old tramp steamer" and "Mother".

The meaning of occupation for Ian is complex to untangle. Surrounded by his own hand-made furniture whose construction he can no longer contemplate due to arthritic deformities in his hands, and faced daily by memories of his deceased wife and her long-term illness, in that the dining room still remains as her converted bedroom, Ian struggles with what today's occupational role constitutes. His environment provides strong, constant memories of *past occupations* and Ian is able to recall this period of his life with a mixture of pleasure and regret that this productive time is over. He reflects on the many years he spent upstairs working on his marquetry, totally absorbed and only roused when "my wife used to call me down for my meals". Today's occupational role is however nebulous and made further indistinct due to pain and multiple health problems that cloud any future ambitions. Watercolour painting and poetry composition are potential occupations that are brought to mind as possible future occupations, but they are not for today, Ian will wait until he feels better enough to tackle them.

5.10. Joyce

Introduction

Joyce lives alone in a council bungalow, supported by a team of three carers who are employed on a rota basis to provide three daily visits, morning, lunch-time and evening. The bungalows also have a warden scheme, providing a warden who calls round each day. Additionally Joyce has a weekly visit from a nurse to assist with bathing. Joyce moved to her bungalow eleven years ago, from older property in the area. She is housebound, stating that the last time she went out was approximately three months ago, by special minibus. Within her home she uses a walking frame and can move from room to room independently. With very limited sight, Joyce is highly dependent on familiar surroundings, describing how difficult life can become if she has a new carer who inadvertently places her prepared ham sandwich tea in the wrong place in the refrigerator, meaning that Joyce will not be able to locate it when tea-time comes. Joyce is also moderately deaf, but living alone she only uses her hearing aid infrequently. In examining standardised test results, the SF36 reveals a zero score for her physical function, and the NLSA records that Joyce has no living relatives in this country, just one niece in Canada. Her husband died thirty years ago and their only son had died at aged eighteen months from meningitis. In addition her seven younger siblings have all died. Despite such negative findings, Joyce scores above average on the quality of life VAS and a full 100% on the SF36 with regard to emotional limitations. She has a positive outlook, backed by a religious faith, and over the past few years she has actively cultivated new friendships. She is an excellent raconteur, a powerful singer and barely a day goes by without a visitor. She sleeps only fitfully at nights, but sings along to the radio when she is awake. She says "I love my little bungalow" and she hopes to be there to receive her 100th birthday telegram from the Queen.

Joyce's interview took place in her own home. Researcher field notes record the occasion:

I was let in via an intercom buzzer, from the bedroom.

Joyce was seated on the edge of her bed, with rollator and walker in front of her. After introductions we went into the front room where Joyce had put the heater on earlier. We had a magical two plus hours with amazing glimpses into over ninety years of her life. Due to profound deafness and very poor eye-sight, the interview had to take a non-standard approach and was at times difficult to conduct. Joyce was however a willing conversationalist and clearly loved singing.

Field notes: 019:1

Joyce has lived in her bungalow, with minimal support from a warden-scheme, for the past eleven years. A professed “no pills” lady she exudes warmth and a strong interest in others and in her surroundings. She mentioned on questioning that she had last been out about two months ago when taken in a specially adapted van, to a Valentine’s Day dinner.

Analysis of Joyce’s Yesterday Interview

The themes below arose from the text of Joyce’s yesterday interview plus an additional follow- up interview, and it is supported by researcher field notes.

A. The Day’s Activities

Joyce followed the researcher’s advice in attempting to describe her yesterday. There were however many sidetracks made into relevant and associated areas, some connected with the past and others associated with coping with a double sensory deprivation problem. The whole interview provided a clear picture of a lady who is content in her surroundings, and is supported by a team of three carers who come in for three brief periods in the day, at 9 am to assist with dressing and preparation of breakfast, at midday for preparation of a light lunch and at 7.45 pm to assist Joyce

with retiring for the night. The radio provides a strong occupational element to both the day and the night.

B. Personal Characteristics influencing the Occupational Day

Throughout the interview Joyce's *positive outlook* was apparent. This was a natural manifestation, not enforced. There was no sense or mention of "looking on the bright side", and despite many hardships which were apparent to the researcher there was no mention of life being difficult. Joyce appears to have accepted her many losses which included an only son from meningitis when he was aged 18 months, all relatives including seven siblings who have died, and the loss too of much of her own sight and hearing, without rancour. She remembers in particular the "goodness" of her mother in the days when she made ointments for horses' hooves to sell at the local market and cooked for the large family, frequently preparing fish:

she was very very clever my mother. She could make ointments, standbuck...and my brothers used to go fishing, they had a licence to go fishing in the Shropshire Union {Canal}.... We had a great big aquarium at home in the back yard and they used to fetch trout and eels home....She used to cook the eels, but she skinned them like that and she dried the skins for sprained wrists.

019:5

and again, she saw her mother as an admirable figure:

she was very good my mother, she used to go and scrub the church hall for nothing, aye and there was no carpets in them days, you made your rag mats.

019:8

In the same vein too, Joyce talks of her current carers, describing them as "a good bunch of girls". She stresses too the importance to her of having her regular carers because she quickly has problems if a new carer comes along and replaces anything (from tea towel, to sandwich tea) in the wrong place, Joyce would not be able to find it. On dull days her sight is so poor that she sees very little. Joyce's positive outlook is evident in her ambition, "to be here in my own home to get my telegram from the Queen", this is looking two years hence.

Linked to the first theme is Joyce's sense of *valuing friendships*. She has made conscious attempts to cultivate friendships and now one friend whom she met in a pub some twenty years ago, is "almost like a son" to her. He and his wife visit every week and keep her company. On the researcher's second visit, the friend was there and he and Joyce were sharing their usual Friday afternoon can of Guinness. Joyce comments too that she always values her carers too and makes sure they make themselves a cup of tea as well as providing for her. She goes on to say:

all the girls that come here, they like coming and I speak for them.... They all like me; well you may as well make a friend

010:3

She talks proudly too of her friendly rapport with her doctor. Although she professes never to take medications, she rings her doctor regularly to talk over any problems she is encountering. Through her friendships Joyce remains outward looking and retains an interest in those around her and her community, even though she is rarely able to leave her house. Joyce has a good *sense of humour* too and this shows as she comments that she is happy when she meets old friends too...

do you know, when you go to sleep at night, I think you're dead, because it is nearly always them who have gone before that you dream about. Its funny isn't it!

010:7

A further theme also relates to Joyce's positive outlook, this is *faith*. Joyce holds strong Christian beliefs and has a vast repertoire of inspirational hymns that she knows off by heart, and sings to herself. As she finished singing one of her favourite hymns she replied almost indignantly to the researcher's question about the relevance of God in her life, with:

*oh he's never out of it, oh no. How do you think I manage here?
I'll tell you what comes in here: (sings) "Following Jesus, ever day
by day nothing can harm me when he leads the way..."*

010:7

As regards *diet* Joyce mentions several times that she has always been very fond of fish, it is "brain food". Nowadays her friends regularly every Friday bring her a

piece of haddock from the market for her tea. She tried meals on wheels, but had to stop them some time ago, they were much too big:

I couldn't eat them, I was giving them to the cat and the birds and the pigeons at the back

010:2

As part of her daily diet too, Joyce is a firm believer in a tot of whisky every night. She attests that she had an early diagnosis of hardening of the arteries, but now feels that her daily whisky helps this problem. She says she should have a regular pint of Guinness also, but cannot now pour it without it “going all over the place”, so she only has her afternoon Guinness when her friend comes to open the can.

The single *occupational entertainment* which Joyce enjoys daily is her *radio* and tape player. She has a radio in her living room and one in her bedroom as she sleeps fitfully at nights, so frequently has the radio on during the night hours. She likes old songs and hymns in particular. Joyce has an excellent memory for the words of the old songs, and retains a powerful singing voice, so frequently she sings along to the radio or tapes. During interview Joyce talked of the morning she went to school after the Titanic sank:

our teachers said there's a boat gone down and there's children on board so we sang for them {sings} "Nearer my God to thee nearer to thee..."

010:7

She comments that she can no longer see to read and although virtually unable to see the television, she keeps a small set because “you see I might have friends that want to see it”.

C. Occupational Influences of the Home Environment

Joyce's home environment exerts a strong influence over her capacity to enjoy occupations that are meaningful to her. As her sight has diminished gradually over the past few years, the familiarity of her surroundings enables her to locate both essential items and her treasured possessions. Although unable to see her favourite

photographs displayed around her lounge, she knows the images by heart and can point them out to share with visitors and friends. In her own home too, she is able to play her radio sufficiently loudly for her to hear, without fear of disturbing any-one, whether during the day or night. In any less private circumstances, such as sheltered housing or a residential facility, this practice would be regarded as anti-social. An essential factor that bridges home environment and community involvement, is the comprehensive care package that Joyce has. Her team of three carers, plus weekly nurse and regular home visits from a chiropodist, are all essential components in her ability to remain ambulant and continue living in her own home. Joyce commented on how important it is for her regular carers to remain as constant as possible:

and then they make me a sandwich for my tea. I can't see in the fridge you see so they put everything just where I know I can get it out the fridge

010:3

Joyce then demonstrated the critical half shelf in the fridge where she knows she will always be able to locate her prepared tea. Any change in carer, can disrupt this finely tuned ability to cope. The warden also helps Joyce to feel involved in her community, Joyce remarked:

the warden over there, she comes to see me every day, oh aye I bought a couple of draw tickets for the horses yesterday. I don't believe in them, don't like horses, but my husband loved them, he always did the races.

010:2

Joyce makes visitors welcome in her home, which means that she has many callers. She feels secure with her intercom door entry system, linked to a buzzer, and knows whom she is admitting. Last week an ex-carer visited with her new born baby, and Joyce had greatly enjoyed having "him plonked on my knee".

Conclusion

Joyce presents as a lady with a strong faith and life-force. She has a positive outlook despite serious sensory deprivation and lack of any living relatives for support. She

retains an interest in others and has made active attempts to cultivate friendships. These have become increasingly important as her mobility has declined and she has become housebound. Until recently Joyce has always had a cat to provide companionship, but says with regret that she could no longer care for one. The immediate environment, together with an organised support routine is vital in assisting Joyce to maintain both her independent living and her ongoing participation in occupations that she continues to enjoy.

In exploring the meaning of occupation for Joyce we find a major focus on *times past*. Great value is placed on both people and events of the past and they are subject to regular recall. Singing hymns of her childhood and youth and listening to popular music of the 1940s and 1950s brings Joyce a great deal of current pleasure. Likewise remembering and recounting tales of childhood and her mother's activities, is also a pleasurable experience for Joyce. Although she cannot see many of her old photographs, they are strategically placed in her home, their positions are known well, and in this way Joyce can locate them to point out and share with friends. Today's occupations, although drawing strongly on the past for stimulus material are rooted in today in a *social sense*, for Joyce takes good care to make all visitors and carers feel welcome with the comment that: "well you might as well make a friend". Joyce's approach to today is grounded in a strong religious faith and it is this that sustains her ongoing *existence*.

5.11. Karl

Introduction

Karl has lived alone in his own semi-detached house, since his second wife died twelve years ago. He has lived in the same house for over forty years and just recently he had a chairlift fitted on his stairs. His son lives “just ten minutes away”. He is disabled himself and walks with two sticks but he is able to collect Karl and take him to his home for Sunday teas. Although Karl reports himself as generally in good health for his age, he has recently had balance problems and a number of falls. He has furniture strategically placed in his home, to provide support should he become unsteady and out of doors he needs a person’s arm and a stick. Alternatively he uses a pavement scooter for longer distances. He graphically describes his first need for the scooter some three years ago, after “the awfulness of the doctor taking away the car, when my legs first gave way”. Always an active man and something of a public figure in his community, Karl still rates himself in the VAS as being very satisfied with his current level of activity, although frustrated sometimes when activities, even dressing, take a long time to accomplish. He is pleased to be pain free and mentally astute, and scored full marks for health status in these areas. A sociable person Karl enjoys ongoing involvement with local committee work and the social side of being taken to church on a Sunday.

Karl’s interview took place in his front lounge. Painters were busily decorating the house exterior and Karl mentioned that until recently he had always done this himself. Karl has been an active member of his community, holding such public offices as magistrate and council member. Today he was an articulate and clear thinking interviewee who clearly found some questions quite thought provoking. For instance one question on the SF36 Form asks how true is the statement: “I expect my health to get worse”. Here Karl pondered the truth of the statement versus the expectation and the fact that he does not dwell on it; was this then true or false...? A twice married gentleman, his second wife having died three years ago, Karl takes care of all his own needs and is independent within his home.

Analysis of Karl's Yesterday Interview

The themes below arose from the text of Karl's yesterday interview, supplemented by the researcher's field notes.

A. The Day's Activities

Karl would have been pleased to describe his actual yesterday, but as it was a most unusual day (a neighbour drove him out into the countryside and they had lunch out), it was a joint decision that Karl would report on an "ordinary" day, so he reflected on the day before yesterday, although he was a little worried that this would "sound awfully dull". His day begins at quarter to eight with breakfast, two cups of tea and usually part of a newspaper. After washing the pots, he sits in the armchair by the fire for half an hour. Then he takes the ewbank to clean around where he eats his meals. At this point he took the stairlift up to the bathroom and toilet, had a wash and shave and came downstairs to put washing in the machine. He then reflected that he could not have tea until the washing was finished because he could not take the water off the supply. So he read a little more of the paper, then sat and thought about what he had read, and so his day progressed.

The discrete daily activities mentioned were:

- washing and dressing
- reading the newspaper
- meal preparation
- receiving a letter
- watching the television
- listening to the radio news
- sitting and reflecting
- having a cup of tea
- doing the washing
- tidying the house
- looking out of the window
- having a snooze

Karl reported that he reflected on a Thursday, a highlight day of the week as he always received a letter from an old friend in Devon, this is a person who “is almost a son, he was brought up with my son”. Retired himself, the friend writes every week, although Karl remarks that he cannot respond so frequently as he has “nothing newsy” to say. Another enjoyed day during the week is a Sunday when a congregation member picks him up by car to go to the local Baptist Church, his neighbour brings him a cooked lunch and he then goes to his son, a 5 minute car drive away, for his tea.

B. Personal Characteristics influencing the Occupational Day

A recurring theme that has a strong influence on Karl’s day is his capacity as a *thinker and reflector*. His day is interspersed with periods when he sits and thinks. His mid-morning routine includes the period whilst his washing machine is going:

then if there is anything left in the newspaper from the day before, I finish that off, then sit down and think about what I have read

020:1

He uses his skills of reflection frequently throughout his day; this may be to assist his own personal progress such as when he is in the local supermarket and actively examines the shelves with the quest for “something new for tea”, and it extends too to his general view of *working to improve oneself*:

I have always believed that doing a job today will lead me to do it better tomorrow and if I go on progressing in that way, I am then leading the life I want to live.

020:3

He goes on to say that he cannot understand the people who are “always content to do the same job, and never want to improve it”, adding that he could never be content if he was not “aiming to get better”. Karl returns to the theme of reflection as he plans his late evening, with the comment:

I go to bed round about half eleven to twelve, on the premise that I am not going to sleep more than about six hours anyway. This is

just part of me, and if it's a winter morning I can't find anything to think about at that time, but if its light there's plenty to think about.

020:2

It interests him that his ability to think creatively is influenced by the level of light and he goes on to ask the researcher: "Now can you sort that one out? I can't!"

Although well able to use his inactive times for creative thinking, there is also a sense that Karl spends a considerable portion of each day *waiting*. He frequently prepares a "packet lunch", although once a week he always cooks fresh vegetables. Then after his lunch he refers to the period when he "waits for one o'clock", for the radio news. Again, later in the day after his tea he comments: "then I wait for the six o'clock news on the television, a big event of the day". In-between times Karl is aware that the period from 4pm to 5pm is an awkward one:

that can be the dull spot of the day... I mean Countdown or Fifteen to One is good, until you see how limited you are in relation to the contestants!

020:1

Now as Karl is mainly housebound he values a particular *observation point*, his lounge window:

this window is my window on the world and I very frequently go to it. The neighbours, I wonder if they think I am nosey? Not that I particularly care. But I know there are two kinds of people; those who always look at me and those that never look {laughs}

020:1

Following the observation theme and linking this to Karl's television preferences, he remarks that he used to watch *Coronation Street*, feeling that it was true to life, but he has now become more critical in his observation and comments that "everyone seems to be going round in circles" and that they seem to be leading a very stilted life. Now instead he prefers the spontaneous wit of programmes such as *Have I got News for You*. His newspaper choice for the week is the *Saturday Times* because it has the TV times in it, and "it is voluminous, whereas a tabloid has nothing to it".

A final personal characteristic theme which runs through the day and the week is Karl's *support from the church*. He attests that he is "not a religious man", but he has been a regular attender at a local Baptist Church for nearly seventy years. He met both his first and his second wife here, and now a member of the congregation collects him every Sunday to drive him there in her car. Although he readily admits that he has no religious convictions, Karl enjoys the social contact and tomorrow for instance, some church visitors are calling for his help with the books.

C. Occupational Influences of the Home Environment

As noted above, Karl enjoys his local neighbourhood in a number of ways, he has a good friend in a next door neighbour, a lady whom he has helped with research in the past, so now it is not difficult for him to accept the regular Sunday lunch which she cooks for him. Although he cannot now walk out unaided, he takes a weekly trip on his pavement scooter to the local park, and indoors he has the recent adaptation of a stair lift. He also has furniture strategically placed around his home, so that should he feel unstable, he always has a solid item to use to grasp and steady himself. He is now unable to tend his own garden, but he has help here and clearly still takes a great deal of pride in the smart appearance of his longstanding home. He values the ways in which he can still contribute towards his community; this he expresses in the reciprocal support with his neighbour, and the tasks, such as book keeping which he undertakes for his local church.

Conclusion

Karl is clearly keen to remain in his home. He understands and appreciates the community care support he has; he values his window on the world and his independent life-style. He would not want to be in a Home, and queries the compatibility of the residents, suggesting that it could be like being on a perpetual cruise where you could not choose your travelling companions! He is also aware of some Homes that smell. So Karl feels his current environment is very important to him and his being within it helps him structure his day.

In unpicking the meaning of occupation for Karl we see a person who in the past was used to full occupational involvement in his community, now making judicious and reflective use of an expanded time frame in ways that help him satisfy his need to *improve and do better tomorrow*. He plans carefully so that as far as possible time is not wasted. Knowing that he can only use wakeful periods at night for *constructive thinking* when it is daylight, he elects to go to bed later in the winter, because the mornings are darker and therefore of little use to him. He does not like to lie awake if he cannot think. During the day too Karl uses all available stimuli to assist his reflection. Choosing a large, content-laden weekly paper, he reads sections at a time during the week, then considers what he has read. Likewise he prefers television programmes that provide a degree of challenge and provoke independent thought. He evaluates the programmes too, making changes in his viewing habits when any programme fails to stimulate his desire for progress. For example he stopped watching *Coronation Street* when he found the characters seemed “to be going round in circles”. Although unable to walk out alone, Karl has carefully thought through how he can continue to *be in the community*. He makes use of his large lounge window, using it as a regular observation point and as he describes it his “window on the world”. He is not unrealistic about his future, but rather prefers to dwell on the *here and now*, because he has control over his current pattern of existence and intends to make the most of it. To this end he is currently working on his 4-5 pm time slot in each weekday, because at the moment it is “the dull spot of the day”.

5.12. Lucy

Introduction

Lucy moved to her current sheltered housing association complex nine years ago, just after the death of her second husband. She moved sixty miles to be closer to her stepson, knowing no one in her new locality. Her stepson lives some fifteen miles away and she does not see him very often. As the SF36 scores reveal. Lucy's health is not good. Her mobility is severely restricted since she fell and splintered the head of her right femur, two years ago. She has considerable pain, and can walk about one hundred yards on a "good day", with the help of a stick. She has *intermittent* problems with falls, most recently she cracked five ribs when she fell in her bathroom. Lucy has just relinquished her bus pass because she is no longer able to get on and off the local busses, and she now relies on the weekly specially adapted van that takes residents to the local supermarket. An added complication for Lucy is caused by her bouts of severe clinical depression. Although on constant medication, she still experiences very black periods, when she is often unable to do anything until mid-day. Her most recently diagnosed health problem is macular degeneration and her eyesight is now severely restricted. In a bright light she can identify objects, but she can no longer read nor do any of her formerly enjoyed handicrafts. The multiple health problems provide explanation for low self-ratings on the VAS scores; Lucy rated her quality of life as below average and her satisfaction with activity level as 2 out of the possible score of 10.

Lucy's sheltered housing unit is tucked behind an arbour with seat and giant climbing yellow rose bush in the open plan garden. Behind her ground floor apartment is a sheltered private patio, a haven for birds and the morning sun. After an entry-phone admission, Lucy welcomed the researcher into her front lounge and a fascinating conversation with a forthright lady followed. Lucy's upright posture, immaculate hairstyle and strong facial structure belied her eighty-five years, also her painful shattered hip and the enormous frustration of decreasing eyesight due to macular degeneration, plus the burden of a twelve year history of clinical depression, when "the gremlins take over at 6am and can stay for four hours at a

time". With multiple health problems, Lucy currently does not go out alone, but within her home she copes independently.

Analysis of Lucy's Yesterday Interview

The themes below arose from the text of Lucy's yesterday interview, supplemented by the researcher's field notes.

A. The Day's Activities

All the following activities were mentioned by Lucy as having taken place yesterday:

- sorting out
- feeding the birds and squirrels
- preparing meals
- knitting
- watching television
- making long distance phone calls
- tidying the house
- sitting around
- sitting and looking in the garden
- having a rest after lunch
- sitting and dreaming

During the week too, Lucy mentioned a number of other activities, such as a weekly minibus trip down the road to a local supermarket, having her hair done by the warden's wife, going to a craft class and going out for a meal with friends. She mentioned that she likes to have one activity per day organised, that is quite sufficient and they usually take place in the afternoon.

B. Personal Characteristics influencing the Occupational Day

Lucy works hard to *manage her ill-health*. On the morning of the interview, the "gremlins" had been, which meant that her day began to be productive at a later time than normal. She has made every effort to learn all she can about clinical depression, so that she is best placed to live with it:

I have been waking at 6 o'clock in the morning- it's the gremlins you see, and then I just get up, you are worse lying down you see. So I say to myself: "You must get up, don't lie there, you must DO something"

021:1

She recently attended a series of twelve group meetings for elderly people with depression. She found that all the other participants had a reactive form of the illness, whereas hers is of unknown origin. After this series, Lucy comments:

I have learnt to manage it now. If I wake up with the gremlins, I just say: "Oh go away, shut up, I don't want you". You see I do know now that it will all pass. I just need to be patient, and not get in a state, and not have a panic attack, they are the worst things.

021:1

Lucy clearly misses the busy life she had and her hobbies such as letter writing:

Oh, I loved it {letter writing}, it was one of my hobbies. I could write anything up to ten pages, but I could relate what I was doing because I had a busy life.

021:3

She enjoyed all sorts of handicrafts too, but by way of compensation she has actively sought something she can do, so is now knitting squares for international appeals. Lucy describes how a group of four knitters work on the squares, then one member sews them together, a convoy collects the blankets each month and the last consignment went to Romania. Lucy says of this new hobby:

it does mean I can just pick it up and I find it, to a certain extent, really quite soothing, now that I can do something.

021:4

So Lucy compensates for her increasing incapacities by careful planning and by modifying her lifestyle and activities.

Lucy has a **practical interest in diet**; again this is frequently related to her health. For instance she prepares an evening snack because "my doctor said: 'have

something in your stomach, don't leave it empty all those hours, that might help you'". Her store cupboard always contains ready foods such as tinned rice pudding and jelly, and yesterday for lunch she had prepared a frozen fish cutlet with chips and mushy peas "because it was easy". Lucy takes care to start the day well, with a healthy breakfast that always includes an item of fruit.

Lucy clearly *values friendships*. She enjoys the social occasion of eating out with friends on a weekly basis, and appreciates the company of other residents when they gather in the summer, with cups of afternoon tea in the front arbour. On past occasions Lucy has had several periods of respite care at a nearby residential home and she greatly values the friendliness of the carers here:

oh they are great fun! When I left last time I said to them "You know, I do love you girls, you are like my daughters or grand daughters"

021:4

Lucy smiled as she recounted that in this particular home "they always have a laugh and there is a lot of banter between me and the staff!" Lucy recognizes that being with other people is a great help to her particularly when she is feeling low, and she plans accordingly so that most days of the week she sees other people. There are regular coffee mornings and she has a friend in for tea on a regular basis. She speaks of her difficult days too when she has no outside contact:

Sunday is always a dull day here.... Saturdays and Sundays are the difficult days. I find I am very very lonely on those two days

021:1,2

Before her retirement Lucy ran kennels, and although she has no pets at the moment, she retains her *liking of animals*. She has a morning routine of feeding the garden birds and a tame squirrel and two pigeons on her patio, whilst she has breakfast in the adjoining room. She comments: "this keeps me going through breakfast, I love my animals".

C. Occupational Influences of the Home Environment

To many, Lucy's environment would appear ideal for her needs. It is physically accessible, supported by a warden and services such as a weekly bus to the supermarket. It is also conducive to hobbies that she currently enjoys, such as the morning routine of feeding the many wild birds on her patio and her lunch-time routine:

I like a glass of wine before my lunch, so I sit down about half past eleven and look in the garden

021:2

Again later in the day, Lucy mentions her enjoyment in the surroundings:

sometimes I sit out here you see, or just walk around. I used to walk round a lot but I have got lazy on that, it's very bad because the less I walk, the less I will walk and I've got to pull myself together on that score

021:3

There is also much natural light in both the lounge and dining room, so that Lucy has maximum support for her failing eyesight, and of course she has items strategically placed to meet her needs.

However the one negative aspect for Lucy is that during her severe bouts of depression, or at times when she has fallen, she needs constant help and care. With this in mind she has chosen to go into the residential home which she knows and where she feels valued. The "girls" had recently remarked to her: "Oh ... we love you too, we hope you will come in soon and stay". Lucy describes her reasoning as she came to her decision, beginning with an account of all the many hobbies she used to enjoy before her sight and mobility decreased:

and of course that's all taken from me, so I've got to make something to fill in this. Its taken a lot of thought, so one of them is to go into this Residential Home because I would never be alone. If I cant do anything or there is nothing to do, there is always someone to talk to...someone sitting somewhere and you can go and sit beside them even if you don't want to talk

021:4

As Lucy's chosen residential home is not far away, she envisages she will still see and go out with all her current friends. She will not need to make changes here.

Conclusion

With the knowledge that additional company will help her, and that decreased stress and worries may lessen her depressive bouts, Lucy now waits for a suitable room to become vacant in the Home she has chosen. She hopes this will happen within the next twelve months. She has no close relatives but many supportive friendships and looks forward to these continuing in her new environment. Lucy retains her interest in both "intelligent" conversation and any practical, handicraft tasks she can manage. Increased stimulation on both of these fronts may well enhance Lucy's quality of life once she has settled into her new surroundings.

Examining the meaning of occupation for Lucy, we find her struggling on many fronts. In earlier life Lucy was very active with a busy job and holding down key community roles such as chair of her local Women's Institute group. Any spare time was filled productively with projects such as fine embroidery. Now however Lucy battles to contend with both physical and mental illness and the reality of gradually failing eyesight. Today is not generally a happy place for her but she has not given up. Having made every attempt to understand and manage her long-standing depression, Lucy plans her day to day existence to revolve around one social contact per day and aims to make use of her time by knitting squares that she knows will be of benefit to others. Planning figures highly on Lucy's agenda and in particular *future time* causes her anxieties. She acknowledges her need for company, satisfactorily met at the moment when she is well, but she fears for the future. To this end she has tested and selected a residential home where she feels valued and where even if unable to do anything, she will always be able to sit beside someone. In having plans to combat her deep concerns about *being alone*, Lucy appears to have found a degree of contentment.

Phenomenological summary

In-depth examination of twelve case studies has revealed occupation as being central to all. As physical health declines, factors such as adaptation and compensation, personal ambition and social support all play an interwoven part in creating a day which is experienced as occupationally satisfying. At a superficial level occupation is experienced as a means to *pass the time*, or as a distraction from morbid thoughts or discomfort. At a more profound level, occupation and its products is experienced as self-validating or as veritable proof of *existence*. Although each case is unique in its content, it is possible to study a range of general issues that have been raised. Chapter 6 will take this approach.

In phenomenological terms Sartre (1943) would have focussed the debate on *existence* and the role for the human as *being-for-itself*, or in other words the human need to choose what he/she will become through the actions taken, there being no pre-ordained blueprint to which humans must conform. This highlights the central role of occupation, for as Frankl (1984) had suggested, a powerful way to find life's meaning is by *creating a work or doing a deed*. He too recognised that:

Man's search for meaning is the primary motivation in his life.....This meaning is unique and specific in that it must and can be fulfilled by him alone.

Frankl 1984:121.

The current study in probing this topic, has yielded much rich information; the study participants have spoken of many factors which combine to provide balance and give meaning to their occupational days. But it is the study of the factors themselves which provides some phenomenological answers.

In studying the person as *a being in time*, occupation provides self-validation or even a visible *proof of existence*. There is frequently an end product that lasts beyond the period of activity, and sometimes it can be shared with others. Study participants registered this in several ways, referring to a dislike for cooking: *it takes too long and is gone too soon* and a preference for more rewarding occupations or pastimes with longer-lasting results: *I work on and on until it is as good as it can be {shell sculpture} and then I am satisfied.*

Occupation is also the vehicle for linking the *present* to the *past*. In exploring the relevance of looking to *past-time* we can understand something of the power and pleasure of reminiscence as the subjects revealed. Memories of times that were good and *when I was strong* are powerful antidotes to discomforts and incapacities of the present. For the person who was experiencing bereavement and depression, the occupation of listening to old tapes of the steamers and the trams, brought pleasant release, and stories of long football games in the mud of the local park revoked similar pleasant memories. The ability and stimulus to indulge in such selective and pleasurable reminiscence activities brings *consolation* and helps individuals to deal with the negative things of the present.

Moving to *future time*, this is an area where most study participants did not like to dwell: *well there is only a box with two handles to look forward to*, so the ability to make flexible use of time, shifting from *being in the present* to *being in the past*, provides a powerful way of coping, and when time is filled in these ways there is little space for morbid thoughts of the future. Practical tasks such as *sorting out* are not enjoyed as the MST results revealed, but such preparations for the future can be conducted without undue thought. Retention of ambition and drive *to do more, to do better*, were also strong aspirations which blotted out future reality. Such aspirations, expressed as *hope*, helped the people to cope; they were almost personal secrets, and they were supportive. In terms of occupational influence then, we see statements such as: *I always aim to do more shelling, to keep the garden better, but I know a lot of it is wishful thinking*, and in relation to questions about health: *well I suppose I know it will get worse, but I don't like to think about it*.

An additional way to cope and tackle the negativity of facing *future time* was seen in the examples of *perpetuity*. Edith was quick to point out that this was in no way connected to a future life, such things held no meaning for her. However, she appreciated one of her recent occupations a great deal because in making a hat for a nephew's wedding, she was able to incorporate embroidery that had belonged to a dear and now deceased sister. Knowing that *something of K... was at the wedding*, brought her a great deal of pleasure. It seems then that occupations involving

perpetuity provide additional reinforcement of *existence*; they can transform the transience of life today into something more permanent.

Other strong proofs of *being* are found in friendships, social contracts and community liaisons with intergenerational links. This area highlights the importance of a supportive environment; it illustrates co-constitution and it reinforces the *transactive* links between the person and the chosen occupations, set in the context of the environment. The *person* perhaps experiences the greatest *sense of being* when his presence is reflected through positive actions, within a given environment. Here we find the much referred to theme of *reciprocity*, which serves almost as a mirror. For in acts of reciprocity, ones own good deeds are reflected back. It seems here that the power in the *social and organisational environment* lies in the opportunities it provides for an individual to enhance the visibility of *who I am*. Social contacts and links with a local community are therefore providing anchor points and evidence of *existence*. Occupations such as helping with the books for the local church or assisting a neighbour with a gardening project, therefore hold great significance for the individual concerned.

Occupations cannot be completed in a vacuum, and it is here that a theme of *using time* emerges. Time is experienced as a container for the occupations of a day; its size governs what can take place and dictates which *proofs of existence* are feasible to tackle; it quantifies and structures the day, providing clues as to what happens next. Further reinforcement of *being in time* is provided when the regular daily occupations are undertaken. Tea is prepared in time for *News at 6*. Curtains are closed *when it is dark*; bedtime occurs later in winter when the individual estimates he may wake before daylight and would thus *lose time* because he knows he cannot think creatively before dawn.

Phenomenologically then we can see that meaningful occupation acts as evidence of *being*. Its place is at the very core of existence, a position that may be particularly important for vulnerable older people because they are seeking resolution and validation that their lives have *been worthwhile* and that they continue to hold meaning.

6. RESULTS III: GENERAL THEMES

...analysing qualitative data is not a simple or quick task. Done properly it is systematic and rigorous, and therefore labour intensive for the researcher/s involved and time consuming. Fielding (1993) contends that "good qualitative analysis is able to document its claim to reflect some of the truth of a phenomenon by reference to systematically gathered data", in contrast "poor qualitative analysis is anecdotal, unreflective, descriptive without being focussed on a coherent line of inquiry".

Pope, Ziebland, Mays 1999, 52.

6.1 Establishing the general themes

The previous chapter concluded with a summary of life-world concerns, related to the relevance of meaningful occupation in the lives of vulnerable elderly people. Drawn from the preceding 12 case studies, the five newly identified life concerns provide a fresh viewpoint for further exploration in this chapter; they suggest that meaningful occupation:

1. Reinforces the self and staves off isolation.
2. Provides validation of time experienced as well-spent.
3. Is comforting in the face of loss and blocks out morbid thoughts of the future.
4. Provides a repository for memories and artefacts that will live on: the feeling of life's transience is thereby reduced.
5. Is experienced through socialising which provides external reinforcement.

Although the subjects made many indirect references to these life concerns, the concerns were implicit rather than articulated in their stories. It is the purpose of this chapter to probe more deeply into the processes involved, to return to the words of the study participants, and to move beyond individual narratives in pursuit of general themes. In keeping with a concept of *honesty* (Savin-Baden and Fisher 2002), and in line with the recognition that *differences* are valued, as well as *similarities*, the data were re-explored in a search for general insights. The method was as outlined in

Chapter 3.7. A brief summary of individual analyses suggests that various aspects are influential in the subjects' construct of their occupational day:

Subject 5.1 Ann displayed a preference for routine and structure to each day and an interest from early days in “being busy”. Enjoying a number of physically active occupations Ann recognises that health and activity are linked, and that she is keen to maintain the status quo as far as her occupations are involved. She acknowledges that providing she has something to do, she can happily stay at home alone; her home environment makes her feel safe and comfortable. Environment influenced Ann's occupations :

- *in a physically negative way*; she uses only part only of a large house
- *in a socially neutral way*; her contacts are all a car-drive away
- *in an organisationally neutral way*; it provides safety and comfort but is apparently non-influential to current activities

Subject 5.2 Beatrice asserted that her personal philosophy was to make the most of each day. This positive outlook is linked to her sense of humour and her active avoidance of depressing stimuli such as daily newspaper contents. A recent return to prayer and readings from inspirational books provides spiritual support. A happy day is one when she has contact with children. A strong personal concept of time provides pleasure if current time hangs heavily, because she can readily step back in time to enjoy early reminiscences. Beatrice's environment exerts influence in her day as follows:

- *physically*: negative to neutral; a large 3 storey house, but remains accessible
- *socially*: positive plus; she is well known in a small village community
- *organisationally*: positive plus; necessary help and support is to hand

Subject 5.3 Cath focuses on remaining active. Foreign travel to see relatives is greatly enjoyed, and in the home her range of practical skills facilitates a wide range of occupations. The days are organised so as to avoid “sitting doing nothing”. Home is a very important place as it holds memories of pre-widowhood times. As Cath's late husband was severely disabled for many years, she herself effected much

of the home decoration that still surrounds her. Her environment holds the following influences:

- *physically*: positive; suitable to current needs
- *socially*: positive with ongoing regular contacts in walking distance
- *organisationally*: positive; supporting past memories and current planning

Subject 5.4 Doris has a constant need to be active and describes herself as a somewhat restless person. She makes frequent solitary trips to and from her home each day. Having been advised that she was not always safe in taking long solitary walks, she opted to join a local gym instead. She enjoys all the facilities and classes at the gym, is an active weight-watcher and has a general interest in healthy eating. Although she recognises that her current home is both noisy and cold in winter, she has not yet found a suitable alternative. Doris's environment has considerable impact which is:

- *physically*: negative; cold and noisy
- *socially*: negative; no local contacts
- *organisationally*: positive; habitual routines are well-established

Subject 5.5 Edith has a strong interest in many creative pastimes. She appreciates colour and beauty all around her, and has a deep desire to continue improving, so that it is always the best that is produced. She likes to have something to do at all times and enjoys her home because of this. At home she is always surrounded by "several projects on the go". Her creativity enables her to perpetuate what is good, for example an old piece of embroidery, added to a new hat for a forthcoming wedding. Edith's environment holds considerable influence:

- *physically*: positive plus; bungalow in cul de sac on bus route
- *socially*: positive; neighbours all well-known, friends visit
- *organisationally*: positive plus; facilitates and houses many ongoing occupational interests

Subject 5.6 Fay has a number of health and mobility problems and a stoical attitude towards coping with them. With a strong sense of humour, coupled with described empathy for others in trouble, she endeavours to plan a varied weekly

programme of activities, with something happening each day. An enjoyment in certain creative activities leads her to reflect on perpetuity and she hopes to pass on some of her collections to her grand daughter. Although her house with stairs and garden is now difficult to manage, things are strategically placed in handy positions and no alternative living arrangement is currently sought. Her environment exerts the following influences:

- *physically*: negative; stairs, care of house and garden is problematic
- *socially*: negative; all contacts are a car trip or an expensive taxi-ride away
- *organisationally*: neutral with the positive influence of strategically placed items in regular use

Subject 5.7 Gladys spoke many times of her interest in meeting people. This is achieved inadvertently when she shops, and intentionally when she attends one of several church groups. Reciprocity means that she had support from her church when her husband died and now she returns the assistance by helping at some of the afternoon meetings. Preferring her time to be occupied in ways that are meaningful, the television is rarely watched, but evenings are spent “lost” in one of her several thousand books. The large book collection causes her to worry about their eventual disposal. With a fund of humorous anecdotes, a serious side is shown in future planning and it is anticipated that a local Methodist home, already visited by Gladys, “will be there when I need it”. She currently finds that her road “gets steeper each time I come home”. Environmentally the influences can be summarised as:

- *physically*: negative; large house, only ground floor accessible, hilly street
- *socially*: neutral; has friends, immaterial to current environment
- *organisationally*: positive; just able to wander to shops and reach church meetings

Subject 5.8 Horace is conscious of the pressure of time each day, and has to be very disciplined in order to accomplish all the daily chores. The intent is that the house will be kept and provisioned just as it was when his wife was alive. With a strong social conscience and sense of spiritual direction, a need has been felt to provide regular support to a local youth group, as a way of giving something back to

the community. Activities are seen as “passports” to potential friendships. Horace’s environment exerts the following influences:

- *physically*: negative; house too large with time-consuming work
- *socially*: neutral; contacts all a bus ride or bike ride away
- *organisationally*: negative; he experiences pressure rather than comfort or support in his current environment

Subject 5.9 Ian is almost housebound, but takes two brief trips out each week.

Having lost his wife some fifteen months ago, he is depressed about his loss and also in constant physical pain from arthritis. An ex-craftsman, surrounded by furniture he has made, it is particularly difficult to accept immobility and inactivity. Days tend to be spent “just sitting”. Reminiscing, accompanied by tapes of the old days is a favourite current pastime and perhaps when not so unwell, old hobbies of water colour painting and poetry composition might be tried again. His environment exerts the following influences:

- *physically*: negative; stairs are problematic, reminders of his more functional past are depressing
- *socially*: neutral to negative; neighbours not depended on, brief visits to local church
- *organisationally*: neutral

Subject 5.10 Joyce has a professed and practised positive outlook. Although totally housebound, she fosters and values friendships, with her carers and their families and with younger generation contacts whom she met when still able to get to her local pub. A strong faith sustains her and her sense of humour and enjoyment of a sparky conversation ensures that all visitors are made welcome. A believer in a healthy diet and no pills, indoor mobility is retained although both sight and hearing are very limited. A radio provides entertainment and companionship both day and night, something possibly only acceptable to neighbours because Joyce’s home is a bungalow. She would not wish to be anywhere else. Her environment holds strong influences:

- *physically*: positive plus; bungalow is wholly convenient
- *socially*: positive; regular long-time visitors call in
- *organisationally*: positive plus; a comprehensive care package is in place

Subject 5.11 Karl is no longer able to walk out alone but he enjoys his large lounge window, referring to it as “my window on the world”. He thinks deeply and reflects on what he has read or seen. He believes in working to do better or to improve one’s performance. Frequently he will wait for a particular news bulletin to prompt him to prepare a cup of tea for example. Although Karl says he is not a religious man, he attends church regularly and appreciates the social support and contacts that it provides. It helps him to retain a community presence which he has always enjoyed and he helps with some of the bookwork for the church. Karl likens the concept of any sort of residential living to being “similar to being on a permanent cruise where you have not chosen your companions”. His environment exerts the following influences:

- *physically*: positive; house well maintained with stair-lift
- *socially*: positive; at hub of the neighbourhood and church activities
- *organisationally*: neutral

Subject 5.12 Lucy has struggled with severe clinical depression for many years. Now she feels able to manage her own ill health and depression most of the time, but it is a constant battle. Having been an active lady with many interests and a liking for all animals, she finds it particularly difficult that deteriorating eyesight and increased mobility problems, prevent her from accomplishing many things. She has local friendships that she values a great deal and aims to include one social activity each day if she is well enough. Lucy also has a practical interest in her diet. Having given much thought to her future she has opted to go into a residential home, known to her on a respite basis, as a permanent resident when a suitable room becomes vacant, because here she would “never be alone, and if I cant do anything, there is always someone to talk to”. Lucy’s environment holds the following influences:

- *physically*: positive; ground floor sheltered housing appears ideal
- *socially*: positive; supportive warden and friends
- *organisationally*: neutral to negative; insufficient help when ill

In re-examining the twelve accounts and the above summaries, some common themes emerge. They are centred around social contacts and relationships, making good use of time and resources and choosing feasible and satisfying pastimes often in line with a healthy lifestyle: all are underpinned by individual aspirations and wishes for personal fulfilment. Examining these themes alongside Flanagan’s quality of life characteristics, supported also by Anderson and Burckhardt (1999), it is of interest to note the similarities that exist. See Table 6.1.

QUALITY OF LIFE DOMAINS FLANAGAN (1978)	OCCUPATION AS A QUALITY OF LIFE CONSTITUENT (current study)
1. physical and material well-being	1. managing time, resources and health
2. relations with other people social, community and civic activities	2. social contact and relationships
3. personal development and fulfilment	3. aspirations and wishes for personal fulfilment
4. recreation	3. feasible and satisfying pastimes

Table 6.1: Comparison of quality of life and occupational domains

The shared occupational domains, teased from individual narratives and reported in Table 6.1, now emerge and they can be grouped into general themes. As will also be explored, it appears in relation to each of the themes, that there is an individual control point of balance or harmony where the subject, within his or her given environment, is most likely to experience a sense of well-being. Lawton and Nahemow (1973) provided theoretical guidance here in their competence-press model and the current study moves on to explore the complexities and issues in depth.

Definition of emergent themes

1. Using time is a control aspect to the day. Representing daylight hours *to be filled*, its two extremes are emptiness where time hangs heavily, and pressure where time is insufficient to accomplish the day's occupations. Resourcing and planning help to create a balanced position here, which is experienced when the day's hours are seen to be comfortably and well-filled.

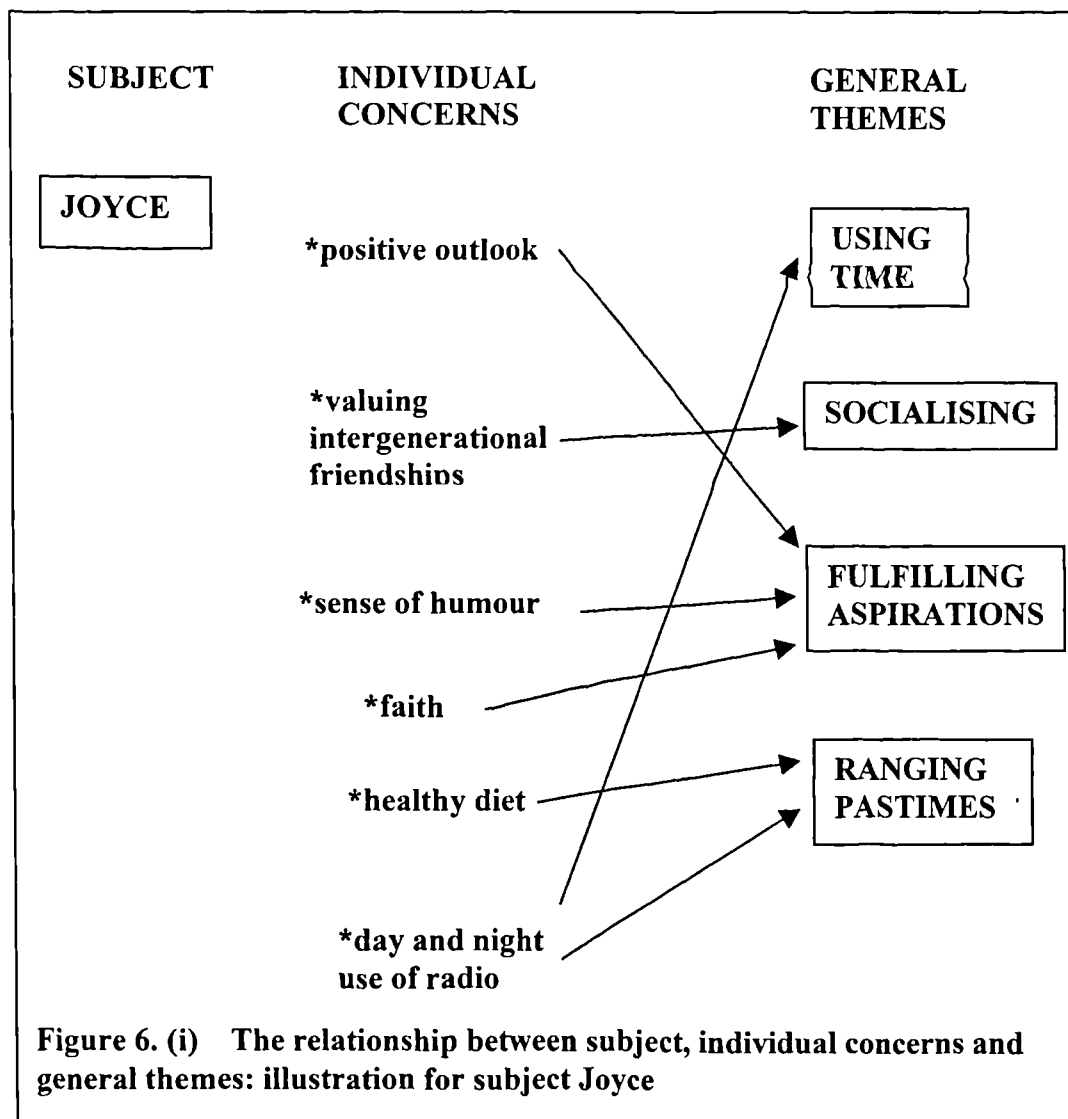
2. Socialising represents all human contact and relationships experienced in a day. The two extremes are loneliness and constant presence of non-chosen companions. The balanced position between these two extremes, is experienced when chosen and satisfying social contacts are established.

3. Fulfilling aspirations represents the subject's driving force, that collection of personal attributes that directs and sustains personal effort during an occupational day. The two extremes are absent or minimal aspirational drive and a strong drive which proves incompatible with capabilities; the position where a subject cannot achieve his/her goals. Here the point of balance or control is experienced when there is a match between held beliefs and accomplishments.

4. Ranging pastimes represents the mixture of daily occupations that are currently undertaken. At one extreme there are insufficient pastimes to compile a day that is viewed as satisfying. At the other extreme an individual may express a need to be *constantly busy*. The tasks here may lack purpose and not be selected for their meaning nor for any sense of satisfaction that arises from involvement. At this extreme the occupations are mere *time fillers*, they consist mainly of *purposeless activities*, and thus do not enhance quality living. The position of harmony is reached when participation in satisfying occupations occurs. Table 6.2 and Figure 6(i) illustrate links between subject statements and concerns, and the newly identified general themes.

THEME	CONCERNS	STATEMENT
Using time	Planning	*I like to have one organised activity each day
	Pacing	*I don't kill myself, I see how I feel
	Structure	*Then I wait for the 6 o'clock News to have my tea
	Being resourceful	*I can fill the day without watching the television
Socialising	Choice	*I don't see much of the family. I enjoy having a pint with the fellas
	Reciprocity	*I helped my neighbour gain qualifications, now I can accept that she cooks my Sunday lunch
	Intergenerational	*He's the age my son would have been, now he comes every Friday and we share a can of Guinness
	Community involvement	*A church member is coming tomorrow, for me to help with the books.
Fulfilling aspirations	Aspirations	*I always aim to achieve the best; start again if necessary {painting}
	Faith	*Oh he's {God} never out of my life, how do you think I manage?
	Perpetuity	*I shall give these certificates to my grand-daughter, I don't want them thrown away
	Looking on the bright side	*Nobody wants you when you moan do they? I always aim to look on the bright side.
Ranging pastimes	Adaptation	*I don't get out much now, but this lounge window is my window on the world
	Range	*I have so many lovely things I want to do
	Health-related activities	*I eat fish and plenty of vegetables, not so much red meat
	Flexibility	*I don't read much, but I like to look through the old photos

Table 6.2 The relationship between general themes and subject concerns



In the analysis it now becomes essential to explore and test each of the four proposed general themes, to discover their accuracy in terms of representing shared issues, whilst remaining cognisant of the range of individual elements that contribute towards them. Drawing from collected data it is possible to examine the boundary points for each general theme; these are the extremities or end-points where individuals express dissatisfaction with their occupational day. It is also possible to examine the reported factors that contribute towards reaching a position of balance or harmony for each theme; these factors are those that make a positive contribution to the achievement of an occupationally satisfying day.

6.2 Exploring the general themes

The themes below are presented in a linear format, purely as a means of representation, suggesting that each theme has two opposite, negative end-points, of “emptiness” and “saturation”, whilst somewhere in-between, lies a positive control position of balance or harmony, where a sense of well-being in a particular domain is experienced.

THEME 1. USING TIME

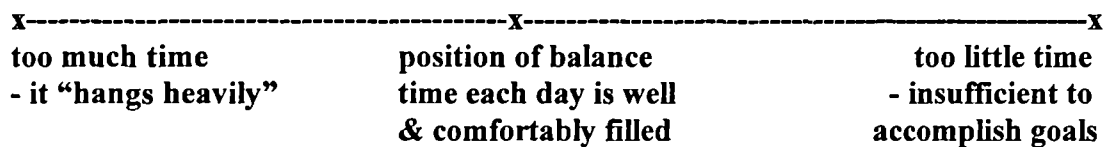


Figure 6(ii) Using time

All study participants made either direct or indirect reference to this theme. Some of the direct references included phrases such as:

Gladys: *“I like to fill my time with something that is meaningful”*

Lucy: *“well I manage to fill my time during the day, without needing to watch the television”.*

Doris: *“well I like to go to the launderette twice a week, and that uses up two afternoons”.*

For all the subjects then there is a sense of having a number of allocated hours each day, which are available for “filling”. Planning and carrying through this theme, constitutes a major task in structuring each day. It is important next to consider the factors that influence the position on the time usage spectrum shown above, as mentioned by the study participants.

The boundaries or negative positions for using time

For two sets of people the concept of filling time is an uneasy prospect. Those who experience boredom (i.e. the left end of the spectrum in the above figure 6(ii), have

difficulty in filling the daily hours with occupations that hold personal significance. For a variety of reasons, connected with reduced mobility, increased impairment or limited opportunity, some older subjects struggle to find acceptable ways to use their time. Beatrice spoke tentatively about this by saying:

Beatrice: *"I don't say that I am very, very bored", then she went on to say: "I am not a reader. If I read more I am sure the time would go."*

In studying the phrases that indicate potential boredom it is necessary to explore the content in some depth. Appendix 3 lists all daily occupations revealed in yesterday interviews. It would be all too easy to take a phrase such as *"sitting around"*, to take a surface approach to interpretation and to assume this phrase indicates boredom, however this is not always so. Karl spends much of his day *"sitting"*, but during many of these periods he is reflecting. He likes to sit and reflect on what he has read in the newspaper, or just seen on the television, and such activities form a valued part of his day:

Karl: *"I put in the washing and have a sit down. Then if there is anything left in the newspaper from the day before I finish that off, then sit and think about what I have read"*.

Karl also experiences times when sitting merely helps structure the day, for instance before he prepares tea, he says:

Karl: *"I sit and wait for the News at six"*

It is important to note the significant difference in meaning between the two periods of *"sitting"*. For others too, sitting is indicative of boredom or time *hanging heavily*. Clinical factors such as depression, clearly exert a de-motivating influence, so that Ian for instance starts each day with a time use problem, beginning when he wakes thinking:

Ian: *"I would like to get up, but I just lie there"*

and continuing through the day, with many periods of *"just sitting around doing nothing"*.

The opposite position where again study participants experience dissatisfaction with current time use, occurs when there is *insufficient time* to accomplish the many occupations that need fitting into each day (i.e. the right extreme position in figure 6(ii)). Horace struggles as he tries to maintain a former lifestyle in a large house and experiences frustration, either should he inadvertently take a day-time nap and therefore waste time, or because he has no time for hobbies he would like to pursue, such as playing his keyboard.

Horace: *“I bought one {keyboard}; but haven’t touched it for three or four years. The amount of work I have to do, it just stays there. There was a time when the washing was piled high, almost to the ceiling and I thought something has to be done”.*

A harmonious position for using time

There are factors that support the study participants in moving towards a balanced position of satisfaction with regard to time use in a normal occupational day. Planning, coupled with a degree of flexibility is clearly helpful as is the establishment of routine and pacing oneself.

Beatrice: *“Then I say to myself ‘what shall I do today?’ Sometimes I’ll say ‘I’ll just do that little job’. I never kill myself by going like mad all day-doing too much. I just ration myself to a certain point.”*

As needs and capabilities change, a flexible approach to time-planning appears helpful. This is noted when Karl who is now mostly confined to his home, talks about scheduling what time he goes to bed. In the dark winter days he has calculated that he needs to go to bed later:

Karl: *“I go to bed around half-eleven to 12, on the premise that I am not going to sleep more than about 6 hours anyway. This is just part of me and if it’s a winter’s morning I can’t find anything to think about at that time. But if it is light there is plenty to think about!”*

By way of contrast, Ann has an established routine that is balanced to include at least one activity focus for each day:

Ann: *“Wednesday morning badminton, Thursday yoga, Monday evening Scottish country dancing....”*

Likewise Lucy also aims to plan one outing or activity each week-day:

Lucy: *“Tuesday morning is shopping morning, a little bus comes here to pick us up at 10 o’clock and takes us down to T...for an hour and brings us back. So that is my outing for Tuesday. I find one a day is enough at the moment”.*

Then there is Edith who has many projects partly completed and she is able to switch from one occupation to another as the day, the weather, the mood or health dictates:

Edith: *“You see I can put the painting down and go out in the garden if I want a change”.*

For Edith choice and challenge bring her much pleasure. She talks too of satisfaction when on retiring for the night, she can “tick off progress made during the day”.

A major factor that promotes harmony appears to be a flexible approach to time use and in particular a readiness to switch from unpleasant contexts, as seen in Beatrice’s comment about the future: *“well there’s only a box and two handles to look forward to!”*, to a more pleasurable time frame, such as the past, with photographs or tapes to trigger happy memories. Fay and Joyce and Ian, who are coping with multiple health problems and restricted mobility, all referred to their enjoyment in reminiscence. Joyce enjoys reminiscing about her past life and spoke of her mother’s many accomplishments with pride:

Joyce: *“She used to cook the eels, but she skinned them like that and she dried the skins for sprained wrists”.*

and Ian was clearly animated in referring to his pleasurable time spent reminiscing:

Ian: *“I’ve got a lot of discs...going back to the thirties, people speaking and all that, they are very, very good... the women and when they went to the washing places over in L.... and when they were on the dole and the overhead railway and all the liners and all that”.*

It is not possible to generalise with absolute accuracy as to each individual’s position on the time use spectrum, however it is possible, considering all the associated factors, to make a reasoned prediction as to each person’s position. Equally it is possible to list potential strategies for helping an older person to improve their

position and increase their level of satisfaction with daily time that is well spent, as defined in individual terms. For example planning, pacing, flexibility of approach and daily focus, are strategies that some subjects already use successfully to assist them in structuring a day that is seen as occupationally satisfying.

THEME 2. SOCIALISING

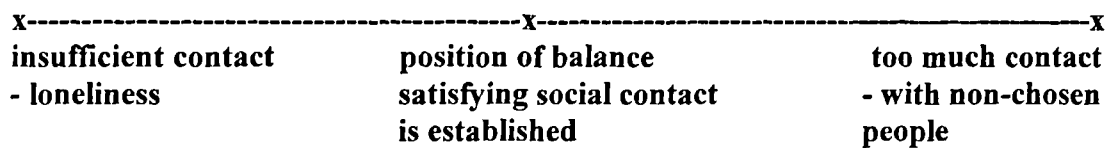


Figure 6(iii) Socialising

Participant reference to socialising spanned a wide range of interactions, from talks with neighbours to family visits, and from buying chocolate for the little girl next door, to being involved with book-keeping for a local church group. Flanagan (1978) created two distinct themes addressing such involvements with a subdivision between relations with other people and social, community and civic activities. All subjects in the current study spoke on the theme of socialising. Interactions formed part of each daily account and clearly influenced the satisfaction experienced in the day. Accounts of prolonged absence of interaction were frequently linked to described feelings of loneliness, with consequent negative influence over the occupational day. There was no clear discernable distinction between Flanagan's subdivided categories here; occupationally one subject for instance expressed her pleasure in an afternoon spent with a neighbour:

Edith: *“then I went next door at about half past two and started to place the beautiful collection of alpines we had bought, deciding exactly which was the best little pocket for each one.... So time went quickly and every now and then J. would say “Are you ready for a cup of tea yet?” ...It was after six when I came home”.*

The negative extremes in relation to socialising

Most people spoke of occasional feelings of loneliness, but for many, living alone did not constitute a problem. Having lived singly for many years and most having no

ready recourse to family members (see Results I, Chapter 4.3: NLSAA), the study participants described how they had mainly adjusted to being alone. Edith considered herself completely at ease here, although she was aware that she relished conversation and found it difficult to relinquish her visitors because of this. Doris also commented with a degree of sadness:

Doris: *“and with me not having anyone to talk to, I don’t discuss anything you see”.*

The two people who experienced the greatest problems with loneliness were both also receiving treatment for depression. In addition Ian had also lost his wife just over a year ago, and he still misses her a great deal, but does not like to bother his neighbours:

Ian: *“Well I don’t know whether its me being pig-headed again. They all say “Ring me any time”, but I don’t like to. M. is elderly herself and I don’t think its fair”.*

Lucy: *“Sunday is always a dull day here...I find I am very lonely”.*

Issues of loneliness and its consequent negative impact on satisfactory social occupations, become more prominent when comparative situations are readily visible. Lucy’s sheltered housing complex leaves her increasingly aware that many occupants have regular Sunday visits from relatives whilst she has no visitors because she has no family living nearby.

At the other most extreme position, social contacts were anticipated as being equally negative when the element of choice is removed. Karl described why he would not consider entering residential accommodation:

Karl: *“it would be like being on a perpetual cruise where you could not choose your travelling companions!”*

Issues of choice are clearly highly significant here and not all study participants viewed the prospect of residential care as a negative move. Lucy has thought through the issues of residential care, has carefully vetted prospective co-residents during holiday admissions, and has now booked her place in a local residential home.

Non-selected or unsolicited social contact is seen to have negative impact in other ways too. Ann talks about the importance of controlling family visits:

Ann: *“Well I don’t like to see them {the children} too frequently; there’s nearly always something wrong with them”.*

Reaching a central position of harmony for socialising

The data reveal several strategies that subjects use to facilitate relationships and social contacts. Contacts are enhanced by conscious actions as Gladys described when she spoke of going shopping, not necessarily to buy anything:

Gladys: *“I go and have a wander around there. Its funny you know, because you nearly always meet someone you know”*

or taking up a new hobby because as Horace commented:

Horace: *“it can be a passport to new friendships”.*

The fostering of intergenerational links, including an active “liking of children”, appears important, particularly in offsetting the alone-ness and “eldest person present” or “only one left” feelings that accompany the death of own age-group friends. We see this in the reports of two nonagenarians; Beatrice who actively cultivates friendships with children:

Beatrice: *“oh yes I’ve always got time for children, I used to baby-sit, now the children of the children come to visit me!”*

and Joyce who in her seventies fostered a friendship with someone who would have been her son’s age. Now twenty years later Joyce has much pleasure and practical support from regular visits which the friend and his wife continue to make:

Joyce: *“oh aye, L. and J. were here yesterday, brought me a lovely little salad tea, all ready”.*

The same friend is there each Friday, to open and share a can of Guinness and to bring a weekly fresh mackerel fillet from the local market. In such cases intergenerational friendships appear very supportive. A converse side is however expressed by Edith

when she talks of her concern that she is frequently the oldest person present at social or family gatherings, and *“that is horrid”*.

Whilst a general importance of mixed-age friendships is positively emphasized throughout the interviews, family support is reported with mixed appreciation. Many people expressed issues such as *“they are miles away”* or *“we have nothing much in common”* or they are busy with their own lives, as Gladys commented:

Gladys: *“well my son is a busy line dancer”*.

Even when family visits were made, these were not always entirely welcomed; as seen in Ann’s comment on the previous page. There is also a frequently expressed feeling that grown children do not share their parents’ values. Both Gladys and Edith talk of “the skip” that will be used to dispose of such valued items as shell collections and books.

Gladys: *“I know what N. {son} will do, if anything happens to me, he’ll get one of those big things and just bung everything in and they’ll all finish up on B. tip. If I know N., I don’t think he ever reads”*.

In general, study participants who spoke of satisfying friendships indicated that these were chosen and mutually fostered. Horace took great pleasure in his regular Thursday evening Union meetings after which:

Horace: *“I go for a few pints with the fellas after the meeting, then come back have my supper, then bed”*.

Gladys also spoke warmly of a group of friends who had first met many years ago at a series of evening classes. They still continue to meet several times a year in local churches where they *“can get a good mid-day meal together”*.

The positive influence of community presence and support

A strong factor that contributes towards the maintenance of ongoing social contact is an element of community presence. The two major features of *a known environment* and *reciprocity of involvement*, receive frequent mention. Exchange theorists (Rook

1987), would highlight the role of reciprocity and Karl talks about his attitude towards reciprocity in the following way:

Karl: *“ yes I have one here {a computer}, but its not mine, belongs to the friend next door, I helped her get some professional qualifications, I helped her research, and it kept me in touch, I thoroughly enjoyed it. Took her four years, and now I don't feel it difficult in accepting some help from her”.*

The neighbour now brings Karl a weekly Sunday dinner.

Horace and Edith both enjoy their visits to the Age Concern T-Pot Bus for purposes of sharing information and fostering friendships. Horace highlighted the mutual benefits here:

Horace: *“I always have a mug of chocolate on the bus...and I am very friendly with the man on the bus and vice versa”.*

and Edith spoke of additional activities that have arisen from this source, such as shared responsibility for a widely distributed annual crossword competition. Gladys too spoke of reciprocity in community involvement in that she can now give time to helping with afternoon church activities, when she herself received much support from church personnel at the time of her husband's death:

Gladys: *“selling some of these books helps to raise some money for church funds, and they were so good to me when N. died”.*

Beatrice values the position of her house, because although she no longer makes daily trips to the local village, she still knows all the shop-keepers and “feels a part of the village”:

Beatrice: *“I think this is very handy, where we live, for the village, and I think the people are all very nice, there is nobody I don't like going to”.*

Horace talks again on the theme of reciprocity as a major theme that drives his weekly occupations. He helps out at a local youth club, having elected to do this because he feels his involvement here may help to repay a somewhat reckless attitude he held during the war whilst others were suffering:

Horace: *“so you see these children had grandfathers who had their guts gouged out during the war..., and I feel a certain responsibility to do*

something.... After all they {the grandfathers} had done plenty for me and now I feel as though I am putting something in”

For those who are housebound, the provision of appropriate community support is essential. Joyce’s constancy of carers is vital to her independent living. With minimal vision, a change in carers can mean the difference between locating a prepared tea and missing a meal:

Joyce: *“Its difficult if I have to have new carers, I have to tell them where everything is, the washing powder, the tea towel..., and if they put my sandwich in the wrong place, I won’t find it!”.*

THEME 3. FULFILLING ASPIRATIONS

This theme includes personal, moral or ethical codes, spirituality and religious faith, and is supported by personal attributes

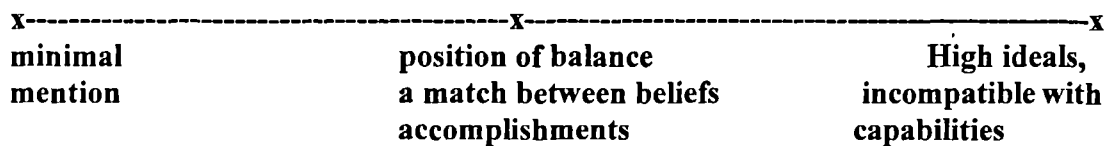


Figure 6(iv) Fulfilling aspirations

Most study participants spoke of a personal belief system, philosophy or a set of guiding principles or aspirations that assisted decision-making regarding daily activities. All participants referred either directly or indirectly to some sense of driving force that influenced both the composition of the day and the sense of satisfaction when the occupations were complete. At its least obvious, with minimal directional impact it was referred to as a general and perhaps rather vague principle:

Ian: *“I always look at it like, its no good me feeling sorry for myself and saying ‘I’ve got a problem’, and start thinking too much about it- I think one can become a martyr to oneself instead of saying ‘Oh for God’s sake, shake yourself out of it, there’s millions worse off than what you are, but it doesn’t make my case any easier.*

Beatrice too expresses a similar general theme that she holds in mind:

Beatrice: *“Nobody wants you when you moan do they?...You make the best of each day. I have been very lucky and I always look on the bright side of things”.*

At its most influential, there were people who spoke of clear, strong personal strategies that influenced the daily occupational choices and achievements:

Karl: *“I have always believed that doing a job today will lead me to do it better tomorrow and if I go on progressing in that way, I am then leading the life I want to live.*

The negative extreme positions for fulfilling aspirations

The left hand extreme position for this theme was suggested when a study participant revealed no aspirations to assist the construct of a “good day” and expressed something of a sense of loss because of this. Doris spoke of the fact that she used to attend church regularly but

Doris: *“now it has all changed, now we are only there for marrying or funerals, and I don’t like the way they talk to you any more”.*

Doris followed this comment by describing herself as “*somewhat restless*”.

At the other extreme were people who held strong moral beliefs about what they should be doing, but found themselves facing obligations now beyond physical endurance or capability. Horace for instance feels a strong moral obligation to assist at a local youth-club as a means to pay back something of his own recklessness during the war. In working with the youngsters he feels a sense of retribution towards their grandparents whom he failed to value. He says of this experience:

Horace: *“Now I feel as though I am putting something in. So there is a spiritual action, I feel as though I have got to do something back”.*

Horace has been helping at the youth-club for fourteen years, and although now he expresses tiredness and stress, he feels he cannot let them down, so he continues his weekly attendance. Horace now uses a bus for some of his regular excursions, but he still uses his bike to go to the youth club:

Horace: *“they seem to expect me on the bike. They would regard me as beginning to crumble, to crack up if I didn’t go on my bike”.*

Reaching a central position of harmony regarding fulfilling aspirations

Many factors were revealed that appeared to assist individuals towards a balanced approach where they felt able to uphold and fulfil their often long-time held obligations and principles. People in this central position expressed feelings of support or gratitude for these deeply held principles that confirmed self worth. For study participants such as Joyce, a strong faith enables her to carry on. When asked about the relevance of God in her daily life, the reply was almost indignant:

Joyce: *“oh he’s never out of it, oh no. How do you think I manage here?”*

Beatrice too expressed a feeling of comfort in her recent return to daily prayer:

Beatrice: *“I say my prayers, thank you for a nice day, and then I try to go to sleep”.*

She goes on to describe a sense of gratitude that she is now “back in touch with God”. Seven study participants referred to the occupation of going to church, but interestingly this number was not connected with the number of people who expressed religious beliefs. The occupation of going to church, holds very different meanings. Beatrice never goes to church because she feels the vicar:

Beatrice: *“will wonder why I haven’t been before”.*

On the other hand Karl has attended the same church weekly for over 30 years, and readily admits that he has no religious beliefs, but greatly appreciates the friendships fostered there.

Beyond the theme of religious beliefs, some people expressed a strong ethical principle of “doing one’s best” or working towards improvement. Edith discounts many television programmes because:

Edith: *“I can learn little if anything from them”*

this is important as she aims to continuously improve both herself and her creative endeavours. Suggesting that she has always experienced this compulsion, Edith refers back to an earlier time:

Edith: *“I did play the piano, but I didn’t excel so my heart wasn’t in it”.*

Karl too is surprised that others may be content to always perform the same job in the same manner, without wanting to improve, as he himself aims to do better each day. Many of the subjects expressed the satisfaction that accomplishment in this area brought; the mothers who were enabled to chat whilst their toddlers ran riot (Gladys helping at an afternoon church group); Fay when able to empathise with the local mayor (who had to read a speech but had forgotten his glasses).

A further factor, prompting a sense of harmony in this theme is the sense of perpetuity. Edith and Fay spoke of beliefs in perpetuity and of the pleasure derived from occupations with a perpetuity theme. Edith’s self-made wedding hat incorporated embroidery that Edith unpicked from a dressing gown that belonged to a deceased sister: she was glad that:

Edith: *“something of my sister will be at the nephew’s wedding”.*

Fay spoke with similar satisfaction about her recently compiled album of certificates for jam-making and preserving:

Fay: *“I thought my grand-daughter might be glad of it, I don’t want a lot of it thrown away”.*

Personal attributes such as a sense of humour, creativity and empathy and generally having a positive outlook are also helpful. Atchley (1991) reminded us that as a person ages and becomes less competent in physical activities, then the concept of self and self fulfilment may shift so that more value is placed on qualities such as warmth or humour. Atchley quotes a retired school teacher as saying: “As you become more like a prune on the outside, you have to become more like a peach on the inside” (p.218). Subjects in the current study demonstrated support for these words. Fay illustrates this with a story about having her handbag stolen in a

supermarket and the difficulties on such occasions of being deaf and not knowing how close someone is to you or to your possessions. Following this incident however, a volunteer, herself disabled now accompanies her to the supermarket.

Fay: *“She comes on a Tuesday, she is a wonderful driver and we laugh all the way there. They have threatened to throw us out of Sainsburys, we are such a riot!”*

Sometimes too, assistance can be gained if negative stimuli can be avoided. This is seen in Beatrice’s case when she actively chooses to avoid the “*doom and gloom*” of a daily newspaper.

THEME 4. RANGING PASTIMES

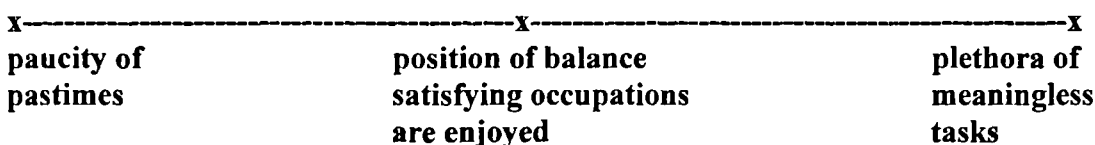


Figure 6(v) Ranging pastimes

As appendix 3 reveals, subjects described eighty-eight pastimes which they had recently undertaken. There is wide diversity represented here from ten-mile rambles to people-watching through a lounge window. There is also diversity in the individual approaches taken to adjustment of both number and type of pastimes that are engaged in, when circumstances necessitate change.

The negative extremes for pastimes

At one extreme here there is a paucity of ideas or consideration of occupations. For whatever reason, a day which is free from all occupational intent, or to be more pronounced, a week without any occupational focus, does not bring pleasure to any of the subjects. Ian describes all his days as “*pretty much the same*”, each one beginning with:

Ian: *“Round about 8 o’clock if I want to get up, I can’t be bothered, I just lie there...”*

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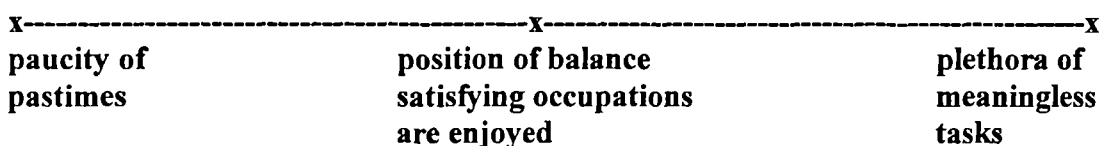


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Ian: *“Round about 8 o’clock if I want to get up, I can’t be bothered, I just lie there...”*

At the other extreme is the position of having a constant need to be occupied throughout the day. There is pressure to be constantly *on the go* or a compulsion to be always *doing something*. Edith expresses a little of this as in when she prepares to go to visit her daughter:

Edith: *I have been sorting out some knitting to take away with me so that I have something to do on those moments when you are left with nothing to do. I must have something...or I would say 'Am I allowed to weed the front garden?'... I have got to be employed.*

Other people also spoke of their need to always have something to do. Cath describes having occasional quiet moments but she never likes to “just sit”. Ann too comments that she normally likes to be out, but:

Ann: *“If I have anything to do, I am quite happy staying in”*

For some study participants there is a real fear of *empty time*. Lucy having always been an active person with many hobbies to hand, now finds herself anxious that her increasing eyesight problems will prevent her from being as busy as she needs to be. She speaks of her desperation in contemplating this situation:

Lucy: *“and of course that's [hobbies] all taken from me, so I've got to make something to fill in this. Its taken a lot of thought, so one of them is to go into this Residential Home because I would never be alone. If I can't do anything...there is always someone to talk to”.*

A central position of harmony for ranging pastimes

There appears to be a number of factors that assist the individuals towards a balance between these two extremes. Included here are personal attitudes about a wide range of occupational issues. Health-related beliefs dictate that healthy eating, preparation of “healthy foods” and learning to manage one’s ill-health are positive attributes. The majority of the subjects expressed an interest in healthy eating, with frequent mentions of fish, fruit and vegetables. Cath for instance expresses the interest of many when she says:

Cath: *"I cook a main meal every other day...I eat healthily, lots of fruit and vegetables. I eat chicken and fish, but not so much meat.*

Like several study participants, Cath cooks two main meals at a time, microwaving the second dinner for the following day. The preparation of a daily cooked meal has become a chore for many individuals, although not for all; Horace expresses a different view and enjoys two cooked meals per day:

Horace: *"anything like meals on wheels would be an anathema to me".*

Joyce also refers to meals-on-wheels in conjunction with her diminished appetite as she has aged:

Joyce: *"Well I was getting meals on wheels but I couldn't eat them. I was giving them to the cat and the birds and the pigeons at the back"*

Joyce also sees a healthy aspect to both her nightly tot of whisky and her regular glass of Guinness, although she cannot now cope with the latter except when a friend visits to help out:

Joyce: *"Of course I should have a bottle of Guinness every day but I can't pour it out now, it goes all over the place!"*

Many of the people expressed a strong liking for fish, with Edith suggesting that this liking dated from years ago when she and her husband fished at the sea-shore, catching:

Edith: *"dabs, as sweet as honey, a few plaice, but best of all was the bass".*

Likewise Joyce also spoke of her ongoing liking of fish which began in childhood:

Joyce: *"my brothers used to go fishing in the Shropshire Union. We had a great big aquarium at home in the back yard and they used to fetch trout and eels home".*

Beatrice spoke on the same theme too and described trips to the local market where she used to buy fish. She talks more poignantly too of the time many years ago when she was made acutely aware of the necessity of maintaining a healthy eating pattern:

Beatrice: *"I always make sure I have a dinner. I don't make any time when I skip it. I always have my vegetables and make sure that I eat. I have seen so many old people starving themselves. I went to see*

someone once...and said what did you have to eat today...and she said nothing...just a cup of tea. Now she ended up and her skin and everything went. You have got to eat your meal.

On a health-related theme too, study participants spoke of the importance of managing their ill health problems, so that impact on daily activities is minimised. For instance Lucy spoke about her recurring depression:

Lucy: *“I have been waking at six in the morning, it’s the gremlins you see...So I say to myself, ‘you must get up and do something’. I have learnt to manage it now. If I wake up with the gremlins I just say: ‘oh go away, shut up, I don’t want you’. You see I do now know that it will all pass, I just need to be patient”.*

Another way of managing ill health or declining abilities is via adaptation or being ready to actively seek changed occupations as the need arises. Fay has many physical difficulties, but aims for their minimal impact by planning to accomplish one activity per day. She has also been willing to change pursuits in line with capabilities, her most recent pastime being swimming with a disabled club:

Fay: *“you see I can only swim on my back and I get scared if people swim underneath me, so I only swim on Fridays with the club”.*

As has already been discussed in conjunction with theme 1, the concept of “having something to do” and of filling time in a meaningful manner, was expressed by all of the study participants. The most harmonious situations arose when a range of occupations was to hand, so that individual choice could be exercised and without undue pressure for completion. Edith talks of this, relating it to her bungalow home where she has lived for 48 years:

Edith: *“I am surrounded by lovely things, and I have so much to do.... However it could be managed, I would wish to stay here...until I am no longer anywhere...and I would still hope to do more painting, more shelling, keep the garden better, but I know a lot of that is wishful thinking”.*

6.3 A thematic model

At the beginning of this chapter, life concerns associated with meaningful occupation were summarised and related general themes were identified. In addition, the study participants had given ample examples of what constituted a satisfying day for them; where time was seen as well-used, chosen contacts had been enjoyed, selected pastimes had been indulged and personal aspirations were met. In all of these areas a harmonious occupational day occurred when extremes of either under-stimulation or saturation were avoided and the person was able to create a balanced day, which matched current capabilities and resources. Additionally the four general themes are interlinked or transactive, so that they each influence the other themes. The task of creating a satisfying day can become complex, particularly when personal situations are themselves complicated or hampered by ill-health or limitations. Subjects then have need to make fine adjustments and compensations in order to reach a position of harmony where they can experience satisfaction and well-being. This process, together with the important impact of the environmental context, is illustrated in Figures 6(vi) through 6(viii).

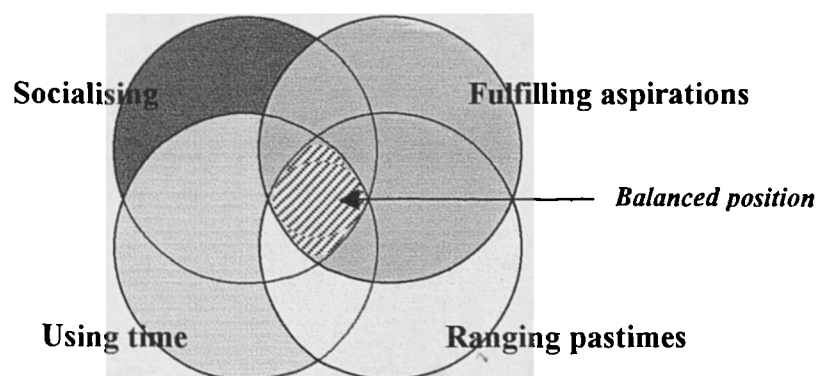
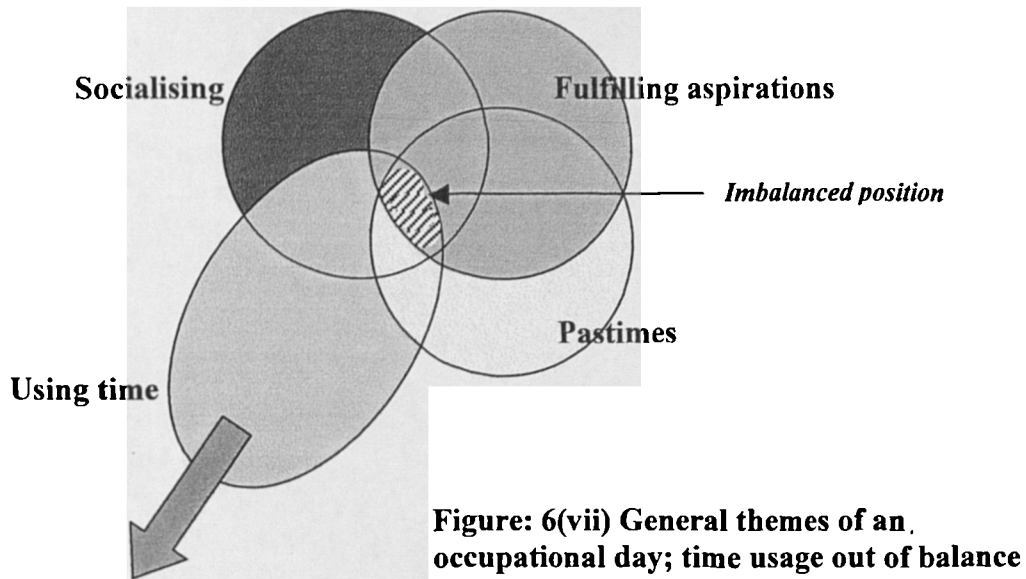


Figure: 6(vi) Four general themes of an occupational day

No subject recounted a story of one, two or three themes; all told accounts of an occupational day that incorporated multiple aspects of all four themes, intermingled and *transactive*, so that each theme influenced and was influenced by the others; the central position of balance demanding careful manipulation in order to achieve a day

that satisfied individual aspirations. The themes of using time and ranging pastimes are closely linked, the former takes a *quantitative approach* to how the day is spent, whilst the latter takes a *qualitative stance* to the daily happenings.

In order to illustrate what happens when any one theme is in a position of notable imbalance, either due to negative or over-stimulating influences, a further figure (6(vii)) is necessary.



We see in figure 6(vii) that when time usage is pulled out of line, then the whole central area of balanced occupational satisfaction is lessened. The same outcome arises when any of the themes becomes distorted. Horace had described his panic concerning time use; this distortion in turn influenced his perception of a day seen as well spent, as reflected in his VAS score of 3.1 for activity satisfaction. Lucy also demonstrates the same point. Now only able to tackle a very reduced set of pastimes, she finds time hanging heavily. This shows in her low VAS score of 2.0, for activity satisfaction and in turn it contributes to her less than average quality of life score of 4.8.

It is also necessary to study the environmental influences over the four general themes. Adding the influence of the environment gives rise to figure 6(viii). As the shaded lower boundary indicates, the transactive approach is in evidence, such that when the environment changes, this creates a shift in the whole theme composition,

so that a harmonious or balanced occupational day may become either more elusive or more readily achievable. For each individual, strong environmental features categorised as physical, social and organisational, have the potential to either enhance the central area of satisfaction, or to diminish it.

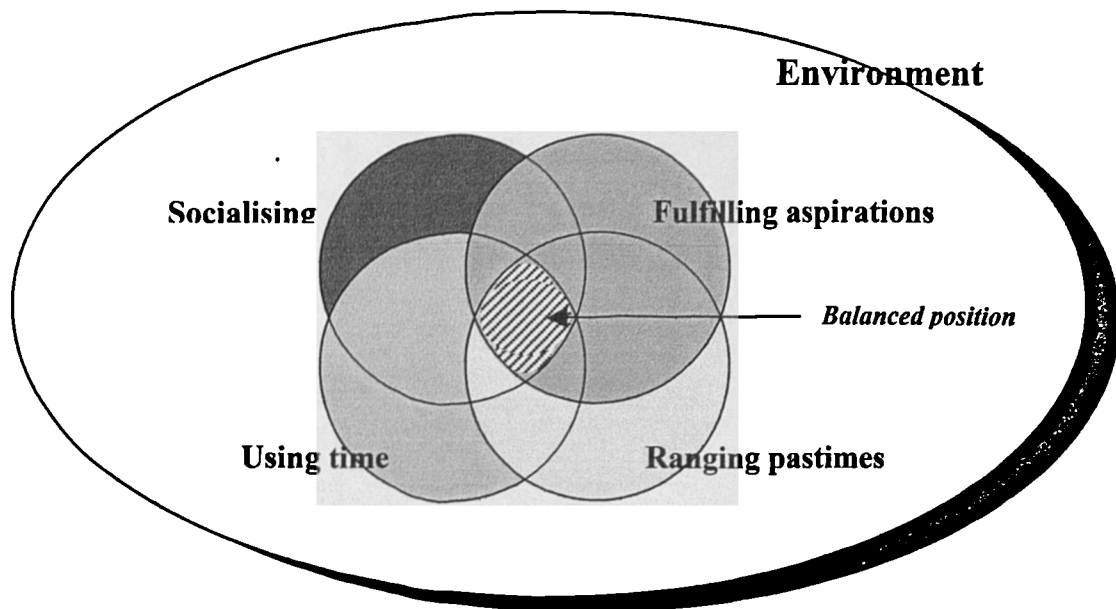


Figure: 6(viii) General themes of an occupational day, influenced by the environmental context

There has been a long-time interest in the reciprocal influences between an older person and his or her environment. Lawton and Nahemow (1973) described their competence-press model whereby the level of environmental demands and support can facilitate a positive response in an individual in both psychological and behavioural terms. In the preceding individual accounts, it has been seen that environmental factors, whether of a physical, organisational or social nature, can strongly influence an older person's daily occupations. The nature and impact of the environmental influence, is illustrated in the four cases below:

Beatrice collected data suggest that daily occupational satisfaction may be relatively low because loneliness is exacerbated by a lack of ready recourse to

companions. However, her quality of life score of 9 is more readily understood when the **positive** influence of the environment is added to the picture:

- * 45 years in the same house
- * known well to neighbours and local shop keepers
- * has thought through a plan for the future, so that even if housebound, Beatrice feels she can exercise and keep going within the confines of her own home

Fay here we see a situation where theme factors suggest Fay will be experiencing a high degree of occupational satisfaction, but we find she rates her quality of life at 0.9 and her activity satisfaction as 1.7. This situation could be at least partly explained by studying the strong **negative** pull of environmental factors:

- * local transport is inaccessible
- * house stairs are just possible, but will not be so after surgery which is due shortly
- * no satisfactory help with house cleaning and gardening
- * neighbours are not mentioned
- * social contacts and activities are not nearby; all entail either an expensive taxi ride or are dependent upon friends who drive.

Such negative environmental factors, coupled with Fay's current poor health status, indicate that although Fay struggles to overcome the many obstacles and manages to organise days that are generally varied she still perceives her quality of life to be low. An alternative, more pragmatic explanation in Fay's case may be that due to her profound deafness, the completion of the VAS was misunderstood.

Gladys data suggests that Gladys displays many positive general theme factors. Once again however, as in the case of Fay, their full impact is not realised because of environmental limitations:

- * the road "gets steeper each time I come home"
- * only ground floor rooms can now be accessed
- * preferred activities are all a bus-ride away, and the bus service is not always convenient

Again like Fay, Gladys is experiencing increasing health concerns which will colour her perception of quality of life. However unlike Fay, Gladys has resolved the major concern about her future, as she has located a suitable residential home nearby.

Joyce Here as in the case of Gladys above, Joyce perceives her quality of life to be moderate (VAS score of 6). Her data related to the occupational day reveal many limitations but clearly her environment is maximising her quality of life in the following ways:

- * sensitive community support, responsive to need, is implemented and regularly monitored
- * hobbies (radio) are facilitated
- * neighbours and friends visit

As Joyce's needs are complex, environmental balance is of high priority. In such a situation the environmental strengths can enhance quality living. This cannot of course be proven, except by totally unethical means: withdrawal of current environment would possibly remove many if not all elements of quality of life and chance of satisfying occupational indulgence for Joyce.

As has been cited on previous occasions, lack of transport can strongly disadvantage older people and marginalize them from involvement in their local environment. The two car owners in the study have described the high value they place on car ownership, Ann declaring: *"oh no I wouldn't go out half as much in the evenings if I didn't have a car"*. Also subjects have spoken nostalgically of the poignant moment when "the car has been taken away". Karl remarked on the "awfulness" of the: *"time my legs went three years ago and the doctor took my car away"*. When personal transport is not available, then the issues around public transport become more crucial. Bus routes that link residential areas with shopping centres are appreciated, and especially valued when the buses are adapted to facilitate entry by wheelchair because then as Edith remarked: *"I can get my loaded shopping trolley on and off"*. Such services that affect general populations involve many decision-makers and frequently the debate can be contentious. Fernie (1991) cites the case of crossing times at traffic lights. Whilst an elderly person may require an extended time period to cross a road in safety, there is pressure to minimise set crossing times in order to avoid traffic congestion.

6.4. Additional impact factors: health and socio-demography

Health status: Older individuals who live alone are known to request more support for health-related needs than those who live in partnerships (National Statistics, 2001a). Contact rates for GPs are reported as 8% percent higher (McNiece, Majeed 1999) for older people living alone and pensioner attendance in accident and emergency departments is also reportedly higher when the pensioner lives alone (Hull, Jones, Moser 1997). In recognition that partnership-living can give rise to such different patterns of need and lifestyle pursuit, an inclusion rate for this study is that all the participants live alone. Rokeach (1973) chose to exclude health from quality of life measurement because everybody ranked it as the single most important domain. With these background comments in mind, the focus for the current study was not upon health, but it remained aware that health issues may well be raised as influential to occupational involvement. The SF36 results were therefore used to provide a basic profile of health status for each individual.

As the yesterday interviews did not specifically seek information about the impact of health status, there was freedom for each individual to reveal health related limitations to their occupational day, *if they regarded this aspect as influential*. Many subjects referred in passing to reduced mobility, limited choices and new pastimes to replace those that could no longer be managed, but the resulting impact of health impairment upon occupational involvement appeared most strongly influenced, not by the level of impairment, but by other major themes, in particular drives for personal fulfilment plus occupational beliefs. Thus a strong drive for personal fulfilment, as expressed by Karl for example, could go some way towards compensation for the negative impact of greatly reduced mobility and acceptance of an almost housebound status. Cross examination of the SF36 results here reveals that in terms of physical function Joyce, Lucy, Fay and Karl all have scores of 20% or less. Whilst these scores are reflected in the occupational day accounts given, they have not always exerted a negative influence over the satisfaction experienced from the day. Joyce and Fay have both indicated high levels of satisfaction here. A more major health impact appears to be the relationship between mental health and satisfaction with the occupational day. Lucy with the lowest score of 36% for mental

health, is clearly influenced here. Both she and Ian are currently receiving treatment for depression and both hold the lowest possible SF36 scores of zero in the area of emotional limitations. This score clearly correlates with a level of dissatisfaction with the occupational day for them both. It however leaves unanswered the question of which is the primary cause, occupational deprivation or reduced mental health.

It appears that health status in general exerts a complicated pattern of influence over both perceived quality of life and personal satisfaction derived from daily occupations. Whereas poor health clearly has a diminishing effect upon full activity participation and highly-rated quality of life, subjects in the study have revealed many *adaptive* and *compensatory* skills that in turn act almost as buoyancy aids to support retained engagement in valued pastimes with a consequent sense of on-going well-being.

Socio-demography: It is necessary to examine any additional influence on the occupational day that may be attributable to socio-demographic status. In taking the yesterday interview data for the subjects who revealed days that included more negative features than positive ones, we would need to consider Beatrice, Doris, Horace, Ian, Karl and Lucy, with Horace and Lucy presenting with the lowest number of positive factors. Within this cohort of six subjects, four of the ten super profile lifestyles (Brown et al, 1998) are represented, ranging from the second most affluent, lifestyle B group of “thriving greys”, to the least affluent lifestyle J group of “have nots”. Again Horace and Lucy are representative of two lifestyle profiles, some five groups apart. On this evidence, it appears that within this study’s sample population there is no significant negative correlation between socio-demographic status and the ability to construct a satisfying occupational day.

In next examining the most positively rated days, we must explore the yesterday interview data of Gladys, Fay and Edith. Use of geodemographic typology indicates that these three subjects again are covered by three different lifestyle descriptors, representing neither the most nor the least affluent. This would suggest that socio-demographic status exerts little or no undue positive influence over the construction of a satisfying occupational day for this group of people. It is possible that personal

background and upbringing has influenced strongly-developed skills of resourcefulness in Gladys, Fay and Edith, but this topic falls outside the scope of this study.

6.5. Summary

The four general themes, matching participant life-world concerns, have been developed, examined and challenged in this chapter and their influence over the construct of an occupationally satisfying day has been illustrated. It has also been possible to group together the commonly expressed factors that contribute towards each of the general themes. A model has been proposed to represent the transactive nature of the general themes as each person aspires to achieve balance and satisfaction with the daily occupations. The model illustrates how readily disharmony can happen when one general theme is out of balance, and a consequent reduction in overall satisfaction results. A balanced distribution of the elements appears to lead to a satisfying day in which individual needs and differences are addressed. In all cases the environment can exert a strong pull in both positive and negative directions and examples are provided here. Other potentially influential factors, in particular health and socio-demographic status, have been examined. Whereas a degree of influence is undeniable, the only *major* evidence of influence from these two areas arises in the field of poor mental health, where emotional limitations exert a stultifying effect on the occupational day. By comparison, the subjects have revealed that even major physical impairments or mobility reduction can be compensated for and to some extent redressed by judicious planning and adaptation, particularly when personal aspirations remain high and when the individual is within a supportive environment.

7. DISCUSSION

Researchers must struggle to pursue the deeper perceptions of people in their settings

Holliday, 2002: 195

This chapter will discuss four main aspects of the research. **Initially** the epistemological stance is examined, together with the adequacy of the phenomenological approach in addressing the study's aims; the study's theoretical frameworks and methods are then debated. **Secondly**, the results are discussed and compared with earlier findings from literature, then the **third subsection** issues some major challenges to earlier findings and addresses the study's limitations. **Lastly** the chapter concludes in line with the study's introduction. Here a return is made to therapeutic issues: the process is examined reflectively and findings are scrutinised, with a view to potential further development. It is the overall intent that indicators are provided with a view towards improving practice for vulnerable older people and those who work with them.

7.1. Methodology and methods

Epistemology Plager (1994) reminds us of some of the strengths of using hermeneutic phenomenology. She points out that it does not reduce the concerns of human beings to mere characteristics or absolute properties. On the contrary it recognises humans as social beings, each coming from a "meaningful world" and each with his or her own background familiarity. Such pre-suppositions lead a researcher to make naturalistic enquiry where the study of the individual within a familiar environment, aids the understanding and interpretation of a person's concerns. In such situations, individual differences are highlighted and present themselves for deeper investigation.

Denzin and Lincoln (1994) also remind us that a constructivist paradigm "assumes a relativist ontology", or accepts that there are multiple realities and adopts a "naturalistic" set of methodological procedures. Such methodological assumptions

have underpinned the current study with the effect that within the identical framework of a “yesterday interview” each of the twelve participants has provided a unique, experiential account, rich in content, and directly related to what is real or meaningful to each individual. Extremes have been noted, from boredom to perpetual action and from the lounge window view of the world, to participation in a 12-mile ramble. Arguably such bare facts could have resulted from a variety of methodological approaches, but the use of hermeneutical phenomenology has enabled a deeper penetration into the significance of the pursuits and related issues, in the daily life-world of the people concerned. At the level of individual case studies, multiple realities have been revealed and at the stage of analysis the phenomenological approach has facilitated a close, intimate examination of the *meaning* behind the everyday occupations. Whilst multiple realities have been recognised and reported, it has been possible to synthesize these, without diluting their individual importance, and to present a smaller set of essences or general themes, that encompass the individual realities.

The study’s aims, reported in full at the close of chapter 2, presented three clear areas for investigation. Firstly it was the intent to **uncover the key meanings regarding occupation for older adults by seeking opinions from the experts, that is older people themselves, and they will be encouraged to *tell it in their own way*.** Because the phenomenological approach has placed the study participants centre stage, researcher assumptions have been bracketed and the issues reported remain those of the individuals concerned. Secondly the study aimed to **explore the meaning and values associated with occupational pursuits for older people and the associated links with perceived quality of life.** The phenomenological stance contrasted with many reports of quality of life, as the domains associated with the latter are frequently related in a quantified manner, e.g. number of social contacts, amount of personal choice or autonomy or degree of independence. Whilst overall themes were found to be similar when considered from a phenomenological framework, added value was obtained because subsidiary components were discovered. So social contacts were found to be highly valued again, and we now know relationships in the community can be enriched when reciprocity is present. It is not only the amount of autonomy and choice that is important, but the links with personal aspirations for a satisfying day. The third aim was centred around **the ways**

in which the environment affects the occupational day for a vulnerable older person, living in the community. Here the life-world of the individuals was shared. The researcher was a guest and many meanings such as the home as a repository for memories could be experienced first hand whilst familiar objects triggered recall of friendships and pastimes. Observation also served to enhance the experiential accounts supplied by the clients.

Two organising systems provided frameworks for the study's methodology. Theoretical frameworks provide focal points, shape and boundaries to study areas. The Rev. Jim Thompson, Bishop of Bath and Wells, on Radio 4, after the Dunblane massacre¹ went further in suggesting that theoretical frameworks bring security, safety and comfort too. He was advocating the use of a spiritual framework of hope and positive attributes, rather than vengeance, greed or retribution at this time. The selection of appropriate theoretical frameworks is a necessary precursor to any major investigation. In the current work, background studies helped in establishing theoretical frameworks to assist relevant data collection and analysis. Two established models emerged as being helpful to the current study.

Hughes (1990) conceptual model of quality of life for elderly people cited eight components and she suggested, "further research could usefully investigate connections and relationships between the different subsystems" (p.55). Her model depicts purposeful activity and quality of the environment as being two adjacent and essential subsystems in supporting quality of life. The current study has been able to probe connections between these subsystems and to provide illustrative examples of the interplay between them. It has shown that environmental circumstances can exert a strong "pull" over the achievement of purposeful activity. In some instances such as the case of Edith, this influence is wholly positive. The positive *organisational element* of environmental influence is particularly noteworthy in the case of the most vulnerable of the subjects. Joyce, aged 98 years, is frail and has very poor sight. Her ongoing ability to fulfil her ambition to continue "living at home", is made possible only because the *organisational element* of her environment is carefully structured to

¹ BBC Radio 4: Thought for the Day, March 14, 1996.

meet her personal needs; a team of three carers is scheduled to assist her three times per day. In other cases, such as that of Doris, environmental pressures of a *structural* and a *social* nature, hamper her purposeful activity and her overall quality of life is considerably diminished.

The second model to assist in this study is Law *et al.*'s (1996) Person/ Environment/ Occupation (PEO) Model. Here the interplay between the PEO components is depicted as transactive, in such a way that the satisfactory performance of occupation can be influenced by judicious organisation or manipulation of personal, environmental or occupational factors. The current study accepted occupational factors as given in yesterday interviews, whilst seeking to establish the personal and environmental details that influenced each individual as the occupational day was described. The model's demonstration of the constant interplay between these components greatly assisted the research process and analysis of complex interactions and led to the transactive depiction in the newly proposed model of Figure: 6(vi) Four general themes of an occupational day. For instance, in the case of Fay who presented with major health limitations and an environment which was not supportive, it was apparent that her strong personal attributes of stoicism, humour, planning and adaptation skills, were combining to over-ride the strong negative influences experienced in other domains, and she remained able to construct a day that was experienced as purposeful. The same transactional interplay between personal, environmental and occupational elements factors was visible in the accounts of all the participants. Had the study taken place over time it would be of interest to note any changing patterns in the interplay. As personal drive and attributes have been seen to play a significant part in creating a satisfying day, it is anticipated that ongoing strength in these areas would stimulate the retention of skills such as adaptation and flexibility which in turn would help to preserve occupational satisfaction.

Methods Methodological tools were sought with pluralism in mind. Kellaher, Peace and Willcocks (1990) suggest that in order to tackle complex fields of study, there is an advantage in multi-methodological approaches as these go beyond the elementary "black box" methods of simple inputs and outcomes. Moss and Lawton's (1982) 'yesterday interview' was selected as the major tool to provide data for

phenomenological study, with the anticipation that it would permit the researcher to enter each person's life-world and to hear of real experiences, significant to each individual. It was also the intent that the immediate recall of a "yesterday" would enhance accuracy in the subjects' accounts. In the event it was not always possible to use an exact "yesterday", for instance in Karl's case. He had experienced a most unusual previous day; after normally being housebound, he had been driven out into the countryside for lunch. With hindsight too, interviews conducted on Mondays were not generally viewed as conducive to recalling yesterday as a normal day, because for most subjects Sunday was seen as different. For Lucy, Sunday was a particularly stressful and lonely day as most other residents in her sheltered housing complex had visitors. In all instances the day recalled fell into the category of "a normal day for you, within the past week". Most people were able to recall the day in its entirety; some became considerably side-tracked during the recall, additional material was collected, and as appropriate the researcher used prompts in the storytelling, to return the person to the day in question. Because the subjects were allowed to give their accounts in their own ways, the interview content was focussed on real concerns; each concentrated on his or her own life-world and the researcher made no attempt to veer away from this. Whilst individuals told unique stories, it was the general intention that the accounts would enhance knowledge around a range of issues, for example which occupations were seen as purposeful and why and how were these facilitated; what were the greatest impediments to occupational pursuits and were individuals able to overcome such hurdles? Such questions did not form part of the interview process, yet as hoped, most individuals, during their accounts, provided their own in-depth illustrative answers to the unasked questions. Discoveries such as "book-selling" were made and much detail about the meaning of these occupations was gleaned. For example, Gladys takes a few of her large book collection to sell in aid of church funds, at the monthly meetings. In so doing she achieves multiple objectives which she identifies as purposeful to her:

- her son will have less possessions to dispose of on her demise
- the clutter at home is lessened
- it is a means of reciprocation; the church has supported Gladys, now she can return the support by adding to church funds
- reading is facilitated for others, many of whom are themselves elderly and probably read a lot because they share Gladys's disenchantment with current television programming

The yesterday interview, used in this way for the current study, suited the purpose in hand. Perhaps, due to slight change in implementation and absence of quantification in the present work, it is not wholly accurate to title the interview in Moss and Lawton's (1982) original terms.

Additional methodological tools were selected to complement the wholly qualitative data of the yesterday interview. They were not intended to provide data for phenomenological analysis; rather they were sought as subsidiary measures to help in building a fuller picture of all the issues, and to increase the trustworthiness of the resulting report. Two standardised measures, the Nottingham Longitudinal Study of Activity and Ageing Instrument (NLSAA) (Morgan 1998), and the Moss 36-item short-form health survey (SF-36) were used in order to standardise the collection of relevant background information for each subject. The SF-36 proved particularly helpful in facilitating the exploration of links between an individual's state of health and his or her perceptions of a satisfying occupational day. The data from the SF-36 also supported the influence of other themes such as environmental contexts and personal attributes including drive for fulfilment, as exerting stronger influences over a "satisfying occupational day" than even a moderate to severe physical health problem for some of the subjects. Contrastingly the SF-36 supported strong links between an elderly person's state of mental health and occupational satisfaction, and throughout the study its data reinforced the complexities of links between recognised quality of life domains.

Moss and Lawton (1982), when exploring activity involvement, had indicated difficulty in studying such abstract terms as quality of life and the "meaningfulness" of activities. With this in mind, in attempting to penetrate below the surface of mere occupational involvement, the current study examined (through background studies), then added, visual analogue scales (VAS) to the small battery of methodological tools. The VAS gave individuals the opportunity to record their perceived quality of life (however they interpreted this) and their current satisfaction with activity level. It was then helpful to study the resulting VAS scores in comparison with the collected qualitative data, as reported in Results 3. For the people where there was a strong

variance, the VAS results helped to explore why this should be, and served to illustrate again the strength of both personal drive and attributes and environmental support factors.

The final data collection instrument was the multiple sorting task (MST), employed to add rigour to phenomenological data (Sixsmith and Sixsmith, 1987), and chosen in particular to assist individuals further explore their own current experiences regarding occupational involvement. In the event, the MST was used with half of the study participants, and was found to be most productive with the most able people. For those where the MST was not used, the researcher deemed it unethical to represent a short list of limited occupations to the individuals concerned, in a non-therapeutic context. It was felt that such action could merely highlight an individual's inabilities without potential for therapeutic redress. When many occupations were currently undertaken, the MST facilitated useful ensuing debate about frequency and preferences. Once again the results of the MST served to support some of the brief quotations from the interviews. This was particularly noticeable in the area of contact with family and children. A comment such as Gladys's, "I don't see much of my son, he's a busy line-dancer", was supported and enhanced via the MST where the topic of "visits from children" was invariably placed in the low to medium frequency occurrence categories and in the moderate enjoyment category. Thus the clustering of data, from a variety of sources, added richness to the results as well as reinforcing the trustworthiness of individual comments.

Savin-Baden and Fisher (2002) take the argument regarding trustworthiness further. In referring to the need for researchers to "engage with the messiness and complexity of data interpretation in ways that really do reflect the lives of our participants" (p.192), they suggest that researchers should seek for "honesties", rather than trustworthiness because it avoids the prejudice for similarity in data interpretation. In this study, the person who followed her own raw data through to final interpretation, was clear that this was an honest representation of her position. The use of multiple data collection tools has yielded data that reflect the complexities of the issues. In relation to the participant group the data illustrate the closely intertwined nature of occupation and well-being:

- *If you experience poor quality of life, this may be due to a number of domains being affected. In the majority of cases poor health is a contributory factor*
- *If you experience physical health problems and impairments, this does not mean that occupationally satisfying days are unlikely*
- *If you experience days that are occupationally satisfying, you are likely to perceive that your quality of life is good or at least moderate*
- *If you experience days that are not occupationally satisfying, this does not necessarily mean that quality of life is poor*
- *If you experience poor mental health with emotional limitations, it is likely that both quality of life and occupational satisfaction will also be seen to be poor*

Study participants Twelve people were recruited to inform the research topic. The use of three intermediary sources in the recruitment process ensured that a spectrum of capabilities was represented in the study. Perhaps such a wide range of ages from 75 to 100 years, and representing a broadly defined concept of “vulnerability”, could be deemed impractical and to represent too wide a spectrum of need. However as the topic of ageing and its commensurate services covers a population predicted in the UK in 1999 (National Statistics, 2001b) to be 9,294,000, and addresses all people aged 65 years and above, then it can be argued that the study’s participant group represents something of the actual diversity in the UK. When those aged 65 to 74 years are removed from the above statistic, those over 75 years still number 4,365,000 people.

Purposive sampling, as used in the study, is supported in qualitative studies because it recognises and values deviant cases (Barbour 1999) and it offers researchers a degree of control rather than being at the mercy of any selection bias inherent in pre-existing groups (Barbour 2001). However in her article Barbour (2001) suggests that a criticism can be levelled at purposive sampling when there is a failure to discuss the purposive element at the data analysis stage.

There were two major purposive elements in the selection of the current study group. Firstly a range of three activity levels was sought. At the first level there were those who were active within their neighbourhoods, with three of the four participants here

being members of local sports clubs. Generally these people reported the most active lifestyles as may be expected. The two drivers amongst the whole group were found here and the ages of this sub-group were between 75 and 91 years. The range of occupations they described was no greater than that of the second subject sub-group, although the more active pastimes such as rambling and badminton were confined to this group. The second participant sub-group, solicited through a common link with the use of Age Concern's informal support facilities, again encompassed ages from 70's to 90's and they cited regular participation in a wide-range of pastimes. One person here rode a bike and another was an active member of two sports clubs for disabled people, one involving swimming and the other sailing. The third sub-group, recruited via a general practitioner as the most vulnerable group in the study, were mostly housebound and as anticipated had shorter lists of regular occupations. Of particular interest here was the retention of social and community involvement for this group. The theme of *reciprocity* plus skills of *adaptation* ensured that these individuals had sought means to import the community to them. In their retained ability to create meaningful occupational days, despite high levels of physical impairment, these people indicated support for Lawton's suggestion (Birren and Dieckman 1991) that positive and negative quality of life components are at least partially independent of each other. So for instance Karl had a high level of immobility and was prone to falls but satisfactory social involvement and ongoing personal achievement enabled him to rate his quality of life as high. This third sub-group represented a slightly older age range, from 85 to 98 years.

The second purposive element to participant selection was designed to ensure that both sexes were represented. Background results reported in Chapter 4 commented: *although numerically any differences are small, it is interesting to note that in all measures the trend of perceived life quality and satisfaction with activity levels is marginally higher for the female study participants* (Chapter 4.3:60). In terms of occupational endeavours, the three men made more mention of household chores such as *using the ewbank round where I have my meals*, and using the washing machine. They also placed higher emphasis on cooking and *eating well*, with accounts of cooked breakfasts and *oh I never go hungry*: the female subjects on the other hand emphasised healthy eating and a general desire to minimise the time spent

in cooking and meal preparation. In terms of coping without a spouse or life-time partner, male subjects made more mention of aiming to perpetuate standards that their wives had set, again this was particularly noticeable with relation to shopping and meal preparation. On the other hand the women spoke more frequently of *finding something to do* or of effecting change, to fill the vacuum when a partner died, expressing this with phrases such as: *so I took up- (sculpturing, helping with a mother and toddler group, a gym club membership)*. An interesting finding, although insignificant in numerical terms, was that all three male study participants were regular attendees at their local churches whereas four out of the nine females indicated some involvement with church activities. In general the women made more reference to creative pastimes such as painting, sewing and reading or composing poetry, whereas the men watched more television. Other pastimes including all aspects of gardening and social activities showed no gender bias, appearing instead to be influenced by personal interests and capabilities. It must be noted that within such a small subject cohort, sex differences noted above are merely observations, with the potential for further investigation.

It is readily acknowledged that in seeking in-depth enquiry with a small, informed study group, it has not been possible to tackle broader issues and variables such as racial or cultural diversity or inner city versus urban living styles. Bearing this in mind, the twelve people accepted into the study, were each able to give a full account of their occupational day and to supply all necessary detail for the additional tests. The overall result was a rich, composite picture of the occupational days of the people concerned.

7.2 Results

Vulnerable elderly people

Medical doctors, sociologists, economists and others, have been interested in the issues of vulnerable elderly people for many years. A short column in *Nature* (1999) reminded readers of such issues that appeared in the journal fifty years previously. At this time there was a symposium on the problems of the rapidly ageing population. The audience heard that the great majority of the elderly are healthy and

independent “they outnumber the ailing and decrepit by 30 to 1, and for them the most pressing problem is how to maintain to the end of their days the standard of living of their working lives”. (*Nature*, 1949). It seems that similar issues continue to dominate the ageing scene and attempts to counteract ageism remain important. French (1990) described ageism in the following way: *Ageism defines prejudice against and stereotyping of people because they are old. It is often manifested as age discrimination, which occurs when people are treated differently or unfairly because of their age* (p.179). The National Service Framework for Older People (DOH, 2001), is a recent key document which addresses ageism, and sets standards of care for all older people wherever they reside, aiming to integrate services and to help older people to stay healthy and independent.

Study results support the diversity of capacity amongst older people (Wetle 1991), and reject the ageist viewpoint that older age correlates with inactivity. Case studies in the current study clearly illustrate the wide range of diversity in the study sample, with those in advanced old age (over 85years) representing some of the most fulfilled individuals whilst Cath in her mid seventies rated her quality of life as only moderate and told of her daily struggles to battle with low energy levels. The study revealed its own examples of stunning levels of competence and achievement in later life (Carlson 1998); Edith preparing for a one-woman show of her sculptures to celebrate her ninetieth birthday, is one such example. There is some support for Erikson’s (1986) work on the topic of interdependency between the ages, as he asserted that being with children could assist an elderly person to find trust and hope. On Lok’s (1999) work in fostering intergenerational links is one such current proponent of valuable intergenerational links, and subjects in the current study mentioned the high value and pleasure they placed on contact with children and young people. However Erikson’s earlier work (1950) with its theme of life’s eighth, final psychosocial stage being characterised by a struggle for integrity over despair, without regard for human will or social or cultural influences, was not much in evidence. For one subject, Ian there was a sense of a daily struggle and an ongoing battle to make sense of what life was about. Ian however was the only subject to express such sentiment and he was still suffering bereavement following his wife’s death during the previous year. Other subjects spoke of their ongoing ambitions, to learn more, to do better, to accomplish more... There was a general awareness of the “Use it or lose it” principle

as Rabbitt (1997) advocated. His large study indicates a strong emphasis on retention of mental capacity when skills are regularly practised, so that crossword puzzle solving is not only an enjoyable pastime; it has a “mental health insurance” element too. The study’s subjects took this theme further with an awareness of the need to aim to maintain the status quo, “to walk to the village”, etc. so that physical capacity is retained. This aspect of goal-related activity lends support to research concerning social constructionism where as Christiansen (2000) reports: “ the accomplishment of personal goals provides building blocks for a lifelong construction of the self”. Christiansen goes on to quote Diener (2000) in the discussion of links between achievement of goals and feelings of well-being in suggesting that adaptation and goal flexibility are important components. These features were strongly supported in the current study.

Perhaps the only completely common ground regarding the study’s revelations about ageing and vulnerability, was that, in the absence of any diagnosed mental health problems, there was little if any sense of resignation, instead there was almost unanimous ambition. At the least this was expressed as *looking on the bright side* or *aiming to make the most out of each day*, whilst two subjects spoke eloquently of an ambition to achieve more tomorrow than they had achieved today. These discussion comments relating to the elderly subjects must be viewed in context, in that the subjects were all elderly and to varying extents they were vulnerable with a spectrum of ongoing deteriorating health-related issues; however none of the group was at time of interview “ill”, or suffering from acute medical problems.

The environment, as Tickle-Degnen suggests, played a major role in supporting the efforts of the study’s subjects:

our occupation...is interdependent with our social and physical environment. When that environment is incongruent with our values and beliefs, the manifestation of those values and beliefs in our performance is stifled

Tickle-Degnen 2001: Foreword

In keeping with earlier literature it appears that *where you live in older age will strongly influence what you can do*. The current study was embarked upon without preconceived environmental questions, but rather with an alertness to detect and explore any indirect or direct references to the influence of the environment. Because the subject group only included community dwelling elders who lived alone, it was possible to exclude the powerful influences of both partnership and residential living, and to focus specifically on the impact of personal attributes and environmental factors. Lansdown (1994) termed this as “the complex interaction between the characteristics of the individual and his or her environment”. Using the conceptual connections highlighted earlier (Hughes 1990 and Law *et al.* 1996), to assist in the data analysis, it became clear that all twelve subjects were undoubtedly influenced a great deal by environmental issues. At a *physical* or structural level, stairs and a hilly approach to the home provided distinct limitations to activities when health and or mobility were reduced, whilst a cul-de-sac positioned bungalow on a bus route, enhanced pursuits. At an *organisational* level a large family home with extensive maintenance needs, considerably restricted time for the pursuit of hobbies, whilst a supportive care package enabled ongoing fulfilling days in a known home environment for another subject. In *social* terms there were strong environmental influences for most subjects, particularly when the home had been occupied in many instances for in excess of forty years. The transactional (Law *et al.* 1996) feature is particularly noteworthy here. For a few subjects the immediate neighbourhood provided ready social connections, however for many subjects the chosen pursuits were a car ride away, and as age and driving restrictions increased, independent pursuit of social activities such as involvement in societies (ranging from gardening to swimming), declined. At this point too, the interaction between personal and environmental influences was highlighted. Karl spoke positively here; now relatively housebound but with retained interest in his local church activities, a personal feeling of *reciprocity* enables him to accept lifts to church and cooked meals, because he had been able to offer support services to others in earlier days, in the same locality and at a time when he was more mobile. In such findings there is considerable support for Kahana’s theoretical model of person-environment interactions (Kahana 1980) where well-being arises when personal needs and environmental qualities are matched.

Quality of life and meaningful occupation

Wilcock (2001a) suggested: "Occupation is so complex yet so fundamental to life" (p.412), in her address which sought to justify why there is a need for a discipline (Occupational Science), to study and articulate the complexities and relevance of occupation in daily life. It is not difficult to find many accounts of the positive associations between health and purposeful occupation and more recently there have been key studies demonstrating the occupational needs of very impaired people (Perrin 1997). There is however less record of *how* occupation creates or adds to the sense of well-being; in other words how does occupation fit into an individual's perception of quality of life? There is some writing on this theme, but it is minimal. Law *et al.* (1998) reviewed twenty-three studies that addressed the relationship between occupation, health and well-being, published between 1980 and 1996 and concluded that there was support for links between them, but as most studies were cross-sectional, causal relationships could not be established. Borell *et al.* (2001) in their study of the meaning of occupational engagement for physically impaired, recently-hospitalised older people in Stockholm, commented: "exploration through empirical research of the concept of occupation in relation to people's sense of well-being has just begun" (p311). Writers (Hughes 1990, Bowling 1991, Mayers 1995) along with many others, have accepted that meaningful occupation should have a place in any model of quality of life, whilst other writers (Lawton 1985, Law *et al.* 1998, Anderson and Burckhardt 1999) have suggested that further research is needed. Gill and Feinstein (1994) added to the debate by suggesting that the opinions of patients must be central to further work in this area. Results in the current study have contributed to the debate, and proffered some following key points:

The use of time Results in the current study, whilst cross-sectional and therefore unable to offer proof of causal links, have nevertheless indicated a close association between perceived well-being and an on-going capacity to use time in a meaningful way. Gill and Feinstein (1994), supported by Guyatt and Cook (1994) highlighted the subjective nature of quality of life and the importance of harnessing "uniquely personal perceptions" and Law *et al.* 1998 commented in similar vein: "It is important that therapists learn from each client what occupations are important for

his or her health and well-being....” (p.90). Current research has been able to collect such data, to provide quotation and vignettes that indicate *what* and *why* occupations are valued by a group of older individuals. It has been able to move the evidence beyond major concerns of time on task studies (Moss and Lawton 1982, Horgas, Wilms and Baltes 1998) and to penetrate the very essence of occupational involvement for the study’s participants.

All participants spoke of the concept of *time being available to fill*, with a general awareness of owning the responsibility for how this was effected. Individual accounts provided in-depth information about how daily lives were led, how time helped the construction of the day and how personal and environmental resources were used. Throughout, there is support for Csikszentmihalyi’s work (1993) in the recognition of both a clear link between an inactive mind and unhappiness and a powerful positive feeling as Csikszentmihalyi and LeFevre (1989) described, of “flow” and increased satisfaction when a complex task is tackled and conquered. Edith highlights this when she speaks of *losing herself* in her intense involvement when she is creating shell sculptures.

Resourcefulness is an issue for all and is perhaps strongly emphasised in the study group, due to the participants’ past and often prolonged experiences of living through war-time shortages and rationing. Edith talks of not “wasting anything, down to my last wind-fall apple”, Gladys talks enthusiastically about “recycling” her books and Joyce graphically described what happened to the eels that her young brother caught. Before they were cooked, Joyce’s mother: “skinned them like this”, and used the skins for sprained wrists. For some people, time is a precious resource and must be eked out, so that each hour is maximised. Here we find the microwave saving time as two dinners can be cooked together and one re-heated the following day (Edith and Cath). For others there is a need for greater resourcefulness in order to fill the time, so that one planned activity per day (Fay and Lucy) and judicious studying of the television programmes (Beatrice) helps to produce a day seen as well-spent.

Community involvement and the social environment The social environment revealed its importance as earlier literature had suggested. Rabeiro (2001) describes

this as increasingly important when people are impaired because familiarity promotes support and acceptance. In the current study Karl highlighted the importance of reciprocity within his neighbourhood. This concept of *giving something back* or of *not feeling beholden* was seen to be important to the subjects. In Christiansen's (2000) study of 120 subjects, amongst the older age group of 60-79 year olds, the social significance of projects or occupations was noted to be of major importance. Christiansen describes also the work of Rapkin and Fischer (1992) who found significantly less depression in their cohort of older adults, amongst those whose goals incorporated social engagement.

The current study showed that all the participants raised the topic of social involvement in some way. As a major theme it had the potential for either a negative or a strong positive influence over the occupational day. People who reported companionable exchanges with chosen contacts suggested that such exchanges rated highly in terms of enjoyment. This result reflects the findings of Snowdon (2001) concerning the fifteen-year study of nuns in Minnesota. Here the nuns, now aged between 84 and 106 years have the long-standing support and friendship of others who share their values and interests. They retain active roles in long-standing activities and work-related tasks, such as running the gift shop and an 86 year old nun commented: "I think it is the most fascinating period of your life, intellectually and spiritually you are most alert at this time" (p.19). Snowdon's study also involved post mortem study of 300 brains, and he reported that in addition to heightened well-being, there are clear signs of retained health too: "some of the healthiest, most beautiful brains we have seen are from people over 100" (p.19).

Family relationships The study revealed that in general this group of older people did not spend much time with their children. Often they lived at a distance, but even when living less than ten miles away, meetings were not frequent. Reasons given included children being too busy, having problems of their own or not being interested in the same things. Questions here are raised about future support. National Statistics (2001b) report that the elderly dependency rates continue to rise as people are living longer; there is then a consequent issue around *dependant upon whom?* Evandrou (1997) also reported the reluctance of today's older people to be

dependent upon their children, with one older person viewing the concept of moving in with an adult child as little better than going into residential care. In such a climate, community social support becomes increasingly important: known neighbourhoods can be a valuable resource as some of the study's subjects have described.

7.3. Challenges to earlier findings

What the occupational title signifies

In examining the occupations, it appeared that a normal day for a vulnerable elderly person living in the community may incorporate a rich and diverse pattern of activities. The twelve participants in the study revealed eighty-eight discrete occupations (see appendix 3) that they undertook on a regular basis. The activities are wide-ranging and incorporate a spectrum of more sedentary pastimes, which potentially suggests the influence of advanced age coupled with decreasing mobility and increased health problems. The significance of such activities merits study because the simplicity of an occupation such as *sitting and thinking* belies its individual meaning, from boredom in a certain situation, to a valued and structured period of reflection in another instance. Likewise we can examine the occupation of *going to church*. We have seen that for Karl this occupation fills a long-time social role, and is unconnected with religious beliefs. We then turn to Beatrice who expresses pleasure and comfort in her daily inspirational readings and prayers, yet she does not go to church. A third illustration to highlight the importance of studying the *meaning* of an occupation for an *individual* is the pastime of *having a wander*. Fernie (1991) reminds us that past opinion commonly viewed "wandering" as aimless and undesirable. On the contrary, other opinion (Mace and Rabins, 1981), recognises the exercise value and stimulation which wandering provides. Gladys in the study clearly derives much pleasure from "having a wander". Such examples of stereotypical values that have been allocated to occupations, together with the notion that certain occupations are desirable, whilst others are less so, stultifies the all important personal values that are associated with preferred occupations.

Because the meaning has been teased out of frequently cited occupations such as “sitting around”, further challenges are issued to former classifications of occupations. When individuals place their own unique interpretations on what counts in these categories, there becomes a less clear division between the components. CAOT (1997) lists the major categories of occupation as: *self-care, leisure and productivity*, (p.181) and describes the type of activities that fit into each of these three categories. The current study reveals that a single occupation may comprise many different aspects of meaning. Gardening (see Appendix 3) is one such example, where a number of sub-activities are incorporated and productivity and leisure become intertwined. Thus recognition of the meaning of gardening for the individual concerned, assumes greater importance than its category allocation.

Kelly (1983) described one of the most severe diseases to be “the hardening of the categories” and it appears that this challenge continues. The study has revealed strong support for Weinblatt *et al.*'s (2000) work in which they too challenge categorisation of occupations for elderly people, viewing this as invalid. Instead the authors suggest it is necessary to listen carefully to the individual narratives, and they illustrate with an account of an elderly lady's trip to a supermarket- as a leisure activity.

How older people like to spend their time The current study, with its emphasis on preferences and the meaning of occupational involvement, has revealed challenges to earlier works that have explored time on task, without details of why or whether large chunks of time are spent in pursuits that the elderly people enjoy. A prime example here is television. Horgas, Wilms and Baltes (1998) suggested that of their study sample, 83.3% reported watching television with a mean of 162.7 minutes per day spent in this pursuit. Current research has suggested that many older people do not *like* watching television. It provoked strong reactions such as from Gladys “Enjoy watching television? Corr! I mean it is either violence, sex or bad language or a mixture of all three”, and Edith's comment: “I don't enjoy television because I learn little from it.” With such reactions in mind, it appears that although the current research is small scale, it has revealed some interesting client-centred points with relevance for service providers. Among these points is the diversionary impact of such devices as television, where as witnessed in residential settings (Green 1995),

the television may be ongoing and preclude any fostering of active or meaningful occupational pursuits.

Being simultaneously inactive and occupationally involved A common assumption, seen in a current drive to publish activity programmes as measures of quality assurance in residential settings, is that “sitting around in a quiet room is meaningless and should be avoided”. By studying the meaning of *sitting around*, we now know that such an occupation may well be undesirable to some people, but equally it may form part of a programmed, valued and purposeful period of reflection for another individual. Such findings cause us to re-enter the ongoing debate about the nature of occupation. Theoretical discussion continues, and some writers describe inactive states as being occupational. McLaughlin Gray (1997) furthers this idea: “a degree of active participation is evident in all occupations, either by the individual’s consent to be a willing participant in a passive activity, or through active and voluntary engagement” (p.15). In terms of passive occupation, Pierce (2001a) also talks of its importance when considering the restoration aspects of occupation. She suggests: “people find waking restoration in different ways; quiet focussed occupations, such as needlework, ...viewing art; listening to music; quiet and solitude...” (p.254). A major challenge here then is for ongoing recognition that occupational involvement does not equate with being active. There are many passive, sedentary occupations, as listed in Appendix 3, which bring a great deal of individual satisfaction.

Study limitations In issuing challenges to earlier findings, it is necessary also to address the limitations of the current study. They can be rectified through further studies and primarily they are acknowledged as follows:

- (i) A small sample size of twelve study participants, whilst promoting depth and richness of enquiry, nevertheless precludes the generalizability of the results. In particular and as already discussed, this study was confined to white, urban-dwelling elderly people. Although socio-economic diversity was well represented, there were no absolute extremes. In future studies there is a need to recognise issues and influences of racial and cultural diversity and poverty.

(ii) An interesting result, contrasting it with larger studies such as Horgas, Wilmes and Baltes (1998) study with its sample of 516 adults aged 70 – 105 years, was that in the current study little mention was made of self-care activities. They simply did not figure in the daily occupational account of nine out of the twelve subjects. The researcher's assumption here is that when such activities were managed readily, they were classed merely as precursor tasks for the day's occupations to follow. By way of contrast each individual in the larger study cohort of 516 individuals was asked specifically how much time they spent in personal care activity and they revealed an average of 150.1 minutes per day. There are two potential additional reasons for lack of mention of personal care amongst the current study subjects; they differed from the larger cohort in that all were community dwellers as opposed to a significant number of the large cohort who were in residential accommodation, and secondly, in association with this fact the current study addressed individuals who were vulnerable, but they were not ill. To overcome current researcher assumptions, trustworthiness would be enhanced if forthcoming study participants were prompted to include self-care pursuits in their accounts of an occupational day.

(iii) As the study incorporated no intended study of change over time, this constitutes a further limitation. Law *et al.* (1998) in their review of papers linking occupation, health and well-being, noted their concern that as most of these studies were cross-sectional, causal relationships could not be established. Although the current study normally employed at least one follow-up study to the initial Yesterday Interview, the additional measures such as the SF36 and the VAS were not repeated. It would be of interest to note the influence of time, perhaps six then twelve months after initial assessment, on the results of these measures. This could be a step towards highlighting individuals who appeared to be ageing more or less well than their counterparts, whilst monitoring the factors that are implicated in the process.

(iv) Important phenomenological themes such as occupation providing a tangible *proof of existence* and *perpetuity*, and involving *reciprocity*, have arisen and been described in this study. Their relevance in the lives of older people, in connection with reinforcement of lives experienced as well spent, is worthy of ongoing exploration and report.

7.4. Therapeutic issues: reflexive analysis

Reflections on the research process

This first subsection relating to therapeutic issues, recognises that the research outcome plus any ensuing therapeutic impact, is influenced throughout by the stance of the researcher. In phenomenological enquiry, the process of bracketing one's own beliefs is central. Van Manen (1984) suggests that this is best done by making "explicit our understandings, beliefs, biases, assumptions, presuppositions and theories" (p.46). Personal reflection is therefore used as I scrutinise the research experience, drawing widely on detailed field-notes, and discussing the impact of myself as an occupational therapist and researcher upon the conduct and outcomes of the study.

Researcher as interviewer

All experienced therapists make regular and extensive use of interviewing skills and techniques. Occupational therapists take pride in collecting pertinent data and observations in a manner that is professional, accurate and stress-free for the client. I felt myself to be no exception as I prepared for the first interview, but was disillusioned by my performance as my field-notes revealed:

First interview of the sequence; thought all was well prepared until tape recorder's dead batteries proved not the only reason the machine did not work! Called interviewee & re-scheduled for 30 minutes later, at 3pm. Flew to local Tandy & bought new tape recorder; kind gent. put in the batteries and gave me a rapid tutorial on the workings. Not the way to begin interviewing.

and later in the same extract, my notes revealed my discontent with my management of the interview process towards its end:

At the close of the interview, approx. 1 hour later, subject accompanied me from the lounge. I needed to be more aware of closure tactics here, as tape off & subject relaxed, & disclosed family info. which was unnecessary and she may be disturbed by her open-ness with a stranger. N.B. I should have led into the "why"- i.e. is it activity for the interest in the sport etc. or is it the social component- increase since widowhood etc.

Data subject 010, field-notes: 26:3.

This first interview, although complete strategically, resulted in a reflective period, which (Benner 1984) describes as an essential stage in the process of effecting improvement and moving on from the position of novice in a new field. Here I explored what had happened, how I felt about it, and the potential strategies I could use to overcome the two deficient areas illustrated in the first interview field-note transcriptions above. At this time too I sought to resolve my interviewing stance which hovered between *neutrality* and *immersion*. I wanted both the professional accuracy of non-involvement in the data, and the satisfaction of naturalistic enquiry which could provide a complete picture of the issues surrounding occupational involvement for my subjects. I was clearly re-discovering some of the potential pitfalls in handling unstructured interviewing, and continued to question myself as is recorded here in the seventh initial interview:

A tiny white-haired lady in a vast Victorian house, complete with aspidistra. She occupies only the downstairs at the moment. A bright conversationalist, with many activities centred around her church, she clearly had some anxieties, but kept them muted today. She still missed her husband a great deal.... At the close of the interview in the front parlour- with huge pink hydrangea immediately outside the window, subject swung herself up from the low self-chosen armchair, and said she would probably still be there in September if I needed to see her again. I wasn't sure of this response, and didn't pursue its meaning. I wondered if I should contact this subject the following day. With a quick mind and much time for reflection, I didn't want her to be disturbed by our conversation. In particular she disclosed some "non Christian" attitudes to her father, neatly covered in later conversation, but she may have resented her frankness. There are some limitations to open interview research techniques as I now seem to discover on a regular basis. But I guess that getting close to a person's true meaning re. later life reflections, is bound to uncover some discomfort. Is this an adequacy of the thoroughness of this chosen research method- or a pitfall?

Data subject 016, field-notes: 27.7.

Professionally I reflected on each interview after its completion, and judged whether immediate further contact was necessary. In the case of subject 016 I decided this was not so, and was pleased to be able to record the following field-notes and

multiple sorting task record that took place with this participant, some three and a half months later:

*Second Interview: Multiple Sorting Task, 8th Nov. 2-4pm.
I rang subject last week to book an appointment. She remembered our first meeting when prompted. Today, I was escorted through the house to a snug back kitchen, and MST was conducted at the kitchen table, below a long window to small rear garden, and the small TV on a shelf above. A more relaxed interview today, began with member checking the first interview transcript, then check of the activity cards:*

Having a wander- meeting people	Having a cup of tea
Ladies afternoon group	Going shopping
Church on Sunday	Re-selling books
Photography club	Sorting out
Meal preparation	Salvation Army teas
Television	Salvation Army outings
Reading	T-pot bus

Participant readily acknowledged current involvement in all the above. (Sorts for frequency and enjoyment then environmental influence followed; these are recorded in chapter 5.7). Additional field-notes were made as follows:

**seeing grandchildren - has 10 grandchildren and 4 great grandchildren. Sees at least one each week. Her children are seen less; a daughter lives in Canada, second daughter is not well and son in nearby town is a busy line-dancer.*

**selling books- done as a money raiser for charity, however one outlet is due to cease at Christmas. B. & W. Arthritis Care are most probably stopping their once monthly meetings. Already their special transport has ceased and numbers dwindled at this time.*

** seeing friends. Subject referred frequently to this, stressing its importance in her life. She meets 8-10 old friends from the days when in the {Name} Guides. They meet once or twice per yr. at St{name} where they can get a good meal. She also has other longstanding friends from night school days.*

As a final question I asked what would give her the feeling of having had a “good day”. Her response: “to have visited friends, or had them or the grandchildren visit me, to have met some people and to have had time to be alone, to read”.

This had been a pleasant interview, dusk when I left, so I refused to stay on for a cup of tea. I think the final sort possibly strengthened her resolve that whatever happens, she can be in charge of her occupational choices. I was called love on the front door step, and told I could call again if I liked.

Data subject 016, field-notes: 8.11.

By this time I had confirmed the value of open interviews and felt less need to regularly reflect on the process, although each interview continued to prompt reflection on the content. I considered myself somewhat lucky in that the more complex interviews (due to factors such as a person's multiple sensory impairment), occurred towards the end of the schedule for interviewing, by which time I had become adept at holding or returning to "the plot" whatever the provocation for digression. This is recorded in some detail in field-notes associated with subject 019. In the interest of telling the whole story, and not separating issues that are interconnected in one set of field-notes, these will be discussed under the next sub-heading below.

Researcher versus therapist

From the outset I was aware that just as my interview skills should be honed with each participant I interviewed, there was other professional territory where I may never experience complete ease. I continued to sense the dichotomy of the researcher's need for full and accurate data gathering, versus the therapeutic stance of facilitating change or improvement, or at the very least of "doing no harm". With the latter in mind, I made an early decision as recorded and justified in Chapters 3 and 7.1, that the use of the MST would be inappropriate where there was paucity of occupational involvement. I used the field-notes to record some of the tensions as they were experienced. Subject 019 serves to illustrate this point:

I was let in via intercom buzzer, from the bedroom. Subject seated on edge of bed, with rollator and walker in front of her. After introductions, went into front room where {name} had earlier put on the heater for us. We had a magical two plus hours, with amazing glimpses into over ninety years of her life. Due to profound deafness and very poor eyesight, interview had to take a non- standard approach and was at times difficult to conduct. Subject however was a willing conversationalist, and clearly loved

singing. Again, I felt enormously privileged to be there, and aware of not stressing her; although for me a “subject”, I was acutely aware that I wanted her to derive pleasure/ satisfaction from our exchange. For me, this had to be of prime importance. Accuracy remained a key factor for me, but it was secondary to subject’s comfort; I was aware there may be some small facets of info. I would leave unanswered, but feel anything vital can probably be solicited afterwards from the Dr contact who knows her well. I was glad this was one of my later interviews, because it seems that my skills have developed over time and I can now glide more quickly into a key area from a subject’s lead, even though a standard yesterday interview framework is far from adhered to. This is something akin to a novice versus expert OT assessor I think.

Data subject 019, field-notes: 11.4.

Despite an ongoing sense of tension between the therapist and the researcher roles, and a lingering, gradual shift on my part, away from the positivist influence of the medical tradition, I suggest that this was a beneficial position. Retained therapeutic strengths in observational detail and medical/ sociological awareness guided a portion of each interview whilst phenomenological principles steered the format for data gathering and analysis. Additionally, although I felt unable to undertake prolonged professional therapeutic intervention, it was possible to meet immediate needs; these were dealt with in a practical manner, as recorded in chapter 4. In reality I had stepped into the position of an “insider” with a few of the participants, not a position I assumed easily as I scrupulously sought ethical precision in terms of information handling. I recorded this in the following manner:

I have taken to popping in as a neighbour, every 2-3 weeks. I cannot treat {name} as a research subject; I feel enormously privileged that she has accepted me into her lifestyle and friendship circle, and I cannot abuse this. I try to be careful in what I share with others and will of course inform {N} of the official research sessions, whose content will not be shared. A narrow tightrope for any researcher, but truly a position from which to elicit real meaning. Today, our last meeting before my summer holiday, over tea and cakes we had a usual wide-ranging debate and exchanged stories about childhood poverty; knowing where you were in the order of the classroom, and frequency of prayer.

Data subject 011, field-notes: 22.7.

Writers in educational fields would describe this as naturalistic enquiry (Adelman and Alexander 1982), which in recent past, proved a popular

addition to the externally imposed statistical tools for evaluating such complex areas as curriculum change. In-depth involvement gained from an insider's position of natural enquiry, enables the building of a full picture, with maximum light shed into all areas of the scene. With this in mind, I accepted that it was possible to bridge a therapist/ phenomenological researcher/ neighbour role, in a professional manner and to the benefit of all parties.

One further field-note extract, serves to further illuminate this complex area. It is taken from a later interview, and records what happened towards the end of the interview, when talk of disposal of family possessions, as an occupational task, led into a discussion of potential plans for a solution:

as he talked this afternoon, he asked if he could sound me out with a new plan he had been forming.... I was readily able to support his plan, for which he seemed enormously relieved/ grateful. He has strong feelings about fate/ spiritual directional guidance, some of which are on tape. Like others too he has a sense of "wanting to pay back" for the good times he had in the war, of feeling grateful for these times and now wanting to give something to {his youth work}. A convivial interview, I left feeling I had not been intrusive, but had acted as a valuable sounding board.

Data subject 017, field-notes: 6.9.

The reflexivity described in this section causes me to continue to value the process of reflexive analysis in terms of professional development. The reflections also serve to reinforce and to *add honesty* to the results that have been presented.

**Therapeutic Potential of the newly introduced model:
*Four essential themes of an occupational day***

In any research study it is essential to look forward; to enquire how the results may be applied. Pierce (2001a) talks of a current *explosive growth in our understanding of occupation*. She goes on to relate this to a more aware health care system which is now valuing functional or occupational outcomes, and she continues by suggesting:

A potential time of congruence is approaching if occupational therapy can expeditiously translate an expanding knowledge of occupation into powerful occupation-based practice

Pierce 2001a: 249.

Such a *translation* of knowledge into practice as Pierce recommends, necessitates effective tools or application models to direct this process. With this in mind, it is possible to predict further use for the study's data-generated thematic model, illustrated in figures 6(vi) to 6(viii), and to discuss how it may be developed into a tool for practical application in the form of a *wellness enhancement model*. Such a tool could then facilitate the assessment and outcome of patient *wellness enhancement through occupational satisfaction* fig.7(i). Specifically designed for elderly clients, a resultant application model would be helpful in assessing and targeting occupational interventions when working with vulnerable older people.

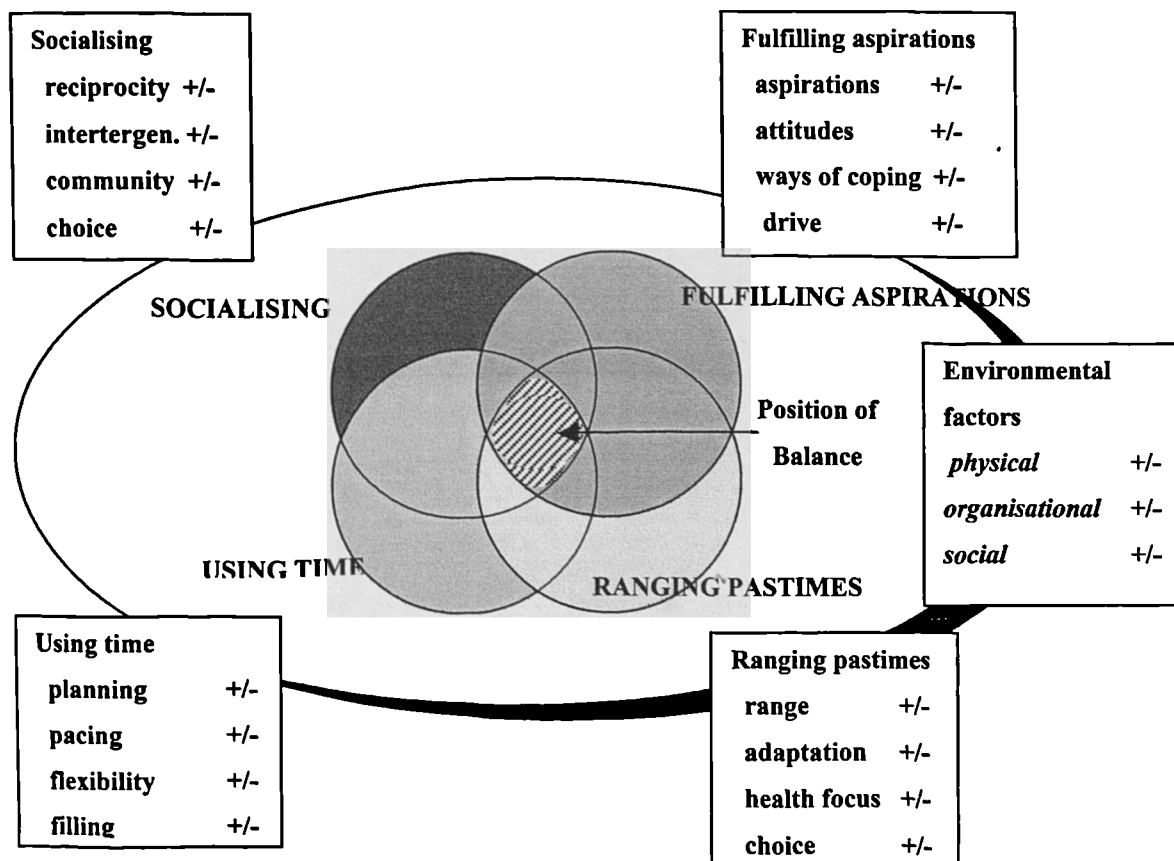


Figure 7(i) Towards a practical application model: *Wellness through occupational satisfaction*

As each of the model's four general themes has described factors that contribute towards either a negative or positive position within the theme, we have seen already that it is possible to *predict* whether an individual's position lies positively or negatively positioned within each theme. The addition of a positive/ negative grading system would enable the position to be recorded in a quantitative manner. Quality of life via meaningful occupational involvement could then be graded, addressed and reported in a methodical manner, with progress or regression regularly charted via the same tool. Importantly too, such a tool would reflect the individuality of each client. As already noted in the current study, there would be a wide variation between completed charts, reflecting individual concerns and strengths.

Environmental influences of a structural, organisational or social nature could also be recorded in a similar manner, as again illustrated in Figure 7(i). The development of such a tool holds potential for use in a number of therapeutic ways, including:

- as a tool for therapists with elderly clients who appear to be occupationally dysfunctional
- as a self-monitoring tool for elderly people who wish to improve the quality of their lifestyle
- as a decision-assisting tool at times of contemplating change, such as a potential move to a more protected environment
- as a "ready reference" tool, for use in health promotion with well elderly people, to facilitate discussion of the factors that enhance balance and harmony in daily occupations as age increases
- as a professional assessment tool to record evidence-based practice

Using study results to address current therapeutic issues

*When my bones are stiff and aching
And my feet won't climb the stair,
I will only ask one favor:
Don't bring me no rocking chair.*

....

*I'm the same person I was back then,
A little less hair, a little less chin,
A lot less lungs and much less wind.
But ain't I lucky I can still breathe in.*

Angelou 1986: On Aging: 48

There is current pressure for therapists, together with other health professionals, to ensure that all work-place endeavours address topical professional and therapeutic issues. Research as well as clinical intervention, needs to be mindful of such interests which are shared by managers, budget-holders and therapists themselves. Issues of *Client-centred practice (CCP)* and *Evidence-based practice (EBP)* are to the forefront. To address them simultaneously is not always an easy task as the two routes towards intervention do not necessarily run parallel. Finlay (2001) describes some of the tensions here as occupational therapists strive to be true to their beliefs in holism, whatever this may mean, within work settings that are increasingly pressured and under-resourced.

This subsection uses *personal reflection to explore result implications* in relation to such current professional issues. When beginning the current study, the following intention, as quoted in the Introduction, was newly written:

...To add life to the years that have been added to life

(Ageing International 1996:17)

Such statements act as a spur to all researchers in the ageing field, with the implicit message that increased longevity must be accompanied by ongoing quality of life. Ipso facto, how might this best be achieved? With my own professional concerns and expertise cited in the broad field of occupational science (briefly introduced by Clark *et al.* 1991 as “the systematic study of the human as an occupational being...”p.310), I focused my research here with the intent of increasing the current relatively small knowledge base in this area. I had met elderly patients who expressed Angelou’s level of determination as we see in her poem above, but I had many questions that current literature could not answer. In particular what did occupational involvement mean to a vulnerable older person, did it really provide added value to quality living, if so how and what were the means of facilitation particularly in the face of advanced age and deteriorating capabilities?

Hobson (1996) reminds us that *client-centred practice* is a goal towards which all occupational therapists aspire. She informs us that: *the essential element of client-centred practice, having the client actively involved in treatment, planning and*

implementation, is linked to the concepts of consumerism (CAOT, 1991) and empowerment (Gage and Polatajko 1995, p.134). Hobson raised issues that have concerned me for a number of years, these include questions such as: how can you actively involve your client if his/her disability prevents adequate communication? Hobson proposes graded decision-making and, where necessary, the use of processes that are less cognitively demanding. As I began to be immersed in the current study I became acutely aware that if I was to accurately represent the participant's concerns about occupation I must *be* where they are now, must use words and tools that are familiar, and must listen acutely to their stories. I recorded something of this in field-notes:

Rang to book a first appointment, following lead from a local GP. I let the phone ring for a couple of minutes on two occasions, then decided to try again the following day. However, same afternoon, my home phone rang and a voice asked who is there? Suspecting a child with a wrong number, I said my number, and the voice repeated who is it; you have been ringing me. I then realised this was my contact. She then explained that I hadn't given her long enough to get to the phone from the commode, and with the extra hour on the clock, her bowels were all up the creek! We arranged a date for a first interview, in two days time.

Then two days later, after the first interview, I added the following field- notes:

Some key points. A lady with a strong faith and life force, of positive outlook, despite serious sensory deprivation and lack of any living relatives for support. This again raises the question of the value of relative support to some people; is it over-estimated? Her two local friends plus team of carers, appeared to provide genuine support and friendship, clearly valued and fostered by the subject. She exuded warmth and interest in others. A professed 'no pills' lady, she had a liking for simple foods and fish (a common liking amongst the old, elderly I seem to be finding). Pets also figured. Environment was of absolute acute importance. Now with such a small amount of sight, accuracy of positioning of everything from display photographs to ham sandwich in the refrigerator, to glasses and hearing aid and hand or tea towel, were all vital. Any change of carer, could unhinge this so easily. I was aware of this as I made tea, and hoped fervently that I replaced everything exactly. Subject appeared to accept her losses without rancour. She mentioned that she now no longer handles any china- I think she must regret this.

Field-notes: 010:11.4.

Through naturalistic enquiry with this lady in her own environment, coupled with the use of accessible tools such as the visual analogue scales, I felt I had been able to enter the client's life-world, and to share in the experience of what was important to her. This felt like client-centred practice in action. Through experiences such as this I was made alert to the potential of a visual outcome tool should it arise from the research. The development of the application model: *Wellness through occupational satisfaction* (Figure: 7.i) would seem to be a valid method of rendering research results of practical use in a manner which invites full client participation.

Whalley Hammell (2001) sets the scene in regard to *evidence-based practice* when she comments:

'Evidence-based practice' has become a contemporary preoccupation for health practitioners, who seek to validate their roles within an increasingly competitive fiscal climate and to assure clients that interventions are informed by a sound knowledge base.

Whalley Hammell 2001:228.

As a clinical therapist in a fast moving rehabilitation centre in Texas in the mid 1980's I was only too well aware that my practice must be evidence-based and must be worth every cent of the then \$68 per hour that my patients were being charged for their out-patient therapy. In the UK the need for such *evidence* has not been quite so obvious until more recent times, particularly at the patient-therapist interface where costs are generally borne by an "invisible" National Health Service payment. Now however, in a climate of increasing accountability, therapy must be seen to be effective by all. Consequently, therapists struggle to find and make public their therapeutic interventions as being *worthy* of ongoing resources. This is particularly difficult in the less concrete areas of practice such as the topic of this study, and auditors may well ask: *Is it cost-effective that occupational therapists spend time in helping elderly clients find meaningful occupations?* This is not an easy question to respond to in monetary terms, but it is possible to proffer some sound comments that support such practice as being worthy in ways which extend beyond altruism.

At a purely practical level, the study of environmental impact upon occupational involvement for vulnerable older people, suggests a potential cost effective outcome

because it may lead to retained independence within a community setting.

Ergonomists have recognised this for some time. Nayak (1995) commented:

“Design for the young and you exclude the old, design for the old and you include the young” (p.8). The current study has been able to reinforce and extend knowledge concerning environmental impact at all levels. Through specific enquiry too, it would be possible to take individual findings and explore them further. For example a controlled trial involving low-level busses on a neighbourhood route could produce dual evidence, that of customer satisfaction plus evidence of a reduced need for social service support for elderly shoppers. Nayak’s article provides additional evidence as it describes how the “Thousand Elder Group” founded at Birmingham University, uses focus groups of elderly people to provide valuable feedback to manufacturers on products ranging from door locks to lifts.

On a more esoteric level it is also possible to suggest evidence-based outcomes. Over two decades ago, Englehardt (1977) discussed the important role for occupational therapists of listening to clients and thereby *“helping them create meaning...through engagement in the world”* (p.670). Christiansen (1997) raises Englehardt’s comment and develops it by suggesting that when answering the fundamental question of “why do I exist”, we need to:

“explain the existential importance of everyday activities and the importance of shared meaning within a culture”

Christiansen 1997: 170.

In the exploration of shared meanings Christiansen suggests the importance in such ordinary occupations as gardening and letter-writing. In fact all such expressive arts *nourish the soul by providing an opportunity to create meaning*. In terms of this study’s results this represents a truism; contentment and opportunity for creative expression were closely linked. It was interesting to find the popularity of poetry-composition amongst the subjects, in addition to painting and other crafts. Earlier writers, for example Mattingly and Flemming (1994), have also suggested that assisting an individual to uncover meaning in life, is therapeutic and beneficial to *engagement and quality of life*; they do however go on to report therapists who fail to document this, because *“it is non-reimbursable”* (p.296).

This study has taken steps to enter the participants' life-worlds, albeit briefly, and to study the essence of meaningful occupation and its links with quality of life for elderly people. The closing section of this chapter has reiterated the therapeutic justification for interest in the topic. There remains an ongoing need and multiple pressures to pursue this work, whilst continuing to publicize evidence of the potential positive outcomes for all parties.

8. CONCLUSIONS

*When you've seen one old person
You've seen one old person*

Wetle 1991:286

This study has illustrated the considerable diversity amongst vulnerable older people; any single piece of research cannot hope to capture the views of all. The current study however has listened carefully to the voices of twelve older people. It has proffered new insight in a number of areas such as those advocated for example by Lawton in 1991. At this time Lawton (1991) spoke of the great need to assess positive features of life and to research satisfaction with time use with relation to frail elderly people and quality of life. He suggested too that both *subjective* and *objective* perspectives are necessary.

A phenomenological approach has enabled an in-depth approach to the study of the meaning of occupation to older individuals. Eighty-eight pastimes were revealed, with surprising complexities in the values which individuals place upon them. The use of multiple data collection tools has enabled valid comparisons between age, health and socio-economic status in relation to occupational engagement. The study sought not to delve into specific health-related issues, but throughout it remained mindful of the potential impact of health status. The selected mixed methodological approach was helpful in highlighting strong links between poor mental health and the perception of a non-satisfying occupational day, whereas any links between physical incapacity and a non-satisfactory day, were far outweighed by additional factors, that centred on personal attributes or environmental support.

The current study aimed to reveal individual meaning and collective interpretation of the constituents of a satisfying occupational day for vulnerable older people.

Kielhofner and Burke (1985) had indicated the breadth of such a study:

“Occupation...includes activities that are playful, restful, serious and productive which are carried out by individuals in their unique ways based on societal

influences, their own needs, beliefs and preferences, the kinds of experiences they have had, their environments and the patterns of behaviour they acquire over time”(p.12). This study sought to further such findings, to delve deeply and to illuminate the individual values and processes that underpin occupational involvement. The collected results have proffered strong insight into the effects of meaningful time use upon older people, and their perceived well-being. Wilcock (2001b) describes this as a professionally neglected area: “because of the dominance of a {medical science} view of health, it is seldom that adequate recognition is given to the health promoting effects of occupational well-being or to the susceptibility to ill-health that results from occupational injustice, deprivation, alienation or imbalance”(p.9).

It has been possible, through immersion in rich individual data, to elicit five life-world concerns associated with vulnerable older people and their experiences of meaningful occupational pursuits, and to go on to extract four general themes. These themes of time use, socialising, personal fulfilment and varied occupational interests or pastimes, have been seen to play a key role in the construct of an occupationally satisfying day. Furthermore it has been possible to identify factors that enable an individual to reach a position of harmony with regard to each of these themes and to portray their transactive nature in a graphical model. Such results hold potential for practical applications and a tool which addresses wellness through occupational satisfaction, is suggested.

Major findings from the study

1. Older adults, with varying degrees of vulnerability pursue wide-ranging occupations which bring personal fulfilment (Appendix 3). The importance of each occupation lies in its meaning for the individual; this merits investigation for each individual concerned.
2. Professional and academic categories and constructs of “occupations” may have little direct meaning for the people concerned. Individuals value different pastimes for very different reasons. If activity participation is valued now, the

individuals concerned have normally held similar views over much of their life (not solicited in the study, but proffered nonetheless).

3. The meaning of even the apparently most simple pastime of *sitting and thinking*, has revealed under study that commonly-held interpretations are often little more than assumptions and are frequently inadequate. One individual may rate *sitting and thinking* as boring and *undesirable*; another may value the same activity as a meaningful and valued period of reflection and therefore very *desirable*. Likewise many earlier studies have reported elder time in watching television as ranking highly in studies of how a day has been spent. The current study reports strong views that television viewing is not a preferred occupation. There are messages here for service providers, particularly in residential care facilities, about the need to cater for individual needs.

4. The link between quality of life and satisfactory occupational engagement is supported. Ageing *per se* does not affect an individual's desire to pursue both quality living and ongoing occupational engagement. Whereas diminished physical health clearly has impact on perceived quality of life, it remains possible under such circumstances, to sustain occupational satisfaction which in turn makes a positive contribution towards quality living.

5. Whereas physical health deterioration can be compensated for by strong personal drives and ambitions for fulfilment, poor mental health exerts a stultifying effect on satisfactory daily occupational engagement. I.e. when mental health is poor it appears difficult to sustain both a satisfying day and ongoing quality of life.

6. The issues that collectively support quality of life, via satisfactory occupational engagement can be grouped under four major themes:

Using time:	All subjects spoke of daily hours available "to fill". Individuals approached this task in varied ways.
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Socialising:	All subjects spoke of the need for regular interaction, at both individual and community level. Choice figures highly.
Realising personal aspirations:	Subjects expressed varying degrees of <i>drive</i> or <i>motivation</i> that influenced the construct of a satisfying day.
Range of pastimes:	Subjects detailed their daily pastimes, expressing satisfaction when they had a range of occupations which remained within current capabilities.

7. The environment is crucial to an individual's ability to sustain ongoing occupational engagement. Many older subjects have occupied their family homes over a long period of time; a period in excess of 40 years is not uncommon. This may exert either positive or negative influence over capacity to enjoy occupational involvement *now*. Examples are provided in the study and again assumptions must be guarded against. Longevity in a family home may be very supportive when neighbours are known, artefacts are to hand for reminiscence and both the home and the immediate environment remain accessible. On the contrary the large family home may demand much time and effort to *keep up*, there may be no known current neighbours, the street may be "getting steeper", and there may be no convenient local transport: in such instances the environment exerts a negative influence.

8. Relocation is not always an answer for an older person who is becoming increasingly aged and vulnerable in the family home. People can accomplish much in their own homes that they may not do in a changed environment; this is particularly important when new sensory deprivation occurs. Visual impairment illustrates the importance of consistent accurate location of familiar objects, photographs etc. Without such *cues*, environmental impact may be negated and isolation can occur. An in-depth examination of both the value of the current environment in *physical, organisational and social terms*, plus positive and negative impact of change, is necessary before relocation is entertained.

9. In view of environmental impact upon the individual, there are wide-ranging implications and messages that move beyond direct service providers. For example, do local bus companies consider both their routes and their vehicles when serving residential areas with a high percentage of non-drivers? Struggling with a laden shopping trolley up an incline to home is not a positive occupational experience for a frail older person. On the contrary, loading a full shopping trolley onto an adapted bus with ramp entry, which then tours the neighbourhood and stops close to home, can constitute a fulfilling and goal-orientated success story for the occupational day.

The experience of occupational involvement for vulnerable elderly people has been illuminated. Twelve individuals have told their stories and in so doing they have given many examples of ongoing, meaningful occupations, which enhance their day-to-day quality of life. They have cited occupations that are achievable even in the face of severe impairment and mobility restrictions. It appears that strong personal aspirations and a sound mental health status, backed by an environment which is supportive in *physical, organisational and social* terms, constitute key factors in the construct of days which are appreciated as well-spent.

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 - *My family for their time, tolerance, understanding and practical advice*
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- Without them there would be no finished work.*

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*Sharon Green
March 2003*

Appendix 1

Background study 1

*Occupation as a quality of life constituent:
a nursing home perspective*

pages 219-226

Occupational therapy, with its core belief in the occupational needs of individuals, facilitates independent and meaningful activity. When clients become elderly, frail and subject to multiple pathology, they may need the care of a nursing home. Here, through the lack of use of residual abilities, a spiral of decline in occupational performance can occur. To increase knowledge of the factors that contribute most to enabling occupational performance in nursing home settings, a study was carried out in the north-west of England (n=20). Semi-structured interviews were conducted with the matrons to determine the philosophy of care, the daily routines and the approach to activity provision for residents. The data were analysed using a person/environment/occupation framework.

The results indicated that the level of function of the residents greatly influenced the amount and types of activity offered. The matron's role was found to be crucial in recognising the therapeutic value of non-traditional activities and in maximising the use of staff and resources to enhance quality of life for the residents. Flexibility and a creative use of resources were found to have a greater positive influence on the quality of life of severely disabled residents than official policy. In these settings, the role of the occupational therapist moves from hands-on provider to consultant, primarily to the matron.

Occupation as a Quality of Life Constituent: A Nursing Home Perspective

Sharon Green and Barbara Acheson Cooper

Introduction

This study explored issues related to a group of vulnerable elderly people and the meaning of occupation as a quality of life factor for them. It investigated the important interface between the environment and the occupational needs of residents in nursing homes by soliciting the views of key nursing home personnel as providers. The paper recognises that direct occupational therapy provision does not reach all nursing home residents; in the present study, 75% of the homes had no current occupational therapy input.

Maximum impact may therefore be indirect, via occupational therapists providing professional guidance to the matrons who oversee the daily occupational levels of all their residents.

The United Nations Principle for Older Persons (Ageing International 1996) advises that all who have an interest in elderly people should put maximum effort into addressing the quality of life that accompanies the increase in life expectancy anticipated for elderly people in many countries. This mandate affects a large number of people because, while the rate of population increase during 1990-2000 was estimated to be 17%, the increase in the number of elderly people was likely to be 30% (*Intercom* 1996). Moreover, the population in the United Kingdom (UK) aged 85 years and over is predicted to rise by 100% over the next 30-40 years (Metz 1997). Statistics such as these abound and indicate that there is a

global necessity to identify and foster the ingredients that can promote and extend the quality of living for people as they advance in age. As 1999 was the International Year of Older Persons, there was a reminder too that:

Ageing is a natural process of life. Older persons are a valuable resource. They are the repositories of tradition, culture, knowledge and skills. These attributes are essential in maintaining intergenerational links (International Federation on Ageing [IFA]: The Montreal Declaration 1999*).

Although most elderly people – up to 94% – will remain in the community (Denham 1997), there are those who will need the skilled and continuous care that a nursing home can offer. Many elderly people who enter nursing homes have problems of increasing frailty and complex multiple pathologies. In such cases, residual abilities may not always be fostered and a decline in occupational performance is likely to follow (Spiriduso and Gilliam-MacRae 1991). This situation is of concern to occupational therapists who would wish to promote the preventative role of meaningful occupation in maintaining nursing home residents' health and enhancing their quality of life.

*IFA: The Montreal Declaration was released on 8 September 1999 at the close of the IFA Fourth Global Conference on Ageing in Montreal, Canada, after final consultation with 1200 participants from 68 countries.

Literature review

Recent literature on the activity needs of elderly people indicates a change in theoretical emphasis. Disengagement theory (Cumming and Henry 1961) proposed that seniors gradually lost interest in activities in preparation for death, but there is now increasing evidence that older people prefer continuing engagement. Studies indicate that some form of purposeful occupation remains important to elderly people in all life phases (Lawton 1985, Lamb et al 1988, Lansdown 1994). Current lobbyist groups for seniors also support this. For example, the Older and Bolder Project Advisory Group has recently produced a powerful response (NIACE 1998) to the Green Paper entitled *The Learning Age: A Renaissance for a New Britain* (1998), concerning access to education. In the response, a detailed rationale is given for continuing educational support to elderly people; also cited are examples of the input of seniors into educational projects such as intergenerational learning experiences.

Csikszentmihalyi (1993) described the basic value of activity and suggested that when ordered stimulation is absent, the mind is likely to drift into a natural state of random patterns and chaos. Baum's (1995) work illustrated the positive effects of occupation in her study of 72 couples where one partner had Alzheimer's disease. Here the occupationally active subjects showed fewer disturbing behaviours and needed less help with self-care. Perrin (1997) provided an example of the results of occupational deprivation among elderly people with severe dementia in hospital and residential settings. Through the use of dementia care mapping, she demonstrated a severe dearth of occupational provision and minimum wellbeing in most of the 109 subjects for most of the time.

Occupation as a quality of life domain

Gill and Feinstein (1994) highlighted the varied meanings attached to the term 'quality of life' and reminded us of the importance of soliciting patients' preferences. Mayers (1995) was another of the many authors who commented upon the elusive definition and assessment of quality of life; she favoured a definition provided by Niemi et al (1988) which indicated that within a holistic interpretation of the term quality of life, there was a place for wellbeing that arose from some form of activity or occupation. Similarly, Anderson and Burckhardt (1999), in their comprehensive study of the concept and measurement of quality of life, concluded that non-medical factors ought to be central. They suggested continuing support for Flanagan's (1978) five quality of life domains, which include recreation, social, community and civic activities and personal development; the last incorporates occupational role.

The actual relationship between activity engagement and quality of life is not well understood, particularly in the field of gerontology. Simpson et al (1981), for instance, showed that engagement and depression were not inversely correlated in their study of older people in a residential home. More recently, Rabbitt (1997), in his large, continuing study of 6,500 elderly people, found that cognitive ability

was preserved more frequently in those who exercised, both physically and mentally. Other researchers have also found a positive link between physical activity and feelings of wellbeing. Gregg et al (1996) studied 9,704 women aged 65-99 and found that physical activity was an important determinant of self-rated health in older women, regardless of functional status. However, there were also studies that reported little connection between exercise and wellbeing. For example, McAuley and Rudolph's (1995) study in Sweden, which made use of a control group who did not exercise, discovered that mood improvements were uniform regardless of exercise involvement. This result suggested that the exercise programme was not the most important factor in enhancing quality of life but, rather, that the social context and regular social contacts might be equally important.

Lawton (1991) provided a comprehensive overview of potential quality of life components and their meaning for frail elderly people. He suggested that much emphasis was placed on medical quality of life and on negative deviations from the accepted norm. He noted that quality of life should include 'every aspect of life' and he wondered whether a person's hierarchy of values in determining quality living might be rearranged in the face of frailty. One of his earlier studies (Lawton 1985) supported the same hypothesis. It showed that very impaired, housebound older people had established 'control centres' from their living-room chairs. From here they had retained control over the television, the telephone, reading materials and mementos from the past. Lawton's (1991) study highlighted the connection between quality living and positive reports of time use and occupational control. He advocated further research to assess the positive features of life and to determine how *people's environments could maximise opportunities for positive experiences.*

Although the literature supports a positive link between elderly people's feelings of wellbeing and engagement in meaningful activities, there are still gaps in knowledge. This research study sought to expand the current body of knowledge by providing 'illumination' (Kemmis 1980) in the specialist setting of the nursing home.

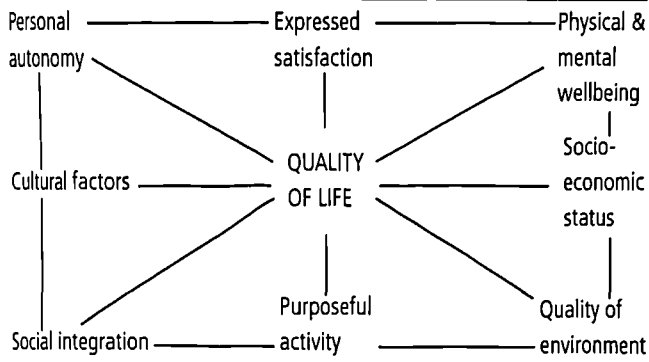
Relevant theoretical models

The literature suggests two models that are of particular value in organising the study's three major components of the *individual* and the *occupation* in the context of the *environment*: the Quality of Life Model of Hughes (1990) and the Person-Environment-Occupation (PEO) Model of Law et al (1996).

Hughes (1990) reinforced the complexity of the subject area. She described a model of quality of life for frail elderly people in which she cited purposeful activity as an essential component (Fig. 1).

Hughes (1990, p55) suggested that further research 'could usefully investigate connections and relationships between the different subsystems'. This was a prime objective in the present study where the focus of the research was as shown in the lower right section of Fig. 1, that is, the interrelationship between quality of life, purposeful activity and the quality of the environment.

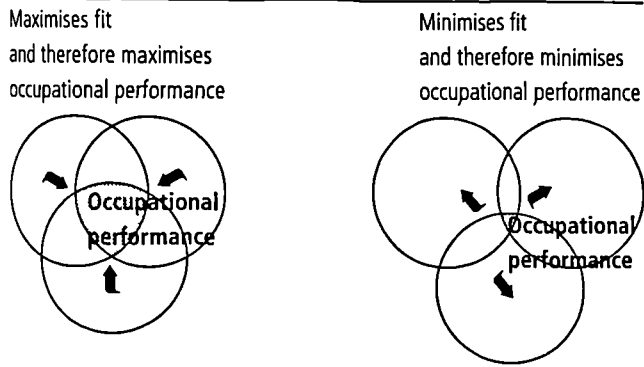
Fig. 1. A conceptual model of quality of life (Hughes 1990).



Source: Reprinted by permission of Sage Publications Ltd from Hughes B. Quality of life. In: S Pearce, ed. *Researching Social Gerontology*. Copyright © Sage Publications Ltd 1990.

Law et al (1996) introduced the Person-Environment-Occupation (PEO) Model (Fig.2).

Fig.2. Person/Environment/Occupation (PEO) Model (Law et al 1996).



Source: Law M, Cooper B, Strong S, Stewart D, Rigby P, Letts L (1996) The Person-Environment-Occupation Model: a transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23. Reprinted with permission of CAOT Publications.

This model addressed the important relationship between the environment and an individual's level of occupation. It employed the following definitions of person, environment and occupation (Law et al 1996):

- The *person* possesses unique attributes, abilities and skills enabling him or her to assume varied roles.
- The *environment* consists of cultural, physical, institutional, social and economic factors that may be viewed from a micro or macro perspective.
- The construct of *occupation* is nested: the basic units, *activities*, combine to form the next level of complexity, *tasks*, which are incorporated to meet the goals of the highest level of complexity, the *occupations* that people undertake.

The outcome of the relationship of these components was defined as occupational performance (OP). The model proposed (Law et al 1996):

- The PEO relationship is dynamic and interwoven, or *transactive*, and the greater the fit or congruence of the PEO components, the more optimal the resulting OP.

The model can be used to identify strengths and problems with occupational performance, to assess the PEO interfaces and to plan and monitor interventions.

The present study made use of the models proposed by Hughes (1990) and Law et al (1996) (see Figs 1 and 2) and used them to provide a conceptual focus. In particular, they afforded a remit for the boundaries of data gathering and the model proposed by Law et al (1996) assisted analysis and interpretation of the collected data.

Method

Research question and study objectives

Given the trends identified above, the research question was framed:

- How does a nursing home environment address the occupational needs of its residents?

The specific objectives were to determine:

- (i) The philosophy of care of each nursing home
- (ii) The activities provided and the individuals involved
- (iii) The factors influencing residents' schedules and activity involvement

(iv) *The factors influencing activity provision.*

For the purposes of the study, meaningful occupation was defined as any goal-directed activity that had meaning for the individual and was viewed as synonymous with purposeful activity. It assumed Reed and Sanderson's (1992, p5) idea that occupation includes activities or tasks that engage a person's resources of time and energy, 'specifically, self-maintenance, productivity and leisure'.

Nursing home sample

The sample group of nursing homes was selected by consulting the *A-Z Care Homes Guide* (1994), which lists all the nursing homes in the UK. One complete postal district in the north-west of England was identified. This district was typical of a northern suburban district, with an average population for such areas and a comparable number of nursing homes to other such districts in the UK. At the time of the study, this district had 20 registered nursing homes: 17 specialised in elderly care and three in mental health for all ages. The mean number of beds in each home was 32 (range 18-63 beds), with an average occupancy rate of 76%. The mean age of the residents was 76 years (range 18-100 years). Most residents (63%) were listed as physically frail; 23% had dementia and 22% had depression. On average, the matrons had spent 3 years in their post but eight had held their position for less than a year, with six of the total having had previous experience in similar homes elsewhere.

Data collection

Although surveys are frequently regarded as quantitative tools, they can yield qualitative data too (Marans 1987). This survey was employed to ascertain the current level and type of activity programming available in nursing homes and the factors influencing this provision. Semi-structured individual interviews, each lasting approximately 40 minutes, were

conducted with each of the 20 matrons. The issues reviewed were directly related to the study objectives above, with a prompt for each field; for example, 'Could you tell me about your home's philosophy of care?' The interview procedure was uniform, with a prior telephone call to arrange a mutually convenient time. The interview took place in a quiet area; 19 interviews were taped, with one matron indicating a preference for longhand recording. The respondents were assured of full confidentiality: no person or home would be identified in any report and all tapes would be erased after transcription. All the interviews were completed within a 3-month period.

Data analysis

The content of the transcribed data was reviewed independently by the authors and a research assistant. Data were coded under the *person, environment and occupation* headings and contributing subthemes for each of these were defined using an iterative or circular process (Miles and Huberman 1984). Refinement continued until the researchers reached a minimum of 70% agreement for the minor themes. For example, data pertaining to the environment were first coded into *physical, organisational and social* categories. Relevant clusters of data were then identified under each subheading. In the case of the category *Environment/organisational*, data were clustered into the following minor themes: system requirements, gatekeeper roles, gatekeeper attitudes and other. Transactive relationships among the PEO components were noted. These included evidence that one element was dependent upon the other, such as the influence of the gatekeeper's attitudes on the types of occupation available to the residents; or observed patterns between the matrons' reports on the limitations imposed by resident ability and the type of activity programme that could be planned.

Results

Philosophy of care

Seventeen of the 20 nursing homes had a formal philosophy of care, although only nine of these were available in a written format. Expressed aims were usually resident focused. These included: meeting the physical, mental and spiritual needs of the residents; respecting residents' dignity; and providing residents with choices related to daily activities. In relation to the last point, most of the matrons indicated that they were expected to display their activity programme. The nursing homes also tried to provide an environment that reflected the comforts of home. One matron commented on her emphasis on valuing everyone, including the staff, because 'once a person is not valued they die within'.

Daily activities and individuals involved

Schedules

Routines for resident care were well established in all the nursing homes and, although incorporating a degree of flexibility, took precedence over other activities. Resident

care routines usually occupied most of the morning and involved most of the staff. Recreational activities were conducted in the afternoon and evening, with most being held in-house. A wide variability in choices of times for rising and retiring, and in location of meals and degree of community interface, was noted.

Activities provided

Formal activities were generally organised, advertised and regularly scheduled (see Table 1).

Table 1. Activities referred to in the interviews

Formal activities	Informal activities
Aromatherapy*	Cooking
Bingo*	Food treats*
Birthday celebrations*	Chips in newspaper
Community outings*	Gardening
Competitions and prizes	Helping in the home
Creative/craft activities*	Impromptu dancing
Food/cake demonstrations	Pub lunches
Games (other than bingo)*	Shandy on the patio
Group exercises	Shopping*
Grooming*	Sitting in the sun
Music*	Talking*
Painting	Television*
Reminiscence*	
Special events*	

* Indicates this activity was mentioned by a minimum of 50% of respondents

• Indicates this activity was mentioned by a minimum of 25% of respondents

The most frequently planned activities were specific community outings, special events, bingo and games, music, grooming sessions and creative endeavours. Informal activities were not normally regarded as valid components of an overall activity programme. However, one matron (matron A) held an opposite viewpoint:

You go to some homes and they have these glossy brochures and all of what they do, day in and day out ... well I'm sorry, I don't believe in that.

Nobody gets up in the same way every day and what they did yesterday they may be bored with tomorrow.

The same matron then went on to describe her residents as 'a scruffy lot' because nobody got dressed until after morning coffee, by which time they had had a chance to read the newspapers and catch up on news. She added that by the time the residents had fed the squirrels, groomed the dog and tidied away the library books, it was usually time for them to lay the tables for lunch. This matron was the only one consistently using and encouraging integrated, informal and non-traditional activities all day long, and even she was apologetic about the informality. She instinctively recognised the worth of 'normal' activities, but seemed to feel alone in her approach. Other matrons indicated that they occasionally introduced such non-traditional activities, but only as adjuncts to the activity programme.

Individuals involved

The organisation of both formal and informal events rested with the matron in 18 nursing homes and with the nursing home manager in two instances. Nursing staff involvement varied according to whether the matron considered this to be part of their role. Most of the matrons did and 15 homes incorporated nursing staff in the activity programmes, with comments such as 'It's part and parcel of getting involved with the clients'. Eight matrons commented on the high involvement of their care staff even during off-duty periods, when they came in to accompany residents on outings. In the five homes where nursing and care staff were not involved in activities the reasons given were lack of time; no personal interest in activities; and 'It's not a nurse's job; it is not possible to operate in two roles at once'. There were also comments regarding needs for further training before care staff could promote activities. One matron stated that new care staff needed training in communication skills for the specialist client group before they could begin to promote activities.

Occupational therapy was provided in only five homes, always on a part-time basis. It was frequently craft orientated or incorporated community outings such as shopping. Other professional groups, such as physiotherapists, chiropodists, hairdressers and an increasing number of aromatherapists, were employed sporadically to provide services specific to their area of expertise.

To a lesser extent, volunteers from the community, families and interested in-house staff enlarged and enriched the range of group and individual activities available for residents. This was noted particularly in the following areas:

- A chef at one of the homes gave demonstrations and tastings of Irish coffee and home-made sweets
- A laundry assistant took bingo and 'reminiscence with sherry' evenings
- A home manager took residents on shopping trips and brought in a lightweight Hoover for residents who 'want to help'
- A home owner encouraged residents who were interested to help to decorate. They had recently stripped the dining-room wallpaper.

Volunteers from the community assisted in only four of the homes. Volunteers included a Duke of Edinburgh student who came in to play the piano, an opera singer and a banjo player.

Factors influencing residents' involvement

Four key factors were identified by the matrons as important for resident participation in all programmes: the resident's ability and level of motivation, and the resident's control over and choice of activity. The first of these factors was emphasised in all the interviews and it was clear that client frailty posed major limitations to resident involvement and activity programming. In the three homes where residents were described as quite mobile and active, the percentage of residents taking part in activities ranged from 75% to 95%. However, in four of the homes where the matrons described their residents as mostly very frail, participation in any form

of occupational activity involved only 10% to 20% of the residents. Eight concerned matrons said that their residents were now more frail at the time of admission to their nursing homes. There was therefore considerable difficulty in finding activities that the residents could manage. The matrons expressed some anxiety in finding a replacement for the ever popular bingo, because this activity was now too complex for many residents.

The activities within the programmes could be classified as related to self-care, productivity and leisure, with most falling into the last of these groups. Six matrons reported that their residents said that they most valued the programmes that were flexible, offering opportunities that were individualised and 'normal'. Within this category, the matrons described individual aromatherapy and painting sessions.

Factors influencing activity provision

Internal management factors, specifically the leadership provided by the matron, most influenced the provision of activities. While the philosophy of care set the tone for the programmes offered, it did not directly guide the everyday routines within the nursing homes. In all the homes the daily routine was determined by the matron and the ensuing richness and appropriateness of daily programmes was clearly more dependent on the matron's attitude, sensitivity and creative ability than on the institutional statements. Government policies also provided an external steering effect on programming in that there was a recognised need to be able to demonstrate that the nursing home provided an activity programme (*Nursing Homes and Mental Nursing Homes Regulations, Statutory Instruments 1984*). While budgetary constraints were offered as a major limiting factor in the provision of a varied activity programme, some matrons appeared to circumvent this by enlisting the help of volunteers and by the judicious use of 'normal' activities, such as grooming the dog.

Discussion

The response rate for the study was 100%, with the whole of the postal area's nursing homes providing a full and direct response. The area itself was typical of most small suburban districts in the north-west of England, hence the study's findings have potential for generalisation. An acknowledged limitation is that the study collected only the views of key nursing home personnel and that the views of the residents themselves must also be sought. However, because of the high degree of frailty and cognitive dysfunction of the residents, the decision was made not to sample their views at that time: interview involvement would have been limited to a small group of the least frail residents and the ensuing results would have been subject to bias.

An examination of the results collected revealed four trends:

1. The philosophy of care of the nursing homes did not always reflect the organisational activities and staff attitudes reported or inferred from the data.

2. The residents' needs for basic care always had to be met before their occupational needs could be addressed. As basic care needs increased, there was less time and incentive for residents and staff to participate in leisure activities.
3. The matron held the key as to how the residents' schedules were structured and to the activities that were provided.
4. The selection of individually motivating activities for increasingly frail residents was difficult in many instances.

The importance of the matron's role, therefore, cannot be underestimated, because it is the matron's characteristics and not necessarily the philosophy of care or the available resources that dictate the activities provided for the residents. The creativity and flexibility of the matrons in involving staff outside their normal roles clearly enriched the activity programmes. This aspect perhaps has potential for further development and training, in that an undergraduate nursing curriculum does not normally equip nursing home personnel to undertake occupational analysis and activity selection.

The frailty of the residents is also closely related to the types and frequency of activities and the setting chosen for such provision. Traditional recreational activities figured prominently in many homes, although there was concern expressed that the residents of today were more frail and frequently unable or unmotivated to participate in group games such as bingo. In such cases it was clear that some homes had shifted their emphasis towards more sedentary, individual activities, such as aromatherapy or painting. These activities were seen as popular with residents, perhaps because they were chosen on an individual basis and were under the control of the residents themselves. This trend reflects Lawton's earlier study (1985) where very impaired older people opted to retain sedentary control over their chosen activities from an armchair.

The use of the PEO model

Using the PEO model (Law et al 1996), it was possible to synthesise the following main points from the data:

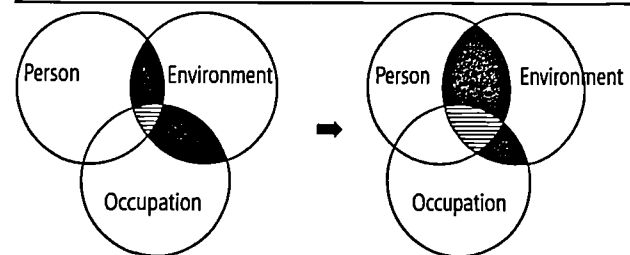
P (residents)	Characterised by declining health and increasing frailty, value control over activities and the environment (reported) and value choice of activities (reported).
E (organisational)	Controlled by matron; important matron characteristics: flexibility, creativity, empathy, resourcefulness.
(physical)	Important characteristics: home comforts, access to community.
O (activities)	Important characteristics: individualised, broad range, varied, familiar, formal and informal.

PEO interaction is characterised by interdependence; for example, O is dependent on the abilities of P and the enabling or inhibiting characteristics of E.

Thus, in order to accommodate the static or declining abilities of the residents (P), a judicious manipulation and

balancing of the (E) and (O) factors is necessary. For example, greater flexibility and creativity on the part of the matron and nursing home staff will widen the range and variety of activities that can be offered. When staff address the activity (O) characteristics and promote resident choice and control over activity involvement, this again will facilitate greater continuing activity participation. Fig.3 demonstrates how enrichment and 'movement' of E and O towards a static P can improve the resulting occupational performance (OP). (In the figure, this manipulation is illustrated by the increased central striped area.)

Fig.3. Manipulating E and O, to maximise a satisfying level of occupational performance for a frail elderly person (Law et al 1996).



Source: Law M, Cooper B, Strong S, Stewart D, Rigby P, Letts L (1996) The Person-Environment-Occupation Model: a transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23. Reprinted with permission of CAOT Publications.

As an individual's needs continue to change, the flexible environment (E) and a wide interpretation of occupation (O) as movable components are most likely to continue to meet the needs of the most frail residents. The transactive or interwoven relationship of these three elements is also clearly demonstrated by this model.

The role of occupational therapy

In a busy nursing home environment, part-time or even full-time occupational therapy input would be insufficient to implement an occupationally focused day for the residents. As has been seen from the above discussion, in order for the environment to enhance occupational performance in a frail nursing home population, it needs to be broadly defined and enriched *all* the time and not only when an occupational therapist is present. Also, all the staff involved with the residents need to share the same vision of how to introduce meaningful activity. The leadership of the matron is therefore essential in promoting and supporting the concept of an occupationally focused day. At this point, the role of the occupational therapist shifts from hands-on provider to consultant to the matron and staff.

As Anderson and Burckhardt (1999) have suggested, quality of life is enriched by many non-medical qualities. Occupational therapists, with their prime concern for an individual's meaningful activity level within a given environment, are well placed to address many of these qualities and in so doing they can support the matrons, such as matron A in this study. The occupational therapist would be able to provide individual nursing homes with an organisational framework for understanding how to harness

all aspects of the environment and the dynamics of the PEO relationship. Staff training sessions and continuing consultation would ensure continuity of approach as organisational and resident needs changed.

Conclusion

Studies have indicated that the need for purposeful activity is preserved throughout life (Lawton 1985, Lamb et al 1988, Lansdown 1994). In a nursing home where individual residents have specialised needs, linked to their interests and lifestyles as well as to their frailty and changing physical and mental status, a close examination of occupational and environmental influences appears beneficial to providing an optimal quality of life.

As increased levels of frailty are reported in people admitted to nursing home care, there is a recognised need for an informed and flexible response. Ideally, this should be grounded in research and promoted through a sharing of effective coping strategies. Reported in-depth case studies could also assist nursing home personnel in implementing the PEO model in their own workplace to best effect for the residents.

Occupation is recognised as one of the important components of quality living for people of all ages. For residents in nursing homes these occupational needs continue to exist, but they cannot be met in traditional ways. This pilot study of all the nursing homes within a postal district in the UK has indicated that there are many creative and caring matrons who want to provide their residents with viable activity choices. The recognition of informal and non-traditional activities as acceptable occupations and the flexible use of the environment in its widest sense are essential factors in any programme that is to continue to provide a satisfying level of occupational performance for residents as their abilities change. Occupational therapists with their key core skills in working with an individual in his or her environment and in their growing knowledge of human occupation are well placed to share their expertise and play a fuller educational or consultancy role in working with key nursing home staff to help residents achieve their full potential.

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Dr Marion Walker
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Appendix 2

Background study 2

***Quality of life and purposeful occupation:
meeting the needs of sheltered housing residents***

(Paper under pre-publication review)

Quality of life and purposeful occupation: meeting the needs of sheltered housing residents

Sharon Green, Barbara Acheson Cooper

Keywords: PEO model, theory, environment.

Abstract: Occupational therapists promote purposeful occupation as an essential constituent of quality living. Residents of sheltered housing schemes experience an environment which offers security and support; does it also reinforce purposeful occupation? The study used Law et al.'s Person, Environment, Occupation (PEO) Model, with occupational performance at its core, to determine the match between management support and residents' needs for purposeful occupation. In three sheltered housing sites, twenty-five service users and five with service delivery responsibilities, were interviewed to determine their views. The representative sample of residents also completed visual analogue scales measuring their quality of life and their satisfaction with activity levels. Results revealed residents appreciative of both the private and communal aspects of their environments, enjoying a wide range of pastimes, both independently organised and warden-facilitated. Service deliverers reported their aims of fostering individual independence, facilitating special events and providing flexible support in a safe environment. The PEO Model illustrates how well the sheltered housing environment supports retention of occupational performance when health needs change. As resident needs alter, both staff and residents may be confronted with complex issues, especially in situations of advanced mental frailty. In such circumstances, the specialist core skills of an occupational therapist, namely observation, detailed assessment and planned occupational performance-centred intervention, could offer a valuable additional service to both residents and staff.

Introduction

People in all developed countries are living longer. Whereas many elderly people retain good health well into their seventieth and eightieth decade and beyond, there is undoubtedly increased risk of frailty and ill health as age advances, with subsequent increased dependency and escalating health-related costs (National Statistics 2001). As population groups have become more mobile and living patterns changed, many older people do not have nearby relatives who can provide regular support and assistance. A particularly difficult time arises when a partner dies and the survivor must cope alone, often experiencing both emotional as well as financial difficulties in the process. Difficulties with managing a family home and garden as well as the insecurity which living alone may bring, are major factors that direct older people towards the option of sheltered housing. This allows ongoing community living, but with the added bonuses of safety and freedom from home and garden responsibilities. In such circumstances, a move to sheltered housing may proffer a positive route to maintaining quality of life, as whilst problem areas are catered for, the residents are able to retain much of their former lifestyle and independence (Kingston 2001, Lucksinger 1994).

All health professionals are charged with promoting ongoing quality of life for clients. Occupational therapists, with their professional concerns and knowledge-base centred around purposeful occupation as a quality of life component, have a special interest in assessing whether current sheltered housing schemes address such issues. As the attraction of sheltered community living continues, questions are raised for occupational therapists: How do these environments affect occupations? How do sheltered housing schemes address residents' occupational needs? Does provision cater for changing needs? Is there a role for occupational therapists in sheltered housing schemes?

Associated literature

Quality of life, purposeful occupation and links with the environment

There is much confusion and little agreement about a definition of quality of life, with philosophers, economists and physicians all focusing on different concerns (Gentile 1991). Occupational therapists together with nurses, tend to take the broadest view, probably because of a shared emphasis on a holistic approach to practice. Niemi et al. (1988), Bowling(1991) and Mayers (1995) support the view that subjective well-being, interpersonal relationships, work, recreation and other activities, accompany health as constituents of that elusive concept. In this regard, Anderson and Burckhardt (1999) conducted an in-depth examination of quality of life which concluded that:

non-medical factors ought to be central - not incidental - to any model of quality of life (page: 304)

They remind us too of the importance of the individual's perception of satisfaction with life in various domains, and favour those domains identified by Flanagan in 1978. Flanagan (1978) in turn, named his five domains of:

- *physical and material well-being
- *relations with other people
- *recreation
- *social, community and civic activities
- *personal development and fulfilment

only after extensive data gathering from 6500 critical incidents gleaned from 3,000 people across the USA. Results demonstrated that occupational role and passive and active recreational activities all figure within Flanagan's domains.

Hughes (1990) is another researcher who includes a quality of life domain specifically related to meaningful time use. She presents us with a conceptual model, defined for working in the field of gerontology. Whilst her model is designed with elders in mind, like many other researchers she rejects the ageist view that quality of life for elders is any different to that of the rest of the population.

All such studies highlight the importance of occupation and its pursuit in a given environment, as being essential constituents in any conceptualisation of quality of life. Lawton's work (1985, 1991) makes a strong bid to reinforce the connection

between the environment and ongoing quality of life with associated retention of occupational control. Likewise Law et al. (1996) place emphasis on the links between an individual, occupational involvement and the environment, illustrating the dynamic arrangement such that alteration in any one of these three components will provoke change in the others.

When we focus specifically on the gerontology field we are urged by a number of researchers (e.g., Horgas, Wilms & Baltes 1998, Lawton, 1991 and Moss & Lawton, 1982) that there is a need to further investigate and make known how older people like to spend their time. The study by Horgas, Wilms and Baltes (1998) highlighted the point that we know very little about the every-day activities of old people whilst Gill and Feinstein (1994) and Whalley Hammell (2001) are clear in recommending that in keeping with client-centred practice, such viewpoints must be solicited directly from the clients.

Environmental factors in protected living situations

Fletcher et al. (1992) highlight the fact that much research on the quality of life of older people has been conducted amongst the minority of elders who are residents of nursing homes. In such protected environments much emphasis on quality of life is directed towards avoidance of such negative concepts as institutionalisation, so this research cannot be directly translated outside the nursing home surroundings. Green and Acheson Cooper (2000) concluded in their nursing home survey that:

Judicious and flexible use of the environment, coupled with opportunity to undertake a broad range of both traditional and non-traditional activities were factors most likely to facilitate an ongoing satisfying level of occupational performance for the residents

Green and Acheson Cooper (2000):23

Whilst new residents to sheltered housing schemes will have less complex needs, these are likely to change over time and the impact of the environment is again recognised. Lansdown (1994) phrases this as “the complex interaction between the characteristics of the individual and his or her environment”.

Sheltered housing in the UK is designed to meet the needs of an increasing population of older people. Gentile (1991) predicted that by the year 2020 in the UK there will be “at least 7 million persons at least 85 years old, compared with 3 million in 1985” (p.75). Although the elderly population numbers continue to rise, the great majority of older people still remain outside residential care (Denham 1997), and many appear now to be attracted to the flexible support of sheltered housing. Tinker et al. (1994) estimated that about 9 percent of older households within the community live in some form of sheltered housing and that in 1992 there were just under half a million such units in England. One of the larger providers of sheltered housing in the UK recorded in 1997 that they were supporting 30,000 people in their schemes (Anchor Trust, 1997a). Whereas the numbers of sheltered housing units are not predicted to show any major expansion over the next twenty years, Means (1997) states that:

it will remain important, especially in the eyes of policy makers, because of its potential contribution to the housing of frail older people, and hence a reduction in their need to enter expensive residential care

Means 1997. P.145

One of the larger providers of sheltered housing in the UK described a central belief that underpins their work:

older people should enjoy the same freedoms and choices as anyone else. They should have the choice of staying in their own homes and remaining active participants in their community. They should be able to maintain their lifestyle as far as possible, even though they may be older and perhaps frailer than others. Old age must not be seen as a lesser state of existence.

Anchor Trust. Annual Report 1996/7b:2

The same publicity material highlights the views of some of their customers and stresses that all schemes aim to provide opportunities for the residents to “live life to the full in every way, from new and innovative exercise regimes to talking directly to prime ministers” (p.3).

Another important trend to note, with many sheltered housing units taking 55 years as a minimum age for entry, is the current rise in economically inactive late middle-aged people. (Phillipson 1997). Dalley (1997) reminds us of strong links between unemployment, poverty and ill-health and Gregg et al. (1996) and Spirduso and Gilliam Macrae (1991), are two of the many researcher groups who report physical inactivity as a threat to health. With such trends in mind, we are made increasingly aware of the need for retirement environments to foster and harness the skills, knowledge and vigour of retired people.

A recent initiative is the introduction of *Quality standards for staff working in the Sheltered Housing service* published in December 2001 (CSHS, 2001). This code of practice for staff encourages employees in collecting evidence to support adherence to a set of ten standards. Standard four specifically relates to Independence and Empowerment, defined as: *the organisation's commitment to the promotion of independence, and to empowering residents to participate, direct their own lives and engage in the wider community.* (p.6).

The above trends and selected literature have illuminated the important links between ongoing meaningful occupation, conducted in a facilitative environment and ensuing health plus sustained quality of life for retirees. One option for older people, in particular those over seventy years, is to seek a place in a sheltered housing scheme, where in addition to safety and security needs being met, there will be facilitation for ongoing activity and community involvement. It is pertinent then to study how sheltered housing schemes are meeting these needs of the residents.

The Research Study

Purpose and Aims

This study was directed to gain insight into occupation and quality of life issues for sheltered housing residents. It aimed specifically:

1. to ascertain the type and location of residents' preferred occupations
2. to ascertain the underlying management philosophy and type of support being offered to the residents
3. to determine the match between aims 1 and 2.
4. to explore a potential role for occupational therapists in facilitating the fit between aims 1 and 2.

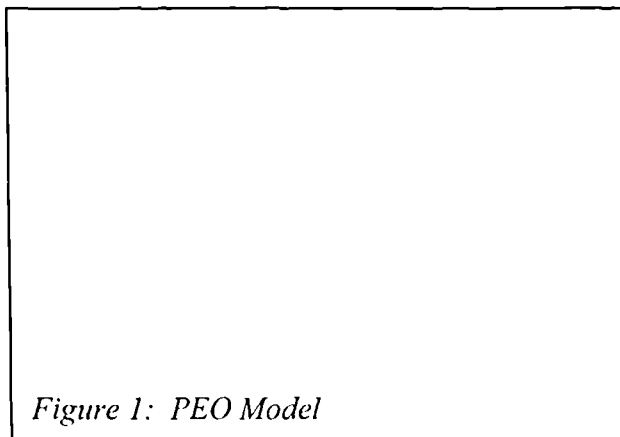
Design and Methods

Two conceptual models assisted the study design and data collection:

- i. Hughes (1990) model aided the data collection. It focuses the current research on three adjoining model components, namely *quality of life, quality of the environment and purposeful activity*. Hughes herself suggested the usefulness of investigating the relationships between the model's sub-systems.
- ii. The second conceptual model used to assist data collection and analysis, was the Person, Environment, Occupation (PEO) Model (Law et al. 1996). This conceptual framework seeks to explore the relationship between the person, the occupation and the environment. It was used to assist the analysis and interpretation of data, in particular the identification of the environmental influences on the residents and their levels of occupation.

In the PEO model (see *figure 1 below*), and of particular relevance to occupational therapists, the outcome of the relationship of the P,E and O components is defined as occupational performance (OP). The model proposes that:

- * the PEO relationship is dynamic and interwoven, or transactive and
- * the greater the fit or congruence of the PEO components, the more optimal the resulting OP.



permission to reprint Figure 1, obtained from CJOT, October 2002

The model can be used to identify strengths and problems with OP, to assess the PEO components and to plan and monitor interventions. (Strong et al., 1999). In relation to the current study, the PEO Model was instrumental in structuring exploration of the close relationship between the person and environment, which through judicious adjustment can enable occupations to be carried out to the satisfaction of the individual. In this manner, the three components remain balanced, occupational performance is enhanced and quality of life is supported.

The Study Sample sought to solicit views from residents and managers who were representative of sheltered housing provision in the UK. Comprising three subsets, the data were collected from one geographical area in the North West of England. Sample one was derived from a relatively small sheltered housing scheme with approximately 9,000 residents nation-wide. Samples two and three addressed residents on two sites in one of the nation's largest sheltered housing schemes with over 26,000 residents nation-wide. Purposive sampling (Coyne 1997), facilitated by managers at each site, ensured that the subjects were representative of the resident population and that the sample should include:

- Both long-time residents and new arrivals
- Residents who lived alone, and those in partnerships
- Both active and more restricted individuals

Additionally, the researchers included all residents who wished to be interviewed, and who were available on the allocated data collection days. The resulting total study sample is shown in Table 1 below:

Sample 1	Local Chairperson Resident housekeeper 5 residents
Sample 2	Local Housing Manager Scheme A Resident housekeeper 6 residents
Sample 3	Scheme B Resident Housekeeper 14 residents

Table 1: The Study Sample

In effect the views of a diverse sample of residents was obtained. See Table 2 below:

* Age range of residents:	* 69-94 years
* Gender:	* Male- 6
	* Female- 19
* Living with partner	* 6 couples
* Living singly	* 13
* Length of time residents had lived in sheltered accommodation:	* 5 weeks- 18 years
* Range of independence:	* from the need for a comprehensive care package, to independent function in the community

Table 2: Profile of Resident Interviewees

The partnerships represented both husband and wife and two sister relationships. In total the study sample comprised 25 service users, from 3 separate sites, plus 5 people with service delivery responsibility.

The data collection comprised semi-structured interview questions plus completion of visual analogue scales. Together these instruments reflected the research aims. Sample interview questions addressed:

- * basic details of age, ability levels, length of time in current accommodation
- * reasons for entering sheltered housing
- * friendships within the complex and in the local community
- * a typical day
- * favourite parts of the building and preferred pursuits; how these are facilitated
- * any recommendations for change

The administration of visual analogue scales (VAS) (Payton, 1994) followed the interview questions, for the residents. VAS have recently been found valid in assessing subjective states, amongst both young and older subjects, and their results are unaffected by educational duration and qualification (Tiplady et al. 1998). Obtaining data related to abstract and subjective concepts such as quality of life, has posed an ongoing problem for researchers. Moss and Lawton (1982) had wanted to investigate the “meaningfulness” of activities for a group of elderly people, but finding this concept poorly understood, had to resort to the use of “liking” instead. VAS provide the opportunity to pose abstract questions in a uniform manner which caters for individual interpretation. In the study, the visual analogue scales, completed with all residents who were interviewed, collected self ratings of:

- a) satisfaction with occupational level, i.e. “Are you as busy as you want to be?” and:
- b) quality of life; interpreted as each individual saw fit.

Each interview was conducted on a one to one basis, with the exception of couples, when both parties were interviewed together if this was acceptable to the subjects. Resident interviews took place in each individual flat. Staff interviews took place in available office/residential spaces. Each interview lasted approximately forty minutes.

In line with ethical practice all subjects signed their consent to participate; they were fully informed of their rights, and of the anonymity of the findings in ensuing reports. All interviews were taped, transcribed and the resulting qualitative data were analysed by iterative, thematic analysis (Franfort-Nachmias and Nachmias 1992). The resulting themes were then organised using the PEO Model.

The Results

1. Locations and examples of preferred occupations

Residents revealed a number of pastimes that they enjoyed. In Table 3 below, occupations are listed if they were mentioned by two or more residents. There was a clear delineation of *location* where residents indicated the *types* of occupations that they enjoyed, indicating that

both private and public spaces were valued. Types of occupations varied from solitary, domestic pursuits and hobbies, to community excursions with an emphasis on valued social contacts. Other occupations, pertinent to one resident alone, included such activities as homework duties for a nearby son and keeping a budgerigar.

A. Own apartment/ room	
Observation of neighbourhood activities:	“Looking through the window” “seeing things going on”
Watching TV:	helps to structure time: “I get my tea in time to watch the soaps”
Personal communication:	making phone calls, writing letters
Quiet hobbies:	reading, sewing
Making choices:	“Coming back to my flat and making a cup of tea after a night out”
Cleaning:	brasses, fridge, wardrobe
Familiar home chores:	tidying up, “going round with the box sweeper”, washing up
B. Community activities, independently arranged	
Shopping:	market, small shops, window-shopping
Clubs:	pensioners, bingo, dancing, bowling
Going to church	
Meeting friends:	for a coffee, for a chat
C. Community activities, warden facilitated	
Trips out	coach trips, theatre, Christmas dinners, shopping, themed week-ends away
D. In house special events, warden facilitated	
Celebrations	birthday parties Easter bonnet parades
Special meals	fish and chip teas
Table 3: Residents’ preferred occupations	

2. Visual analogue scale results

The visual analogue scales revealed the residents’ perceived quantitative satisfaction, firstly with regard to their quality of life. The scales, each presented as a 10 cm. line, registered 0 at one extreme, and 5 at the other. For quality of life where the two extremes were labelled “Poor” and “Excellent”, the responses ranged from 2 to 5 with a median of 3.5. The mode here was 4.5.

The second VAS soliciting response to satisfaction with activity level, bore the same scale as above, with the extremes labelled “very unsatisfied” and “very satisfied or as busy as I want to be”. Results here ranged from 1 to 5 with a median of 4. The mode for this scale was also 4. Residents who were the least satisfied with their activity levels, frequently mentioned frustrations due to past occupations now being no longer possible because of health limitations. There was some sense of acceptance here with accompanying phrases such as: “Well at my age I can’t expect more can I?”

3. Resident satisfaction with occupational support

A final interview question to the service users, took a “magic wand” approach in asking each resident interviewee whether anything else could be done to further support occupational engagement. Most residents were entirely satisfied with current support and provision. The few additional facilities mentioned as desirable were:

- * more washing machines (2)
- * hobbies room (2)
- * exercise equipment (1)
- * veranda (1)

4. Management philosophy and types of support offered

Managers spoke of a high level of involvement in their roles within the sheltered housing schemes. They described their provision and support for residents’ occupational interests that involved some individual variation depending upon resident interests and capabilities, and also upon individual skills that the managers could access. For example, a relative who played the drums, and another who was a coach driver, were drawn in to offer their expertise. Throughout the manager interviews, there were common themes referred to by all with a management role; these are listed in Table 4 below:

Safety & Care	<ul style="list-style-type: none"> * TWIT = “the warden is there” * a cheerful, regular morning call * 48 hour interim care in a crisis situation, until a relative arrives
Flexibility & Support	<ul style="list-style-type: none"> * care packages, as and when necessary, to support the more frail residents
Promotion of Independence	<ul style="list-style-type: none"> * encouraging residents to make choices, and retain community interests * small shop on site, stocks potatoes and tins in winter, in addition to usual variety of household and personal products
Facilitation for special events	<ul style="list-style-type: none"> * group and individual * various types and locations

Table 4: Management goals

All managers and housekeepers aimed to facilitate special events, ran individual schemes to enhance resident activity and aimed to provide security. Although not providing nursing care at times of sickness or crisis, the concept of housekeepers who would ‘step in’ or ‘hold the fort’ until relatives could arrive, was valued greatly by residents. Managers reported one particularly difficult area as being the management of “unpredictable activities”, and described the problems in supporting some of their most mentally frail residents. Even with comprehensive care packages there were instances where fellow residents and managers alike felt unprepared in dealing with behavioural irregularities exhibited by a resident with dementia. A simple incident of a confused resident who rattled neighbour’s letter-boxes during the night, had upset several residents and proved impossible for the housekeeper in terms of preventing a repeated incidence. There was also some expressed concern in supporting residents who displayed withdrawal behaviour and who appeared to be becoming increasingly isolated.

5. Using the PEO Model to explore the achievement of occupational performance

In examining the collective results, the PEO Model illuminates the concepts that both residents and managers identified as components of quality living with ongoing involvement in chosen occupations. See Table 5 below for details:

Person	Choice & control	* when to have main meals and go out and get up
	Privacy	* own apartment with its own front door
	Security	* safety, compared with feeling unsafe in own home
		* help here if needed * appreciation of warden monitoring
Occupation	Familiar	* similar to previous activities
	Varied:	* organised to spontaneous, solitary to group, apartment to community
		Participation
Environment	Physical	* private & public spaces
		* safe & accessible
		* central location within the community
	Organisational	* attitude of warden is crucial * concern, empathy, flexibility, respect * can initiate, support & maintain chosen occupations
Social	* proximity of sheltered environment to families, friends * barrier-free. (comings & goings facilitated)	

Table 5: The PEO Model highlights major findings

In understanding just how facilitative a sheltered housing complex can be when a resident's needs change, it is helpful to examine a case study, that of Maud (a pseudonym) as described below:

***Maud:** The 87 year old resident, recently adjusting to reduced abilities, expressed her appreciation in being able to retain ongoing choice and control over her occupations. Her legs have become ulcerated and need dressings applied each morning and evening. She can carry out this process independently in her own bathroom where everything is at optimum height. She has therefore opted not to go on any more turkey and tinsel week-ends, (a themed event) because they involve overnight stays. Instead, she now goes on and enjoys all the day trips. The adjustment in occupation (O), supported by a flexible organisational environment (E), helps this lady to maintain occupational performance (OP) as her personal and health needs increase.*

6. Examining the fit between management goals and resident needs

In scrutinising the collected data to explore the match between resident needs and management provision. the PEO framework was used again to highlight the three aspects of environmental impact, namely the *physical* or structural aspects, the *organisational* or administrative aspects and thirdly those components which foster *social engagement*. See Table 6 below for the detail.

Physically:	Proximity	* close to the familiar: family and friends, shops and clubs
	Accessibility	* adapted bathrooms * lifts and easy access throughout the building
	Pleasant	* communal lounge
	Safe	* tended grounds * intercom to front door * "the warden is there"
Organisationally:		
	Attitude	* warden sees activity and independence as important * aims to meet resident wishes for occupation
	Practical arrangements	* the impromptu fish and chip tea, * the visiting priest * the visiting Avon lady
Socially:	Facilitation	* warden providing a ready interface with the local community
	Reciprocity	* a two-way arrangement with pensioners and children from the community being invited in to functions and parties, in addition to resident participation in similar community activities.
Table 6: Impact of sheltered housing environment		

Table 6 illustrates the three important and inter-related aspects of environmental influence, and suggests that maximum resident satisfaction will occur when the physical, organisational and social factors are sensitively balanced or adjusted in line with resident control. This *transactive process* is dynamic. For maximum effect, the process and its components need to be recognised and facilitated, as we saw in the case of Maud above.

Discussion

Questions raised in this paper's introduction focussed on the need for occupational therapists to be aware of the environmental influences of sheltered housing schemes. In particular it was an intent to explore links between the environmental and organisational support and the changing occupational needs of residents. Hughes' (1990) model of quality of life provided an impetus to investigate three co-joined concepts, namely *quality of life*, *quality of the environment* and *purposeful activity*. Results have revealed that a sheltered housing environment can stimulate and facilitate resident choices with regard to purposeful activity and that in general, residents perceive their quality of life to be above average, with almost one third (8:25) of the residents reporting excellent quality of life. Likewise all residents without serious health problems were very satisfied with their levels of activity. Within Hughes' *quality of environment* domain, mention is made of *security*. This figured highly as a reason for a move to sheltered housing amongst the residents who were interviewed; one interviewee, in his late eighties, and blind, provided a graphic description of his fear in his own house when vandals repeatedly smashed his windows. Now his sense of security greatly enhances his current quality of life. An additional domain in Hughes model is *personal autonomy*, which subsumes choice, decision-making, control and privacy. Here again the collected data suggest these are qualities that sheltered housing residents both experience and value greatly. Many residents referred to their pleasure in electing to join in arranged activities, and equal pleasure in returning "home" afterwards and in "closing the front door" and "making a cup of tea".

In analysing the data, the PEO model proved helpful at both the level of individual concerns and at the level of drawing together the individual themes into higher order concepts. It enabled an in-depth exploration and portrayal of exactly how occupational performance is enhanced in a sheltered housing environment. The data support the dynamic nature of the PEO components and the necessity of balancing the P,E and O elements as frailty increased, as illustrated in the case study of Maud. In adjusting to her recently reduced abilities, she was enabled to retain personal choice plus independence, without any reduction in occupations that she enjoyed. In particular the PEO model demonstrates:

- * the transactive nature of the components. The *person*, the *environment* and *occupation* are closely interwoven and interdependent. Each element influences the others. A small change in one (e.g. health deterioration), necessitates adaptation in at least one of the other components in order to retain satisfying occupational performance

- * the necessity for a sensitive interface, to support and facilitate residents in being as active as they want to be, so that control and choice is maintained by each individual

* whilst wardens are well-placed and experienced in facilitating ongoing occupational performance for most residents, most of the time, situations do arise that are complex, for example behavioural irregularities that may accompany dementia. In such circumstances, the skills of an occupational therapist could be harnessed

The essential skills, needed to facilitate a satisfactory interplay in PEO components at times of change in residents, whether the change is physical, mental or social, constitute the core professional skills of an occupational therapist. They are those of observation, targeted assessment, a planned programme of client-centred intervention involving purposeful activity which enhances well-being, and detailed evaluation to determine future plans. Major complexities or conflict can arise as seen earlier (*Result 4*), when personal needs are extreme and impinge upon other residents. In such situations ready access to occupational therapy services could assist both the warden and the resident/s concerned.

A final point that the study data support, is ongoing recognition of Flanagan's (1978) quality of life domains. The data indicate that service deliverers and service users alike, highlight the importance of: physical and material well-being, relations with other people, recreation, social, community and civic activities and personal development and fulfilment.

Findings from this study give rise to a number of further potentially productive avenues of investigation. Occupational therapy interventions within sheltered housing need reporting. Additionally a comparative study between a community dwelling group of elderly people and an age and health- matched group residing in sheltered housing, could provide valuable additional information, such as differences in perceived quality of life, occupational engagement and any variations between groups in requests for health and medical support.

In conclusion

Data revealed many satisfied residents in sheltered housing, whose quality of life was supported by caring and supportive managers. Participation in meaningful occupations was recognised as an important component of quality of life by both parties. A ready and ongoing interface with the community with access to all its activities was important, as was the facilitative role of the warden in working with the residents to offer activities of a social nature. Whilst physically frail residents could continue to be accommodated, increasingly mentally frail individuals caused consternation to both service users and providers. On such occasions, professionals with specialist skills, for example occupational therapists, could be used to good effect, in supporting both staff and residents and facilitating ongoing Quality of Life via participation in meaningful occupations.

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Appendix 3

Occupations mentioned in Yesterday Interviews

pages 243-245

Occupations mentioned in Yesterday Interviews

The following occupations were all mentioned as part of the study participants' accounts of their normal, regular weekly activities. People tended to highlight the occupational tasks that absorbed either time or effort, so that some spoke of "getting up", whereas others took this activity for granted. It is not possible to divide the occupations into any classic structure such as self-maintenance, productivity and leisure, because each occupation held its own relevance for the individual. For instance the work of gardening for one person was seen as a creative leisure pursuit by another. The occupations are therefore presented in a small number of alphabetically ordered categories. Numbers in brackets indicate how many participants mentioned the occupation; otherwise there is no hierarchical significance.

Creative pursuits:

knitting (2)	painting (water colour) (3)
embroidery (3)	sewing clothes (2)
crochet	hat-making
flower pressing	shell sculptures
photography	car maintenance
poetry (4) (composition & reciting)	playing a keyboard
photography	

Friendships/social activities:

having relatives for a meal (2)	ladies afternoon group
day centre	visiting charity shops (2)
"having a wander"(2)	Age Concern T-pot bus (3)
Salvation Army teas	Church-related activities (7)
receiving a letter (2)	using a bus or taxi (6)
going out for pension (2)	going to the launderette
spending time with children (4)	Union meeting and having a pint
dancing (2)	going shopping with a friend
re-selling books	window shopping
Weight watchers	having a visitor (2)

Games:

cards (2)	crosswords (3)
table tennis	scrabble (2)
lottery	

Gardens:

garden design	gardening (3)
picking soft fruits	jam making (2)
growing vegetables (2)	tending cut flowers (2)
feeding birds & squirrels	sitting there (4)

Home maintenance:

tidying (5)	housework (5)
washing	checking the shopping list (2)
checking the house	closing the curtains
meal preparation (10)	cooking (7)
shopping -local (7)	shopping –supermarket (5)
sorting out (7)	buying fish (3)
home decorating (2)	

Personal care:

washing and dressing (3)

Sedentary activities:

television (7)	sitting and thinking or reflecting (2)
sitting around/dreaming (3)	making long distance phone calls (2)
reminiscing/ sharing memories (4)	planning (3)
listening to radio (3)	saying prayers (2)
singing	having a snooze (2)
reading books (3)	reading newspapers (4)
inspirational reading	looking out of the window/ people
having a cup of tea (7)	watching (3)
having a glass of wine/ whisky/ Guinness (4)	

Sports:

Scottish country dancing	badminton
walking (2)	yoga
going to the gym (3)	swimming (2)
riding a bike	table tennis
sailing	

Travel:

driving (2)	day trips (3)
taking a holiday (2)	

Occupations referred to during the Multiple Sorting task

Although due to its probing nature it was deemed insensitive to use the Multiple Sorting Task (MST) with all study participants, in particular those who had few occupations they could currently manage, the MST was used with six of the twelve participants, and revealed the occupations which were most enjoyed and those that provoked less enjoyment.

High enjoyment activities: having a cup of tea, crosswords (2), going to the village, poetry(4), sitting in the garden(3), playing cards, seeing friends (5), charity shops, gardening, painting, creative sewing (2), reading the *Echo* to keep in touch, time with children (2), having a wander and meeting people, Age Concern's T-Pot bus (3), having a meal with a friend (3).

Medium to Low enjoyment activities: cooking (4)- takes too long and is gone too quickly! I am fed up with this, not much fun for one. Seeing the children- there is usually something wrong with them! Sorting out (3). Housework (3). Sitting and thinking- I have no choice, I do plenty of this. Reading the newspaper (2)- its too depressing. Shopping- "this has recently become a chore, I have to take my trolley just for a pint of milk now; its something to hold on to". Television because there are only a few programmes enjoyed (2), (travel, archaeology, period drama),

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