



Strategies of older couples to sustain togetherness

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ABSTRACT

The aim of this study was to explore how elderly couples, who are in need of social services in the community, act and reason over time regarding their everyday togetherness. Data were generated through repeated interviews and participant observations with three older couples. A narrative method was used for data generation and analysis. The findings present four parallel narratives illustrating how the couples, over time, strove to continue living their lives in togetherness despite the many challenges that had emerged. These narratives show the complexity and variety of strategies that the couples adopted to handle different situations of everyday life and the couples' experiences and feelings connected to these situations. The strategies that the couples used resulted, for example, in performing more activities together in another way, using respite care and reorganizing their social interactions. The spousal caregiver had a leading role to manage day-to-day life and to initiate and perform the strategies. Simultaneously, an important reciprocity existed in their relationship that gave meaning to their efforts of sustaining togetherness. These findings give a deeper understanding of the complexity of their situation and of how meaning is created in their everyday life through enacted togetherness. The findings highlight the need for professionals within social services in the community to embrace a couple's whole situation, involving both partners.

Introduction

Within the literature of social gerontology and related research, the importance of social relationships and its relation to health and well-being is well documented (Ashida & Heaney, 2008; Avlund et al., 2004; Holt-Lunstad, Smith, & Layton, 2010; Makizako et al., 2018; Wong & Waite, 2016). There is an emphasis and an increasing width in the literature on the importance of viewing older persons as part of a social context, such as their family and close relationships (Blieszner & Voorpostel, 2016). On a micro level, the everyday life of people changes over time and they find themselves in new life situations in which they act with the purpose to create meaning (Marshall, Martin-Matthews, & McMullin, 2016). One social aspect of persons' lives is togetherness, which could be understood as a sense of being socially and emotionally connected with significant others (Tiikkainen, Heikkinen, & Leskinen, 2004). When one of the partners in an older couple experiences health issues and the spouses find themselves in the situation of being care partners, for instance, due to dementia (Bennett, Wang, Moore, & Nagle, 2017), the situation of both individuals and their relationship as a couple is affected (Womack, Isaksson, & Lilja, 2016). In relation to this condition research has argued for the importance of considering couplehood and not merely focusing on each individual (Hellström,

Nolan, & Lundh, 2005; Kemp, Ball, & Perkins, 2016; Wadham, Simpson, Rust, & Murray, 2016) which is also in accordance with ideas stemming from a transactional perspective.

A transactional perspective on occupation (Cutchin & Dickie, 2013) offers a way of understanding occupations that is characterized by not separating the person, context and activity. Instead, people and contexts form a dynamic relationship that is connected through action (Dickie, Cutchin, & Humphry, 2006). As a result, the focus is on situations rather than on specific individuals, and actions and activity are central elements. According to Ricoeur (1984), action is about doing, and it also involves goals, motives, agency and interactions. Togetherness in everyday occupations has been described as a multifold transactional process where unfolding stories connect people and places and form situated experiences (Nyman, Josephsson, & Isaksson, 2014). Furthermore, togetherness is not something that can be taken for granted, rather it must be created and maintained through relationships and occupations with others (Nyman et al., 2014). A reduced sense of togetherness is related to loneliness and depression in older people (Tiikkainen & Heikkinen, 2005), which makes this an important aspect for social services and health care providers to acknowledge. Moreover, previous research suggests encouraging togetherness in the work of clinical practice with older couples (Wadham et al., 2016). This makes

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the transactional perspective interesting to apply in regard to studying older couples, since it focuses not on separate individuals but instead on whole situations. In recent years, the concept of togetherness has been further elaborated upon and more qualities have been added to it. The concept of ‘enacted togetherness’, constructed by [Nyman, Josephsson, and Isaksson \(2012\)](#) suggests that togetherness is an acted relation of participation in everyday activities with others. The concept ‘enacted togetherness’ is interesting because it is thought of as an entrance for older persons with depression to negotiate and create meaning in the everyday life by being part of an enacted togetherness ([Nyman, 2013](#), pp.41). However, to date the concept of enacted togetherness is sparsely studied for different groups of older persons; it is therefore of interest to further contribute to an emerging understanding of how everyday activities together with others can create meaning in older couples everyday life.

The transactional perspective becomes even more interesting to adopt when studying older couples that are in situations involving the frequent shifting of persons, places and contexts, which is the situation for those couples using different social services in the community. Many caregivers need some form of support to ease their caregiving burden ([van Exel, De Graaf, & Brouwer, 2008](#); [van Exel, Morée, Koopmanschap, Goedheijt, & Brouwer, 2006](#)). Respite care is a form of short-term social service aiming to offer the caregivers a break in their care work ([Harris & White, 2013](#)). Using residential respite care involves living apart occasionally or on a regular basis, which raises questions concerning how the couples that are using the service manage to create and maintain their everyday togetherness under these circumstances. The aim of the study was to explore how elderly couples, who in need of social services in the community, act and reason over time regarding their everyday togetherness.

Methods

Design

A narrative method was chosen based on [Mattingly's \(1998\)](#) and [Ricoeur's \(1984\)](#) arguments that narratives are embedded in human actions, happenings and events. In line with these ideas, [Alsaker, Bongaardt & Josephsson \(2009, pp. 1156\)](#) suggests that everyday life can be studied through the use of a narrative-in-action approach to ‘gain access to the ‘how’ processes’. Accordingly, to gather rich data, the data generation involved both narrative interviews and participant observations. The data analysis followed [Polkinghorne's \(1995\)](#) description of the paradigmatic analysis of narrative data.

Participants and procedure

The participants were selected by a caregiver counselor at one municipality in the north of Sweden according to the following criteria: aged 65 or older, married or in a cohabitant relationship and users of residential respite care on a regular basis. The caregiver counselor distributed an information letter to six older couples that fulfilled the criteria that explained the background and aim of the study and the procedures for data generation. Three couples agreed to participate and signed a written consent. They were between 66 and 78 years of age and had been married or cohabitants for approximately 30 years. The couples that participated in the study had used residential respite care for a period of time varying between four months and two years at the time of entering the study. The couples used the residential respite care service approximately one week per month. In addition, two of the participating couples also used day respite care in a daycare center one to two days per week. All three couples lived in an urban area in a medium-sized town. To understand the data presented in the results, a brief presentation of the couples follows. All participants have been assigned pseudonyms, and some personal information has been changed to preserve their confidentiality.

Couples

Mary and Peter had been in a relationship for more than 30 years. They had relocated a few times due to Peter's work, and 10 years ago settled down where they live now in a single family home. They have children from previous relationships and from their current relationship, as well as grandchildren. The contact, interaction and mutual support they had with their social network varied somewhat due to distances and the life situation of the other family members. They previously had an active and social life. Peter's career had been challenging and busy, and he had often been away on business trips. He had retired from his professional work several years ago, while Mary continued working. Three years ago Peter started to show signs of cognitive impairment, and after some time and examinations, he was diagnosed with dementia. Peter had no physical limitations; however, his cognitive functioning made him dependent on Mary's support and guidance in the majority of activities of everyday life, including communication with others. The couple had used residential respite care for one year and day respite care for slightly longer upon entering the study.

Nancy and John had been in a relationship for approximately 30 years. They both had children from previous relationships, as well as grandchildren. They lived in an apartment house, and a daughter living close by supported their household work when necessary. Spending time with family and being in the summerhouse had been important activities in their life. However, five years ago, John had suddenly suffered a stroke with physical and verbal limitations as a result, and many things had changed. Initially, he had been in need of assistance with many personal activities, such as personal mobility; however, he improved, and one year after the injury he was walking independently with walking devices. He also subsequently became fluent in verbal communication. Nancy had problems with muscle pain and reduced joint mobility, and these issues had increased over recent years. However, she was independent in her activities of daily life and held primary responsibility of their everyday life. Both of them had retired from their professional careers – John a few years earlier and Nancy around the time of John suffering the stroke, which occurred a few months before her anticipated retirement. When entering the study, the couple had used residential respite care for two years.

Anne and Alexander met when they were middle-aged. They had been in a relationship and cohabitants for approximately 25 years. Over the years, they had moved around and lived in different locations in the country due to Alexander's work. However, a few years ago they moved from a single family home to an apartment house. Alexander retired from his professional career many years ago, but Anne was still working a few hours per week. They had children from previous relationships and grandchildren. They had other family members and friends who were supportive in their current life situation. Their life together had always been physically active, and they had enjoyed traveling and outdoor life. Several years ago Alexander began to notice cognitive issues, and he was later diagnosed with dementia. He did not experience any physical issues; however, he needed support in everyday life from Anne. Alexander could communicate verbally very well, although with some support by Anne. Four months before entering the study they started to use residential respite care.

Data generation and analysis

All interviews and observations were conducted by the first author between November 2016 and February 2018. The process of data generation lasted four months with one couple and twelve months with the other two couples. Both interviews and participant observations formed part of the generated data ([Josephsson & Alsaker, 2015](#)). Shared interviews in their home were performed on two to four occasions per couple during the data generation process. Furthermore, the couples were observed in shared activities on one to three occasions, and one individual observation per person was also performed. In total, nine interviews and thirteen observations were made. Collecting data on

repeated occasions over time helped to build trust with the couples, which facilitated their willingness to share stories. Continuous data generation over time was also beneficial for collecting rich and complementary data throughout the data generation process.

The initial encounters with the couples began with narrative interviews. To gain a deep understanding, these interviews were characterized by broad and open questions, with a focus on the couples' life stories over time (Holloway & Wheeler, 2010). Furthermore, by asking specific follow-up questions regarding 'how' the couples acted and reasoned in specific situations (Josephsson & Alsaker, 2015), a deeper understanding was reached, which contributed to addressing the aims of the study. The couples were encouraged to share their stories about why and how they had started to use residential respite care and about their everyday life and togetherness in the different contexts, including how that had changed over time. Each interview was performed in the couples' home and lasted between 50 and 80 min and was transcribed verbatim.

After the initial interviews, participant observations were performed in accordance with the couples. The participant observations followed the ideas described by Alsaker et al. (2009) about how everyday life can be studied through the use of a narrative-in-action approach. The observations lasted between one to four hours, and the activities were chosen by the couples. The activities took place in the home or in the nearby area. For the care recipients, the individual observations took place at the respite care facility. Examples of shared activities included going shopping, going on a picnic, visiting a senior activity center or going for a walk in combination with errands. Examples of individual activities included having coffee, going for a walk, or administrative planning for upcoming activities. Each participant observation was followed by making extensive field notes and reflections as a basis for analysis (Josephsson & Alsaker, 2015). After each interview and observation, the data were discussed among the authors at debriefing meetings with the purpose to gain a deeper understanding of the studied topic. These meetings also revealed gaps in the data, which together with the tentative interpretations served as a base for further exploration during the whole data collection process.

Engaging with research participants, especially over time, requires reflection and care by the researcher as to how to position himself or herself (Lawlor & Mattingly, 2001). Therefore, the debriefing meetings also included reflections concerning how to include both partners and how to position oneself as a researcher in the participant observations, as well as how to conclude the data generation and withdraw in a careful and gradual way. Hence, through dialogue with the couples, they were gradually prepared for their completion of participating in the research study.

The data analysis followed Polkinghorne's (1995) description of the paradigmatic analysis of diachronic narrative data. Through debriefing discussions and through reading the interview transcriptions, the data were organized into a storyline for each couple that provided an overview of their life story and significant events. This part of the emplotment process aimed to capture the meaning, in story form, around the couples' reasoning and actions in everyday life over time. The stories were then explored and compared among each other to identify similarities and possible plots (Polkinghorne, 1995). The entire analytic procedure was a complex process that involved going back and forth between different parts of the material, such as recorded debriefing meetings, interview transcripts, field notes, written reflections and theory. In addition, the process also contained further exploration of topics brought up by the couples that needed to be developed and confirmed as to the meaning it represented. Interpretations and re-interpretations of the material were made through discussions among the authors, and this resulted in a plot that illustrated how the couples sustained their togetherness through *continue living their lives in togetherness*. Due to the nature of the method, it should be noted that the narratives presented in the results section should be viewed as co-constructions between the authors and the participants and represent one

possible interpretation out of many possible interpretations.

Findings

Meeting with the couples on several occasions gave us the opportunity to follow their reasoning and actions around their everyday togetherness over time. We identified four central narratives that together illustrate a common plot '*Continue living our lives in togetherness*'. Each of the narratives provides a picture of past and present experiences, as well as future concerns and possible events in the couples' everyday life. The first narrative '*Our everyday life became a challenge*' illustrates how the couples, because of changes in the partner's health condition, experienced and handled a situation that involved a shift in responsibilities and meaning among their everyday life activities. '*We do more things together and in other ways than before*' is the second narrative that describes how the couples began to share more activities than before and the complexity and mixed feelings around this. The third narrative '*Our ways to handle the challenge of being separated*' illustrates the couples' situation when using residential respite care and the strategies they used to sustain their togetherness. Finally, the fourth narrative '*We have rearranged social interactions with family and friends*' shows how the couples, over time, handled social interactions with others in order to continue being socially connected. Together, these four narratives give a picture of how the couples adopted various strategies over time that gave meaning to their everyday togetherness.

Our everyday life became a challenge

For Nancy and John, everyday life was abruptly challenged when John suddenly fell ill. He became in need of extensive support from Nancy both with personal activities and in all of the household work, including activities related to their summer house, which for many years was an important part of their lives. For several years they struggled to maintain the summer house, which became too overwhelming for Nancy. She had tried to assume John's responsibilities for gardening and maintenance, yet her physical issues were aggravated and although they had some help from family, the situation became too exhausting. Being in the summer house lost its original meaning, and finally, they sold the property and moved to a ground floor apartment, which made life easier in many aspects. Over time, John had progressively regained some functions, and simultaneously, he also regained some of his previous responsibilities at home. The couple thus reasoned about their current situation:

Nancy: ...before we could help each other out in the kitchen.

John: I can't help you there now.

Nancy: Now, I need to do the shopping and planning and ...

Researcher: I remember you said before that you took over the cooking, but filling up the dishwasher was John's responsibility...

Nancy: Sometimes I think: "Oh, well I'll fill it up" but then I think: "No, he needs to do it himself"

John: [laughs]

Nancy: It can get so overcrowded in here [in the kitchen]. Sometimes I do it but not that often. I think that he needs to do it and practice his balance too. Because if I take over, he will become sedentary. Am I terrible? [asking John]

John: No. You are doing the right thing"

In contrast to this situation, the other two couples experienced a more gradual challenge to their everyday life due to the partner's progression in their health condition. Since Peter retired from work he had been in charge of most of the household work. The situation had progressively changed though, and he became more dependent on Mary. Both Mary and Anne gradually assumed parts of the household work from their partners over the last years, and they also provided assistance in personal activities. They were now constantly in charge of the overall responsibility for both of them and for things to be done around

the house. Although they had become used to this to some extent, the situation was still energy draining.

Alexander noticed that the workload was heavier for Anne and felt sorry for her. He wanted to contribute to the household work such as vacuuming the floor. This essentially warm gesture from Alexander, however, involved more work for Anne, because she had to supervise his work and was repeatedly interrupted in her own doings, which required patience and could cause irritation. Thus, the strategy and one way of avoiding challenges to their relationship was that she performed these activities when alone at home, and in that way tension between them was avoided.

The narrative emphasizes how the couples had to redistribute the responsibilities in their everyday life. Activities performed within the couple in the past had changed, which also had changed the meaning of these activities in their present situation. Furthermore, the new distribution of responsibilities and noticing that meaningful activities slipped away in their current situation caused tension to their relationship and constituted a challenge to their togetherness.

We do more things together and in other ways than before

The couples had in the past done many things together and they described how they had started performing even more activities together due to their health situation. One couple discussed a positive side of this:

“Anne: I think it is nice that we can do things together.

Alexander: Yes.

Anne: We have done so many things separately in the past, well not separately but we have been working and then done separate things and been away on job-related events and everything. So far it is nice that we can do things in everyday life together.

Alexander: Oh yes.

Anne: That is good, right? Because you are in good physical shape and like to be active.

Alexander: Yes.”

Alexander, who performed grocery shopping by himself in the past, had become more insecure in the activity, including in what he was going to buy and how to handle the bank card. Over the previous months, the couple had, therefore, started to do most of the shopping together as a shared activity. Now Anne did all the planning, located the products in the store and handled the payment. Alexander picked the groceries, packed them in bags and carried them home.

Nancy and John had developed another strategy for grocery shopping. With time they had created a well-established routine that made the activity run smoothly, saving them much energy. This routine consisted of going to the same supermarket at the same hour every time when they knew that few people would be around and the accessibility for John would also be good. Furthermore, they had distributed the tasks among them so that John managed the trolley and Nancy the shopping list, and during the shopping, they further discussed what they needed to buy in relation to their plans for the week. In this way, they created an experience of togetherness not only in that present moment but also around upcoming events.

Mary had a strategy of involving Peter in household activities by assigning him tasks, for example when they were preparing food, which they had also done together in the past. She constantly had to lead the way, repeat instructions or handle situations in which Peter repeated already completed tasks or declined participation in everyday activities, which could make her feel irritated and sad. Mary often made plans for them to do things together, but never took them for granted or revealed them beforehand so as not to worry Peter. She also used the strategy of keeping her plans to herself because she was not always sure she would have the energy to carry them through.

Anne and Alexander had always enjoyed an active lifestyle with walks, hiking and traveling, which was an essential part of their

relationship. They still valued these activities but had applied strategies to fit them into their current situation by doing them in other ways than before. Currently, they limited the amount of activities they participated in because too many events on the same day could make Alexander tired and anxious. In addition, they also did fewer excursions with overnights compared to before, since changing environments made him sleep worse at night, and this affected them both.

This narrative illustrates how spending time and doing more things together was an important part of making everyday life function and was also essential and desired by the couples to uphold their relationship and togetherness. Simultaneously, this situation also drained energy. Initiated foremost by the caregivers, the couples applied strategies to continue participating in everyday activities. These strategies involved reworking routines and reorganizing responsibilities and limiting the number of activities and contexts in which they participated.

Our ways to handle the challenge of being separated

After some time, the couples realized that doing more things together in many situations of everyday life was a strain to their relationship. Both Mary and Anne explained how they sometimes needed to spend time with friends or family on their own since it could be too demanding or uncomfortable for their partner to come along. According to Mary, time alone was also necessary for her to process their situation in peace and quiet. Nancy needed time alone to both sort her mind and make plans for their shared time in peace. Nancy and John described how they had reached the point of needing a change:

“John: Well it was you who said “I need respite”.

Nancy: Mmm, [agreeing] I felt that I started to become angry. Just angry, angry, angry. You stayed, of course, sometimes with your daughter, and that was helpful to me.

Researcher: You felt that you needed that.

Nancy: Yes, just doing nothing, simply being at home.”

The use of a residential respite care service became a strategy as a response to the need for the couples, and foremost the caregiver, to cope with this challenging life situation.

From the start of using residential respite care, Mary felt strange and sad about doing things with others without Peter. Each episode of packing and leaving Peter at the respite care facility was a challenge and was associated with great sorrow and sadness, and she felt guilty about using respite care. At the same time, she reasoned that it was a necessary strategy for their challenging life situation to regain energy and was a strategy that, to some extent, benefited their relationship and togetherness in a wider perspective. After some time, she started to accept invitations from family for meeting them on her own. However, although being separate, both Mary and Anne described how they continuously thought about their spouses in different situations throughout the day, which Mary described as follows:

“...perhaps I will visit my father one day next week, I have done that a few times when I have been on my own. Sometimes I go out to eat with a friend, I take walks, I go exercising, I talk with people on the phone... The days pass and I kind of like to take it easy, to be on my own, take care of myself and be in quiet. Nevertheless, Peter is with me the whole time.”

When Peter would come home from the respite care, Mary planned the homecoming with flowers and a nice dinner to celebrate their togetherness. Nancy and John also wanted to preserve their togetherness on special occasions. Therefore, their strategy was to never book respite care on weekends or holidays, since they wanted to spend that time together.

To sustain togetherness during periods of being separate the couples talked on the phone at different intervals. Nancy and John also sent text messages to each other on a daily basis. When being at respite care, Alexander received visits from their children who, for example, took him out for excursions, and they, in turn, could serve as a link to keep

Alexander and Anne informed about each other. For those couples who had family and friends living closer, it was easier for the care recipient to maintain connections during the stays at respite care. A strategy used by Nancy and John was to call and inform friends that John would be at respite care, which led to more visits and was something that John appreciated. They also thought about how to increase John's social relations at respite care in the future, which involved ideas about coordinating their usage of the service with other couples in the same situation who were friends of theirs. However, this idea remained to be tested.

This narrative gives a picture of how respite care ultimately became a necessary strategy for the couples to cope with their situation on a long-term basis, and their challenge of being separate when using residential respite care. The couples needed time apart, which could be emotionally challenging. They tried to organize these episodes of being separate in ways that caused as little inconvenience as possible to their relationship and simultaneously sustained togetherness among themselves and with others.

We have rearranged social interactions with family and friends

Anne and Alexander had in the past enjoyed social encounters and going to cultural events in the evenings. However, they had reduced going out for these activities at night because Alexander became more anxious. For Alexander, it was easier to interact socially with others if there were only a few people around. Therefore, at family reunions, for instance, they valued meeting fewer people at a time and not too late in the evening. How he reacted to too much stimulus was discussed as follows:

“Anne: If there have been many events during the day, if we have been involved in many things, then you can get a bit anxious at night. Because of too many...”

Alexander: impressions.

Anne: Yes. You sort of become very tired and anxious.”

As a response to this situation, Anne arranged their shared (and Alexander's individual) encounters with family and friends in line with what she knew worked best for them. One strategy was to spend time with one or two grandchildren at the time, as well as having separate reunions with their children and their families and not all of them at the same time as they had before. Mary and Peter reached a similar situation and used similar strategies. Mary felt sorrow over not being able to interact socially with the youngest grandchildren as they had done with the older ones in the past when Peter's health had been better.

Just being around Peter gave Mary a sense of comfort. Simultaneously, she felt loneliness due to not being able to communicate and connect with him as before. Mary made sure that Peter was included in situations where they could both be part of togetherness among themselves and with other family members or friends and supported him in communication with others. However, not having the support of Mary at the respite care made social interactions difficult for Peter, which illuminates the importance Mary had in the daily life of Peter. In addition, Mary was worried about leaving Peter at home and had, therefore, reduced her individual activities in the evenings in which she had been involved for many years. She described their situation as follows:

“In the past, I went out to do activities on my own, but it is a different thing to do that when you can leave someone without all the time thinking ‘What is happening? Will something happen?’ ...”

Asking friends or family for help was a strategy for the couples to be able to do things on their own or with others. This was not always practical or comfortable, and there were concerns about being a bother to others. However, when Anne arranged for a friend to help out this also meant that Alexander got the opportunity to interact socially with others:

“Yes... for instance, if I am going somewhere he [a friend] comes over. He [the friend] enjoys it too. Both of you are retired from work and do not have much to do during the day, so you go to a shopping area and sometimes you go to an automotive dealership. Well, you do other stuff than we usually do.”

Nancy and Anne both used social media, for instance Instagram, to stay socially connected with family. In that way, both they and their partner could view photos of grandchildren and be updated on their lives. Despite their own challenges, Mary and Peter wanted to contribute to support the everyday life of their children and grandchildren. For that, they choose actions that were within the possibility of their own situation. One arrangement that worked well for Mary and Peter was preparing food at home to bring to their children.

In the past, Nancy and John spent all their leisure time at their summer house, but they started going to a senior activity center instead. In the beginning, John was very skeptical about going, but Nancy had strongly encouraged him and he had started to enjoy these events. At present, he is the one who insists on going there, although they both appreciate the social relations and activities, such as playing table games. Consequently, changing from spending time primarily just the two of them together, they had started to have multiple joyful social encounters with other seniors several times per week. Arranging to go to these social events meant a lot to their situation and had given them friends who they met with in other situations as well.

This narrative stresses how the couples made arrangements to continue being socially connected with family and friends, which was an important part of their everyday life and of sustaining their togetherness. In this aspect, the caregivers had an important role for both their partner and themselves. They motivated their partner, planned the timing and intensity of future encounters, and supported the partner in sharing and enjoying social situations with others. Through the analysis, we found that social encounters were arranged from the perspective of their whole situation and included aspects related to both spouses in the couple.

Discussion and conclusions

This study expands the knowledge on how older couples that are using residential respite care manage to create and maintain their everyday togetherness. In particular, our study calls attention to the strategies used by these older couples to sustain their togetherness in different situations of everyday life.

The findings revealed that the couple's togetherness was challenged when one partner became ill and to maintain togetherness and manage everyday life they did more things together and adjusted some of their activities. This involved reworking routines and responsibilities, adjusting the number of activities they participated in and selecting the contexts in which these activities took place. This is similar to previous research (van Nes, Runge, & Jonsson, 2009; Vikström, Josephsson, Stigsdotter-Neely, & Nygård, 2008) who also found that for couples living together for a long time, roles become intertwined when engaging in activities. To sustain togetherness and manage activities, the caregivers in our study had a supervising and leading role, and this resulted in activities being performed more smoothly. In addition, Hellström, Nolan, and Lundh (2007) also described that couples living with dementia redistributed their roles and responsibilities to maintain affection, communication and involvement in everyday activities. We found that doing things together was important to the couple's relationship, as they could associate these activities to past, present and future situations that were meaningful to them. Our study confirms previous research suggesting that relationships and activities are central aspects for enacted togetherness (Nyman et al., 2012; Nyman et al., 2014). One challenge to maintain togetherness was having a reduced ability to communicate with each other, which previous research has indicated to be negative for couples' relationships, in particular for the

health and well-being of female caregivers (Strawbridge, Wallhagen, Thai, & Shema, 2009). The couples in our study partly compensated for this by doing things together. According to Shank and Cutchin (2010), meaning can be produced through occupations that involve relationships built on reciprocity, which shows the importance of having shared positive enacted experiences to maintain togetherness.

Nevertheless, the findings showed that doing more things together also drained energy, foremost from the caregivers. This was one reason as to why the caregivers needed rest from their responsibilities and used respite care services (Gosman-Hedström & Dahlin-Ivanoff, 2012; Riekkola Carabante, Rutberg, Lilja, & Isaksson, 2017). The couples handled the challenge of being separate and tried to sustain togetherness by cellphone and text message communication. They also used the strategy of involving significant others as a substitute for their own presence instead of having regular visiting routines, which previously was found to be a way for couples to support togetherness in a residential care context (Førsund, Kiik, Skovdahl, & Ytrehus, 2016).

As in previous research (Vikström et al., 2008), the couples described changes in their relationships with others, such as changed social habits. When managing social encounters, the couples had to consider their whole situation, and the caregivers used their unique knowledge of their common life story and the partner's prerequisites to arrange situations in the best possible way. Therefore, when supporting social interactions, it could be vital for professionals to start from the narrative of an older adult to address individual needs and to work in a person-centered manner (Clark, 2015; Villar & Serrat, 2017). However, our findings suggest that the caregivers' knowledge and role regarding their partner is complex to substitute in the respite care context, which indicates that in many cases it is a challenge to support relationships and social meetings within institutional care. Wiersma and Dupuis (2010), found that this support could be limited by a variety of structures such as staff attitudes or institutional routines and policies, which point to the need for a person- or couple-centered approach on all levels.

When viewing the couple, their context, relationship and activities, the complexity of their situation becomes evident. Consequently, to understand older couples' life situations and enacted togetherness, a transactional perspective (Dickie et al., 2006) that takes all of these aspects into account becomes useful. The findings show the impact that a shift of environment and context (respite care, home, social encounters) had on the couples' actions and activities in everyday life. From a transactional perspective, this is interesting since meaning is created from the dynamics and changing relationships over time between people and places – relationships in which activities are central (Shank & Cutchin, 2010). For instance, it was clear that in many aspects the spousal caregiver had a primary role in their partner's involvement in everyday life but also that an important reciprocity existed in the spouses' relationship when carrying out activities, which gave meaning to their striving to sustain togetherness. Consequently, in line with previous research (Daley, O'Connor, Shirk, & Beard, 2017; Egilstrod, Ravn, & Petersen, 2018; Ekstam, Tham, & Borell, 2011), the focus should not only be on the partner with the health condition but also include the couple as a whole. Our findings support previous research concluding that relationships remain significant in old age (Boylstein & Hayes, 2012; Kemp et al., 2016) and that social services such as respite care might consider finding ways to support the couples' relationships in addition to individual support interventions (Wadham et al., 2016).

To conclude, as a means to support aging in place, professionals might consider extending their focus to the couples' situation, including their relationship rather than merely assuming an individual perspective. Such a perspective could identify a greater complexity and offer a deeper understanding of how meaning and togetherness is created in couples' everyday life. This could be important, not least for respite care, since this service aims to support aging in place and might have an increased role in the future due to a growing older population in need of services. However, more research is needed to explore this further.

Methodological considerations

Following the reasoning of Mattingly (1998), the narratives in our study emerged from social interactions between the couples and the researchers. An advantage of the shared interviews was that the partners who had difficulties communicating received support from their spouse in telling their experiences. However, a challenge with interviewing couples is to distinguish individual and shared perspectives (Sakellariou, Boniface, & Brown, 2013). Riessman (2008) argues that to achieve trustworthiness, we need to pay close attention to narrative methodology and explain it explicitly. Meeting the couples on repeat occasions, both through interviews and observations, as well as meeting together and separately, made it possible to establish credibility since certain topics and tentative interpretations were further explored in dialogue with the couples. Mirroring our findings with quotes from the couples further strengthened this aspect. In addition, the methodological procedures and participants were thoroughly described, and the narratives were linked to theoretical arguments to create coherence, which Riessman (2008) argues is important to strengthen trustworthiness. Furthermore, we engaged in regular reflective discussions among the authors. In this way, the meaning extracted from the narratives that was told and observed was in line with Mattingly's (1998) and Riessman's (2008) reasoning – a coconstruction between researchers and participants. Since the purpose was to meet the aim of the study and not to narrate the specific stories of the couples involved, the final interpretation has not been confirmed by the participating couples. We emphasize that the narratives in our findings must be viewed as one possible way of interpretation among other possible interpretations. Ultimately, the reader determines the confidence assigned to the narrative knowledge claims (Polkinghorne, 2007).

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Declaration of interest

None.

Ethical approval

The research project was approved by the ethical review board in Umeå, Sweden (2013/408-31Ö & 2016/292-31).

References

- Alsaker, S., Bongaardt, R., & Josephsson, S. (2009). Studying narrative-in-action in women with chronic rheumatic conditions. *Qualitative Health Research, 19*, 1154–1161. <https://doi.org/10.1177/1049732309341478>.
- Ashida, S., & Heaney, C. A. (2008). Differential associations of social support and social connectedness with structural features of social networks and the health status of older adults. *Journal of Aging and Health, 20*, 872–893. <https://doi.org/10.1177/0898264308324626>.
- Avlund, K., Lund, R., Holstein, B. E., Due, P., Sakari-Rantala, R., & Heikkinen, R.-L. (2004). The impact of structural and functional characteristics of social relations as determinants of functional decline. *Journals of Gerontology, 59*, 44–51. <https://doi.org/10.1093/geronb/59.1.S44>.
- Bennett, P. N., Wang, W., Moore, M., & Nagle, C. (2017). Care partner: A concept analysis. *Nursing Outlook, 65*, 184–194. <https://doi.org/10.1016/j.outlook.2016.11.005>.
- Bliesner, R., & Voorpostel, M. (2016). Families and aging: Toward an interdisciplinary family-level approach. In V. L. Bengtson, R. A. Settersten, B. K. Kennedy, N. Morrow-

- Howell, J., & Smith (Eds.). *Handbook of theories of aging* (pp. 327–348). (3rd ed.). New York, NY: Springer Publishing Company.
- Boylstein, C., & Hayes, J. (2012). Reconstructing marital closeness while caring for a spouse with Alzheimer's. *Journal of Family Issues*, 33, 584–612. <https://doi.org/10.1177/0192513X11416449>.
- Clark, P. G. (2015). Emerging themes in using narrative in geriatric care: Implications for patient-centered practice and interprofessional teamwork. *Journal of Aging Studies*, 34, 177–182. <https://doi.org/10.1016/j.jaging.2015.02.013>.
- Cutchin, M. P., & Dickie, V. A. (2013). Transactional perspectives on occupation: An introduction and rationale. In M. P. Cutchin, & V. A. Dickie (Eds.). *Transactional perspectives on occupation* (pp. 1–10). Dordrecht: Springer.
- Daley, R. T., O'Connor, M. K., Shirk, S. D., & Beard, R. L. (2017). In this together' or 'going it alone': Spousal dyad approaches to Alzheimer's. *Journal of Aging Studies*, 40, 57–63. <https://doi.org/10.1016/j.jaging.2017.01.003>.
- Dickie, V., Cutchin, M. P., & Humphry, R. (2006). Occupation as transactional experience: A critique of individualism in occupational science. *Journal of Occupational Science*, 13(1), 83–93. <https://doi.org/10.1080/14427591.2006.9686573>.
- Egilstroed, B., Ravn, M. B., & Petersen, K. S. (2018). Living with a partner with dementia: A systematic review and thematic synthesis of spouses' lived experiences of changes in their everyday lives. *Aging & Mental Health*, 1–10. <https://doi.org/10.1080/13607863.2018.1433634>.
- Ekstam, L., Tham, K., & Borell, L. (2011). Couples' approaches to changes in everyday life during the first year after stroke. *Scandinavian Journal of Occupational Therapy*, 18, 49–58. <https://doi.org/10.3109/11038120903578791>.
- van Exel, J., Morée, M., Koopmanschap, M., Goedheijt, T. S., & Brouwer, W. (2006). Respite care—An explorative study of demand and use in dutch informal caregivers. *Health Policy*, 78, 194–208. <https://doi.org/10.1016/j.healthpol.2005.11.002>.
- Forsund, L. H., Kiik, R., Skovdahl, K., & Ytrehus, S. (2016). Constructing togetherness throughout the phases of dementia: A qualitative study exploring how spouses maintain relationships with partners with dementia who live in institutional care. *Journal of Clinical Nursing*, 25, 3010–3025. <https://doi.org/10.1111/jocn.13320>.
- Gosman-Hedström, G., & Dahlin-Ivanoff, S. (2012). 'Mastering an unpredictable everyday life after stroke'—older women's experiences of caring and living with their partners. *Scandinavian Journal of Caring Sciences*, 26, 587–597. <https://doi.org/10.1111/j.1471-6712.2012.00975.x>.
- Harris, J., & White, V. (2013). *A dictionary of social work and social care* (1st ed.). Oxford: Oxford University Press.
- Hellström, I., Nolan, M., & Lundh, U. (2005). 'We do things together': A case study of 'couplehood' in dementia. *Dementia*, 4, 7–22. <https://doi.org/10.1177/1471301205049188>.
- Hellström, I., Nolan, M., & Lundh, U. (2007). Sustaining 'couplehood': Spouses strategies for living positively with dementia. *Dementia*, 6, 383–409. <https://doi.org/10.1177/1471301207081571>.
- Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). Chichester, West Sussex: Wiley-Blackwell.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Medicine*, 7, 1–20. <https://doi.org/10.1371/journal.pmed.1000316>.
- Josephsson, S., & Alsaker, S. (2015). Narrative methodology: A tool to access unfolding and situated meaning in occupation. In S. Nayar, & M. Stanley (Eds.). *Qualitative research methodologies for occupational science and therapy*. New York; London: Routledge.
- Kemp, C. L., Ball, M. M., & Perkins, M. M. (2016). Couples' social careers in assisted living: Reconciling individual and shared situations. *Gerontologist*, 56, 841–854. <https://doi.org/10.1093/geront/gnv025>.
- Lawlor, M. C., & Mattingly, C. F. (2001). Beyond the unobtrusive observer: Reflections on researcher–informant relationships in urban ethnography. *American Journal of Occupational Therapy*, 55, 147–154. <https://doi.org/10.2014/ajot.55.2.147>.
- Makizako, H., Shimada, H., Doi, T., Tsutsumimoto, K., Hotta, R., Nakakubo, S., ... Lee, S. (2018). Social frailty leads to the development of physical frailty among physically non-frail adults: A four-year follow-up longitudinal cohort study. *International Journal of Environmental Research and Public Health*, 15, 1–9. <https://doi.org/10.3390/ijerph15030490>.
- Marshall, V. W., Martin-Matthews, A., & McMullin, J. A. (2016). The interpretive perspective on aging. In V. L. Bengtson, R. A. Settersten, B. K. Kennedy, N. Morrow-Howell, & J. Smith (Eds.). *Handbook of theories of aging* (pp. 381–400). (3rd ed.). New York, NY: Springer Publishing Company.
- Mattingly, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge: Cambridge University Press.
- van Nes, F., Runge, U., & Jonsson, H. (2009). One body, three hands and two minds: A case study of the intertwined occupations of an older couple after a stroke. *Journal of Occupational Science*, 16, 194–202. <https://doi.org/10.1080/14427591.2009.9686662>.
- Nyman, A. (2013). Togetherness in everyday occupations: How participation in on-going life with others enables change (Doctoral thesis). Retrieved from <http://tu.diva-portal.org/smash/get/diva2:990658/FULLTEXT01.pdf>.
- Nyman, A., Josephsson, S., & Isaksson, G. (2012). Being part of an enacted togetherness: Narratives of elderly people with depression. *Journal of Aging Studies*, 26, 410–418. <https://doi.org/10.1016/j.jaging.2012.05.003>.
- Nyman, A., Josephsson, S., & Isaksson, G. (2014). Being part of an unfolding story: Togetherness in everyday occupations when ageing. *Scandinavian Journal of Occupational Therapy*, 21, 368–376. <https://doi.org/10.3109/11038128.2014.911956>.
- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education*, 8, 5–23. <https://doi.org/10.1080/0951839950080103>.
- Polkinghorne, D. E. (2007). Validity issues in narrative research. *Qualitative Inquiry*, 13, 471–486. <https://doi.org/10.1177/1077800406297670>.
- Ricoeur, P. (1984). *Time and narrative* (Kathleen McLaughlin, David Pellauer Trans.). Chicago: Chicago University Press.
- Riekkola Carabante, J., Rutberg, S., Lilja, M., & Isaksson, G. (2017). Spousal caregivers' experiences of participation in everyday life when living in shifting contexts. *Scandinavian Journal of Occupational Therapy*, 1–9. <https://doi.org/10.1080/11038128.2017.1337810>.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks: Sage Publications.
- Sakellariou, D., Boniface, G., & Brown, P. (2013). Using joint interviews in a narrative-based study on illness experiences. *Qualitative Health Research*, 23, 1563–1570. <https://doi.org/10.1177/1049732313508014>.
- Shank, K. H., & Cutchin, M. P. (2010). Transactional occupations of older women aging-in-place: Negotiating change and meaning. *Journal of Occupational Science*, 17, 4–13. <https://doi.org/10.1080/14427591.2010.9686666>.
- Strawbridge, W. J., Wallhagen, M. I., Thai, J. N., & Shema, S. (2009). The influence of spouse lower cognitive function on partner health and well-being among community-dwelling older couples: Moderating roles of gender and marital problems. *Aging & Mental Health*, 13, 530–536. <https://doi.org/10.1080/13607860802607330>.
- Tiikkainen, P., & Heikkinen, R. (2005). Associations between loneliness, depressive symptoms and perceived togetherness in older people. *Aging & Mental Health*, 9, 526–534. <https://doi.org/10.1080/13607860500193138>.
- Tiikkainen, P., Heikkinen, R., & Leskinen, E. (2004). The structure and stability of perceived togetherness in elderly people during a 5-year follow-up. *Journal of Applied Gerontology*, 23, 279–294. <https://doi.org/10.1177/0733464804267582>.
- van Exel, J., De Graaf, G., & Brouwer, W. (2008). Give me a break!: Informal caregiver attitudes towards respite care. *Health Policy*, 88, 73–87. <https://doi.org/10.1016/j.healthpol.2008.03.001>.
- Vikström, S., Josephsson, S., Stigsdotter-Neely, A., & Nygård, L. (2008). Engagement in activities: Experiences of persons with dementia and their caregiving spouses. *Dementia*, 7, 251–270. <https://doi.org/10.1177/1471301208091164>.
- Villar, F., & Serrat, R. (2017). Changing the culture of long-term care through narrative care: Individual, interpersonal, and institutional dimensions. *Journal of Aging Studies*, 40, 44–48. <https://doi.org/10.1016/j.jaging.2016.12.007>.
- Wadhwa, O., Simpson, J., Rust, J., & Murray, C. (2016). Couples' shared experiences of dementia: A meta-synthesis of the impact upon relationships and couplehood. *Aging & Mental Health*, 20, 463–473. <https://doi.org/10.1080/13607863.2015.1023769>.
- Wiersma, E., & Dupuis, S. L. (2010). Becoming institutional bodies: Socialization into a long-term care home. *Journal of Aging Studies*, 24, 278–291. <https://doi.org/10.1016/j.jaging.2010.08.003>.
- Womack, J. L., Isaksson, G., & Lilja, M. (2016). Care partner dyad strategies to support participation in community mobility. *Scandinavian Journal of Occupational Therapy*, 23, 220–229. <https://doi.org/10.3109/11038128.2015.1126349>.
- Wong, J. S., & Waite, L. J. (2016). Theories of social connectedness and aging. In V. L. Bengtson, R. A. Settersten, B. K. Kennedy, N. Morrow-Howell, & J. Smith (Eds.). *Handbook of theories of aging* (pp. 349–363). (3rd ed.). New York, NY: Springer Publishing Company.