

---

# OUTLINES - CRITICAL PRACTICE STUDIES

---

• Vol. 16, No. 2 • 2015 • (88-102) •  
<http://www.outlines.dk>

---

## Routines and Concerns in Conduct of Everyday Life

**Lisbeth Hybholt**

Faculty of Nursing, Metropolitan University College,  
Copenhagen, Denmark

### Abstract

*In this paper, I explore the concept conduct of everyday life, namely routines and real life, as they are confronted with empirical observations. The observations are from a study of changes in the conduct of everyday life for individuals who attended a patient education course. The course was a part of their treatment after a hospitalisation with depression in a psychiatric ward. I use analysis of the main individual, Steven's, conduct of everyday life and illustrate my points with models of conduct of everyday life made using beads. The conceptualisation of conduct of everyday life is expanded through three points. Firstly, cyclic routines can matter and fulfill life, which can support the ongoing discussion about the concept conduct of everyday life. Secondly, I show that, from a first person perspective, what matters in conduct of everyday life is more complex than what is possible to grasp analytically through a dualistic opposition between cyclic everyday conduct and the particular meaningful conduct of everyday life. Thirdly, I expand on the notion of timeouts/breaks as solely something that lifts us out of mundane everyday life. I conclude that it makes a more comprehensive analysis to perceive all conduct of everyday life as having profound personal meaning and to analyse the individuals' concerns in relation to their social self-understanding and localisation at a certain time.*

### Introduction

In this article I explore the concept of everyday life, specifically routines, real life and concerns through a theoretical and empirical discussion of the Danish/German critical psychological conceptualization 'conduct of everyday life' (Holzkamp, 1998, 2013). The empirical observations are drawn from analyses of how depression-diagnosed individuals' conduct of everyday life influenced the interplay between their participation in patient education groups and their participation in everyday life.

In critical psychology *Conduct of everyday life* reflects the actions and social self-understanding by which individuals actively organise their everyday lives based on the

---

individuals' own life interests. The concept is a basic part of Danish-German critical psychology and it is further developed and used by several scholars, e.g. Borg (2002), Dreier (2003, 2008, 2011) and Mørck (2003, 2014). This approach tends to bring the conduct of everyday life to the foreground when dealing with intervention in order to understand processes of change across contexts of action, thus most dissertations in Denmark between 2006-2010 with a Danish-German critical psychological approach explore how participation in an institutional context becomes part of the participant's everyday life (Kousholt & Thomsen 2013). In my dissertation, I used the concept "Conduct of everyday life" to understand learning processes where the depression-diagnosed individuals' changed their conduct of everyday life. The most prominent learning process was about learning to take care of themselves by creating breaks in everyday life. It could be breaks from duties, for instead to do something pleasurable. It could be breaks to establish balance between activities and rest (Hybholt, 2015).

### **Inspirational work outside critical psychology**

Before beginning my analysis I would like to draw attention to other theoretical approaches exploring interventions and changes in everyday life. Routines, repetition and meaning are important issues in the understanding of everyday life. In the time-geographical framework, everyday life is understood as all activities during the day: *"everything that is done is defined as an activity, and it takes time even to do 'nothing special'"* (Ellegård, 1999, p. 169). Most of an individual's activities are done in a routine that is repeated daily, and therefore not something they need to think about (Ellegård & Nordell, 1997). Examples of repeated activities are paid work, household chores and other necessary activities, and it is assumed that individuals have activities they prefer to do or not to do (Ellegård, 1999), thus activities are qualitative different seen from the subjective perspective. Korvela & Keskunen (2008) use cultural-historical activity theory to analyse historical change in everyday life related to work and home, as well as to analyse the experience of conflicts between home and work among contemporary, working families with small children. They analysed everyday life one day at a time and understand it as the process of an activity. They find that families construct their everyday lives in a structure of 4-6 sequences which they follow in a particular order. They also show how families struggle with lack of time, and how the mothers struggle with working and at the same time being the mother they want to be. The individuals use *"their personal and collaborative skills as a means to mold their everyday objects"* (Korvela & Keskunen, 2008, p. 263). Thus, individuals actively organise their conduct of everyday life in order to reconcile the different demands in different contexts of action concerned with being the mother they want to be. In phenomenological everyday life research, taken-for-grantedness is seen as the fundamental condition in everyday life. Taken-for-grantedness is seen as all the unperceived activities, such as routines and rituals. Routine activities are seen analytically as being on a different level than the conscious actions that give meaning to everyday life and the social institutions structuring humans' activities (Christensen, 2009). These are examples of different theoretical approaches to everyday life where routines, repetition and meaning are important issues to understanding everyday life. In the following, these issues are also presented as important in the concept *conduct of everyday life* within critical psychology.

The concept of conduct of everyday life is inspired by a subject-oriented sociology (Jurczyk & Rerrich, 1993; Jurczyk, Voß & Wehrich, 2016) and developed as a basic

concept of critical psychology initiated by Holzkamp (2016, 2013, 1998). Holzkamp (1998) considers conduct of everyday life as having two aspects which relate to each other: *cyclic routine activities* and *real life*. The individual's cyclic routine activities are reproduced day after day in negotiation with co-participants in various social action contexts, such as family members at home, and colleagues and management at work. The cyclic routines are rooted in structures of social practice, such as opening hours in daycare facilities, offices and shops. Through repetition, the daily routines become taken for granted and mundane. It is a daily repetition of particular ways to get through the activities, such as getting up at 7 am, eating breakfast, reading the newspaper and going to work at 8.30 am. In Figure 1, the repetition of the cyclic routine activities is illustrated with the spiral-shaped arrangement made of grey plastic beads (each bead illustrating a routine action) which create identical loops day after day. Routines are a necessary part of life, which means that the individual does not have to expend energy inventing solutions for each mundane task every day. The cyclic routines are the foundation of life, but it cannot be all of it. According to Holzkamp (1998), the conduct of cyclic routines might fill up one's life and take all one's time when a person falls sick or gets old, which may



Figure 1. Illustration of Holzkamp's concept of conduct of everyday life<sup>1</sup>.

lead to life becoming a burden. The routinisation is a relief that prevents overload and makes it possible to conduct the particularly important life which Holzkamp named *real life*. *Real life* is what really matters, provides happiness, satisfaction, fulfills us and gives meaning to life; i.e., projects the individual wants to do rather than routine activities that are taken for granted. *Real life* is described as standing vertically on the horizontal cyclic conduct of everyday life (Holzkamp, 1998). This understanding creates a duality where the two aspects are divided into separate spheres that are fundamentally different. In Figure 1, *real life* is illustrated with coloured glass beads that are standing on and grounded in the cyclic conduct of everyday life. The colours illustrate meaning and importance for the individual as a contrast to the grey, taken-for-granted routines. Since the two aspects are different spheres, they are illustrated by the beads being made of different kinds of material: glass and plastic.

<sup>1</sup> Anni Norddahl - Norddahl & co photographed the bead-models. The photos have been further edited by the author.

Holzkamp was not able to finish his work about conduct of everyday life, and one of the questions that remained unanswered is the relationship between the cyclic routines and real life (Dreier, 1998). As shown in the examples above, routines and meaning are essential and discussed in everyday life research across different theoretical approaches. In this paper, I will address this question in a critical psychological framework.

## Design and Methods

The study is designed as a qualitative instrumental case study (Stake 1995, 2010) with critical psychological practice research as the theoretical approach. The case regards a patient education group in an outpatient clinic in Denmark which treats individuals who have been hospitalised with depression in a psychiatric ward. The purpose of the study is to understand how the conduct of everyday life influences learning processes occurring in the interplay between participation in a patient education group and everyday life. The patient education group consists of one hour sessions twice a week over a three week period. In the group, the participants are taught about depression and treatment, and are presented with recommendations for how to live their everyday lives in order to avoid new episodes of depression e.g. sleep patterns and exercise (Hybholt, 2015). For individuals who have been in contact with a hospital because of depression, the risk of a new depressive episode is 70 % (Kessing, Hansen, Hougaard, Hvenegaard, & Albæk, 2006). In the analysis, I deal with the learning processes that were most prominent in relation to how the individuals' conduct of everyday life influenced the interplay between their participation in patient education groups and their participation in everyday life. They were as mentioned about learning to take care of themselves by creating breaks in everyday life (Hybholt, 2015).

The empirical part of the study consists of observations of seven patient education groups over a period of seven months, resulting in a total of 25 sessions with 41 research participants. Of the 41 research participants, the author conducted participant-driven photo interviews with 16 main individuals and follow-up interviews with 14 of them, resulting in a total of 41.8 hours of interviews. In the following, the process of analysing the conduct of everyday life of a main individual (a participant referred to as 'Steven') is used to outline how I expanded the theoretical understanding of *cyclic routines* and *real life*. *Social self-understanding* is a central concept in the analyses. *Social self-understanding* is the process through which individuals come to an understanding of themselves and others. Self-understanding is related to the individual's reasons for changing his or her conduct of everyday life (Holzkamp, 1998). Mørck (2003) has developed the concept of social self-understanding by adding an "us" (becoming thus understanding of themselves, "us", and others), which emphasises the collective subjectivity as a central part of individuals' self-understanding (Mørck, 2003).

First is an illustration of how my empirical analyses support Borg's (2002) critique of Holzkamp's understanding of the cyclic routines as devoid of meaningful content, seen from the first person perspective, emphasis that cyclic routines also can matter and fulfill life. Next, it is shown empirically how labour as an action context seen from a first person perspective may have different meanings, depending on where the individual is situated. I use the concept *concerns* which refer to what really matters and is important for the individual in the conduct of everyday life; as an analytical category, *concern* includes how different concerns are pursued in different action contexts (Dreier, 2008). Finally, I take into account Dreier's (2008) challenge of Holzkamp's notion of routines as reproduced

and cyclic. I elaborate on the concept *timeouts/breaks* in the analysis of Steven's conduct of everyday life. According to Dreier (2008), everyday life may contain *timeouts/breaks* that (partly) lift us out of ordinary everyday life. Timeouts and the return to ordinary life can trigger change and learning (Dreier, 2008).

### Steven

Steven is in his late thirties. He has lived with his wife for eighteen years and they are parents for two pre-school aged children. He has a vocational education, and has worked in the same workplace for the last eight years. When he was in his early twenties, he was misdiagnosed with the same illness as his older brother, and was treated with anti-psychotic medicine. After one year, he did not feel any better and concluded that it was unlikely that he was suffering from the same illness as his brother. Steven read everything he could find about psychiatric diagnoses, and recognized himself as depressed. He convinced his general practitioner to prescribe anti-depressants and found that anti-depressants gave him peace of mind and made it possible for him to be himself. However, troublesome side effects such as a weight gain of 25 kilo, made him experiment with different drugs, varying dosages, hypnosis, acupuncture and herbal medicine. He dreams of a life without medicine, but tells me that all his experiments ended badly and resulted in periods of sick leave and hospitalisations. Steven has been hospitalised four times with depression, last two times within the past year. It has had a huge influence on Steven to experience his children reacting with anger and grief to his being away from home during hospitalisations. Steven remarked the message from the teachers' at the patient education course regarding how long it takes to be able to return to the routines of daily living, and he observed how the other participants at the patient education course also struggled with this issue. He had previously thought that he was the only one with this issue, but discovered that it was common during the hospitalisation for depression. After the hospitalisation and the patient education course, he and his family changed their collective conduct of everyday life. Normally, he was responsible for half of the household duties, and returned to work the day after the discharge. This time, however, he waited one month before he began working, and at home he and his wife agreed that he should only take care of himself in the beginning. He became attentive to allowing himself breaks during the day, both at home and at work, to take care of himself.

## The Duality of the Meaningful Cyclic Conduct of Everyday Life and Real Life

Borg (2002) writes that Holzkamp creates an unnecessary opposition between the two aspects of everyday life conduct, which is in contrast to critical psychology's intention to work dialectically and critically towards the taken-for-granted understandings of social practice. In Borg's (2002) interpretation, Holzkamp regards and describes the cyclic everyday conduct as, to some degree, devoid of personal meaningful content and as something one must get over and done with. Borg (2002) disagrees, based on her empirical analysis of conduct of everyday life for individuals in rehabilitation after an apoplexy. Borg (2002) emphasises that the cyclic conduct of everyday life has profoundly meaningful content for the individual. In Figure 2, I have illustrated meaningfulness in the cyclic routines by coloured beads in the spiral-shaped arrangement. Each bead in a loop has a different colour illustrating the different kind of routine activities during a day. The

daily loops are alike, illustrating the routine activities as reproduced identical day after day.

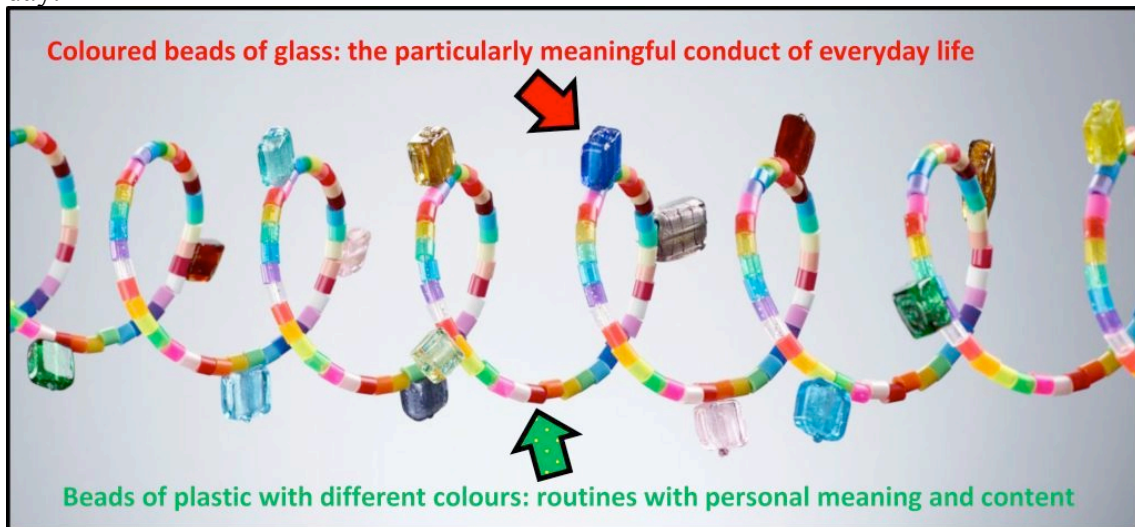


Figure 2. *The meaningful cyclic conduct of everyday life.*

My empirical analysis emphasise this meaningfulness in cyclical routines. For Steven, all the routines in his conduct of everyday life in the home context are concerned with what was best for the family as a whole. When he was able to perform what he saw as necessary routine activities, such as cooking, laundry, bringing the children to kindergarten and going to work, it increased the quality of life for the family. Even though, at this point, Steven spent most of his time occupied with conduct of the cyclic routines, it does not represent a burden with no meaning. From his perspective, it is deeply meaningful to manage these routines. It was actually, for him, a concern to avoid experiencing the routines as something he could not enjoy, which was a reason for him to take anti-depressants. He experienced that it was only with medical treatment he was able to manage the necessary routines, and he said that his life without medical treatment was something he just needed to get over and be done with:

“I just can’t be there for the kids or for anyone else. I can’t get peace at work or peace of mind. I can’t be present anywhere. I sleep too much, and I have to drag myself through life. Everything is an obstacle. I only get a little bit of rest when I sit alone and watch TV. It’s just no good. So, I’d rather weigh 25 kilo extra for a few more years. Hopefully, the researchers find a better solution in the future” (Steven as cited in Hybholt, 2015, p. 123-124)<sup>2</sup>

Steven has a dream of a life without medical treatment, but, for a while at least, this fell into the background, and he changed his conduct of everyday life to be able to perform the daily routines and to be attentive to his children and his wife, which gave meaning to him and fulfilled his life. The analysis exemplifies that the cyclic conduct of everyday life can matter and fulfil life. Thus, they are more than taken-for-granted activities without content. Even though Steven spends most of his time occupied with conduct of cyclic

<sup>2</sup> All quotes are translated from Danish by the author

routines, it does not make life a burden without meaning. It is deeply meaningful, from his first person perspective.

Borg (2002) maintains the two aspects of conduct of everyday life, but emphasises that they both are significant for the subject, though in different ways. Here, the opposition between the two aspects is reduced by emphasising that the cyclic conduct of everyday life is also meaningful for the individual and by re-naming *real life* to *the particularly meaningful conduct of life*, but the understanding and content of real life is retained – she uses the distinction to understand life quality from a first person perspective. Therefore, I have illustrated her concept *the particularly meaningful conduct of life* with the same beads I used to illustrate *real life* in Figure 1. Thus, I emphasise that although she elaborates upon the duality, she still continues to understand them as two different spheres of conduct of everyday life. I will challenge this in the following section.

In my initial analysis of Stevens's conduct of everyday life, I understood his work to be a part of the daily routines, as something that must be done in order to be a good father in the family (Figure 3). I understood family life as real life for Steven. This was based on Steven's emphasis on how important the routines in the family are and because he underscored that he had begun to insist that he did not take his work home. He did not, as earlier, turn on the computer at home to be updated at work. At the workplace, he had modified his expectations of himself to avoid pressures that had an impact on his ability to pursue his concern of being a good father and husband. Earlier, everything had to be completely in order before he went home. After the hospitalisation, he compared himself to his colleagues, who sometimes forgot things, and he accepted that it might also happen to him. He also considered the possibility of leaving his job for something more predictable, as he was solely responsible for a lot of unpredictable things at his workplace. A change could reduce the risk of stress, which he saw as one of the reasons for his last episode of depression. For Steven, the workplace was something that could be replaced if it was better for him and the family as a whole. At our second conversation he had abandoned the idea. He preferred to keep his current job, among other reasons because the procedure for applying for jobs had changed. Earlier, it was possible to relocate, but now he had to make a formal job application and participate in a job interview. He did not think anybody would hire him because of his absences from work due to depression. But it was also because he enjoyed this kind of work. When I analysed Steven's perspective on

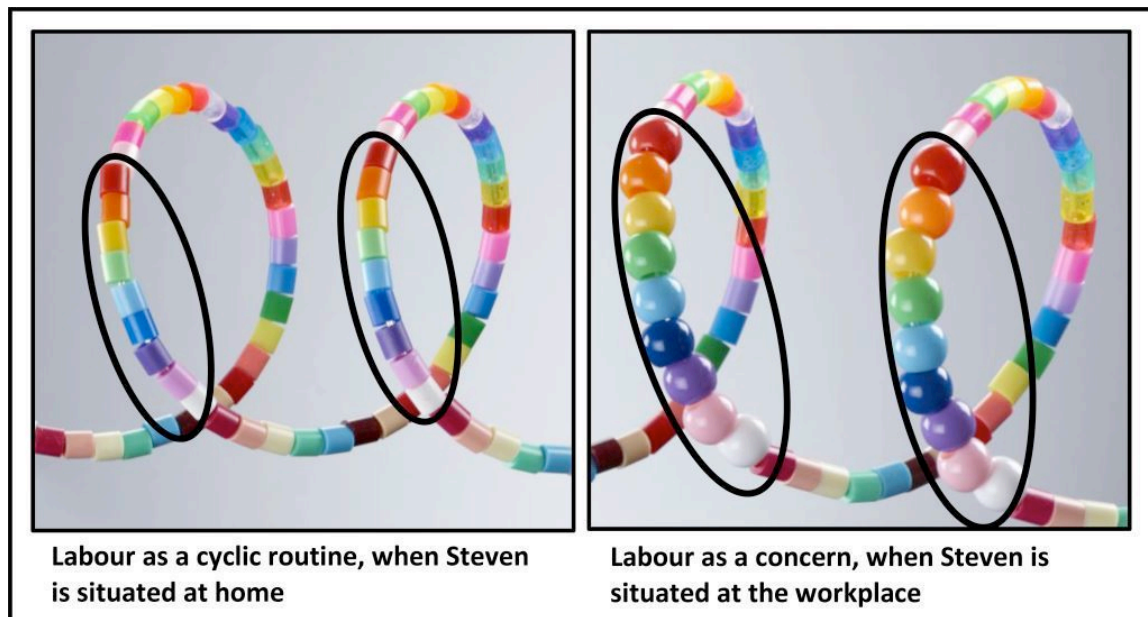


Figure 3. Labour as a routine and as a concern.

work, seen through what he reported about being there, I realised that Steven's job could also be understood as real life. When Steven was at work, the particular responsibilities, relations and tasks were meaningful and fulfilled his life. At work, Steven was very satisfied with the variation, with being on his own, and with handling many unpredictable things at the same time. Steven really liked his work, and he felt appreciated. He explained how work could make him happy, how important it was for him to be useful, knowledgeable and a good colleague. Shortly after he started work again, he was asked to teach a colleague a specific task:

"[...] and so I was able to go down and teach my colleague. I had energy to do it, and I was glad that I was asked, even though the manager was afraid it was too hard for me to do so. But it was not, not at all. I was really happy to be useful." (Steven as cited in Hybholt, 2015, p. 128)

Instead of understanding work as either cyclic routine or real life, I began to use the analytical category concern. For Steven, it was very important to show high performance at work. It was not just a routine, but also a concern. On the right side of figure 3, labour is illustrated as a concern with the expanded plastic beads. It was important to Steven to demonstrate his commitment to work and show that he was not abusing the manager's confidence, for example, by coming to work as soon as possible after the hospitalisation. Avoiding re-hospitalisation was also a major concern in relation to his job, because when he returned after a hospitalisation again he had to prove himself to his leader and colleagues:

"At work they are much more worried. They keep a closer eye on you and you do not have much freedom. Every time you are just a little quiet, they immediately respond to it. It's much easier at times when everybody knows they can count on you. It's easier to be well-functioning than not, everything is dangerous as soon you are unstable." (Steven as cited in Hybholt, 2015, p. 129)



Steven experienced, for instance, that his manager had a consultant follow him around one day at work to see if he did as he was supposed to do. This was after a meeting where Steven had been slightly absent-minded and failed to answer a question. Steven handled the situation well, but he felt like being an apprentice again. Steven believed anti-depressants to be positive for his conduct of everyday life both at work and at home:

“It is much easier to take the medication and then be at peace with the family and at work. People do not control you and ask you “Uhh is anything wrong?” and all sorts of crap, as soon as you are at peace with yourself.” (Steven as cited in Hybholt, 2015, p. 129)

Steven changed his social self-understanding in his orientation toward both the family and the workplace. At work, he was oriented towards his colleagues, the clients and his manager. Still, he pursued his concern about being a good husband/father and did not allow his work to take too much of his energy. He used the opportunities for breaks at work, both by taking time on his own and by reducing his expectations of himself at meetings and at work in general. At the same time, when he was at work, it was fulfilling, satisfying and enjoyable to complete his tasks and to be a knowledgeable colleague and employee. Some of his actions, such as taking medication, made sense in both action contexts.

*Concern* already includes that people pursue different concerns in different action contexts (Dreier, 2008), but my point is that one action context also can have a different meaning in the conduct of everyday life, depending on the individual's concerns, orientation and localisation at a certain time. Using concern as an analytical category makes it possible to grasp the different meanings. In this way, I challenge the duality of the meaningful cyclic conduct of everyday life and real life/the particularly meaningful conduct of life.

## Variation and Change in Conduct of Everyday Life

Dreier (2008, 2011) challenges the entire notion from Holzkamp, where routine activities are understood as reproduced without variation from day to day. When people's lives change, they have to change their conduct of everyday life. The changes may be particularly profound if caused by an illness, but Dreier (2011) emphasises that *all* people change their everyday conduct throughout life and in many different ways. Dreier (2008, 2011) argues that routines may not be conducted in an identical manner every day because conduct of everyday life is too complex and changing to be reproduced without variations. Variations may, for instance, depend on days of the week or seasons. Activities *re-occur* in a seemingly repetitive manner, but can never be actual *repetitions*, since the circumstances under which they happen have already changed. Instead of the cyclic conduct of everyday life, this can be seen as a conduct of everyday life with regularities. I have illustrated this in Figure 4 by variations and change in the spiral-shaped arrangement of coloured plastic beads which, at the same time, have a regular pattern of colours in each loop illustrating the regularity in everyday life.

According to Dreier (2008), everyday life contains *breaks or timeouts* which (partly) can lift us out of the mundane and the ordinary. Alcohol and drugs can be used to create timeouts/breaks, but hospitalisation, illness and school trips can also be timeouts/breaks.

In Figure 4, timeouts/breaks are illustrated by golden metal beads. In the following sections, I use the concept of *breaks* as a test for my analysis. Breaks make sense in my analysis of change in the conduct of everyday life among adults who have been hospitalised with depression. They are taught in the patient education course to conduct their everyday life with a balance between activity and rest/breaks as a part of taking care of themselves. But breaks also change in significance to the person as s/he pursues her concern of learning to prevent a new depression through a change in the way s/he conducts everyday life.

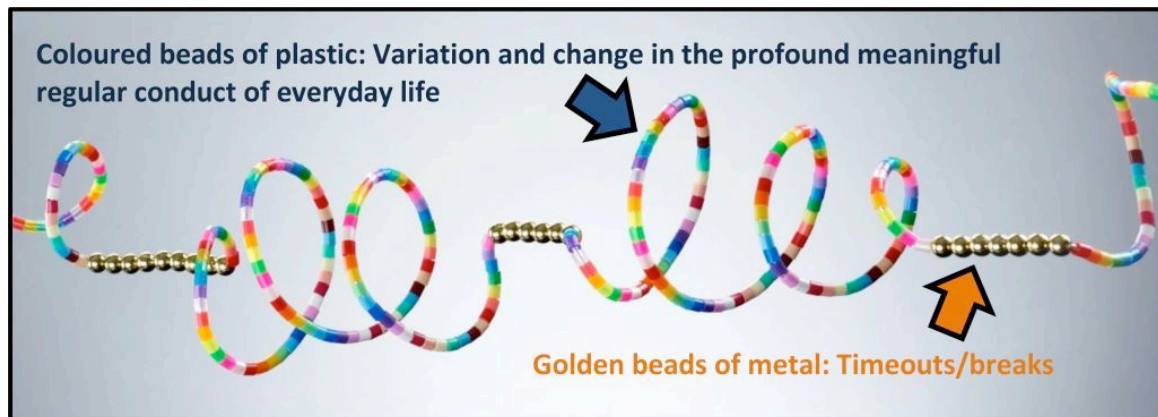


Figure 4. *The meaningful and varying conduct of everyday life with timeouts/breaks.*

In the past year, Steven had been hospitalised twice with depression. Steven's children had reacted with anger and grief. Steven felt how much his children missed him, and how much his hospitalisation affected them. This leads to him reason, after discussions with his wife, and influenced by the patient education course, that they had to change their joint conduct of everyday life, saying that:

“Earlier, she [Steven's wife] became angry with me if I didn't participate in all kinds of things. I couldn't get out of anything, and I couldn't get any space or a break. Back then, I had to be THERE all the time, from 6 in the morning till 8 at night. I felt that I had to be active all the time. It is exactly what used to knock me out – never to get a break. You need some breaks and some space during the day to be yourself and to be alone with your own thoughts [...] This situation! that every time I need a break, I have to be hospitalised to get peace, it just can't continue. The comeback takes such a long time. And even after you're discharged it takes a long time, so it is better to find a balance. I did ask my wife, “Frankly, isn't it better that I don't show up to one family get-together instead of spending 2-3 months in hospital? That you give me a break when I tell you I need one?” She had to respect that. In that way, there is a much better balance now. Also, at night, if there is anything with the kids, I don't have to get up anymore. She does that. I've also heard from others with a depression, that they've made such arrangements with their spouses in order to avoid getting an unstable sleep pattern. Sleep is so important for one's well-being, right!?” (Steven as cited in Hybholt, 2015, p. 126).

Previously, the hospitalisation was as a timeout/break from the pressure of everyday life for Steven and his wife. Steven told me that he used to perform 100 % at work and at home, until he suddenly could not do it anymore, and then became hospitalised. I have illustrated this with the long timeout in Figure 5. With the children, the family's life has changed so that hospitalisation is no longer a viable break. Now, Steven and his wife have

come to a new social self-understanding in their joint conduct of everyday life, where both Steven and his wife change their expectations of Steven's participation. Now, Steven uses the action possibilities he has to make breaks from the routines and activities during the days and weeks (see Figure 5), both at home in co-participation with his wife, and at work, where he told me he had changed his expectations and accepted that he did not have to be totally faultless and was thereby more relaxed about everything. His current work was structured so that he was unattended and could take a break during the day. He used this action possibility, for example, by taking a break and reading a newspaper.

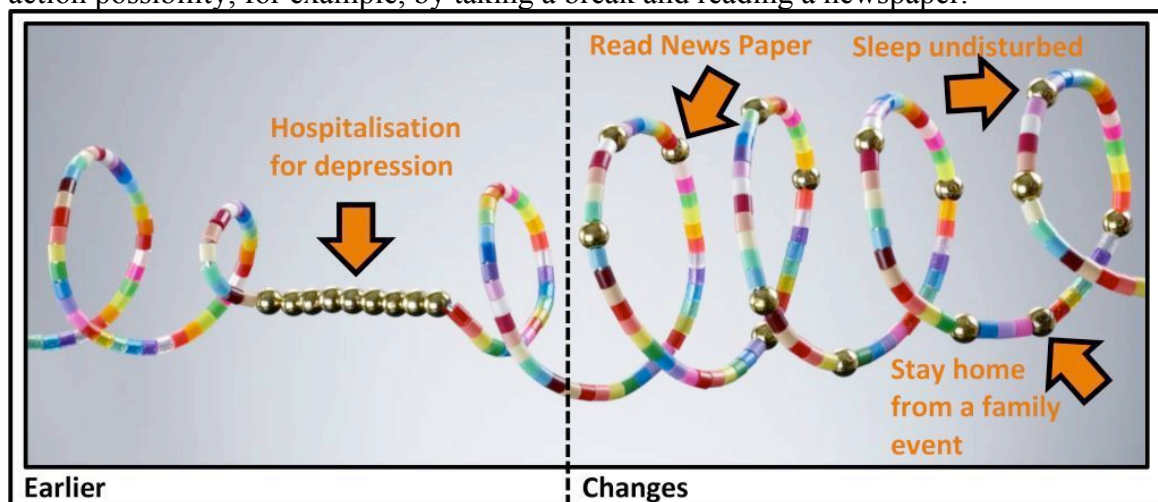


Figure 5. Stevens changes in conduct of everyday life.

Using *timeouts/breaks* as a theoretical understanding makes sense in my analysis of change in the conduct of everyday life among adults who have been hospitalised with depression. Their process of change in conduct of everyday life was often about establishing a balance between necessary activities and breaks, which they followed across different action contexts to avoid new episodes of depression. However, these kinds of breaks did not lift them out of their ordinary everyday life. I think the timeouts/breaks to be a more particular variation *in* the regular conduct of everyday life.

Figure 6 illustrate how I conceptualise conduct of everyday life in a way that provides a more comprehensive view when analysing and understanding how persons who have been hospitalised with depression conduct their everyday life; oriented toward avoiding new episodes of depression. I have illustrated the varying meaningful conduct of everyday life as in Figure 4. I have added black plastic beads to illustrate breaks as a particular variation *in* the conduct of everyday life and not as something that lifts the depression diagnosed out of the ordinariness. The breaks *in* everyday life are motivated by the concern to avoid unwanted long timeouts, caused by depression, that lift them out of the meaningful everyday life. Each black bead replaces a coloured bead, just as the breaks replace or suspend another action, e.g. when Steven stay home from a family event and instead relaxes at home by watching a movie. These particular breaks are used by the depression diagnosed individuals to balance between activity/rest and obligations/pleasure. These breaks are closely connected to the depression diagnosed person's participation in the patient education course, their concern about preventing new episodes of depression and their change in social self-understanding.



Figure 6. The varying meaningful conduct of everyday life with concerns and breaks.

Further, I have integrated *concerns* into the model of conduct of everyday life, illustrated in Figure 6 with the expanded plastic beads. What matters from a first person perspective varies with the individuals' movement and shift in perspective. I propose that the analytical category concerns is a more flexible way to understand what matters from a first person perspective than the more fixed distinction between the meaningful cyclic conduct of everyday life and real life/the particularly meaningful conduct of life.

## Conclusion

Regarding adults who have been hospitalised with depression, I have argued that a more comprehensive analysis of the individual's conduct of everyday life is possible when all conduct of everyday life is perceived as having profound personal meaning.

The duality of *cyclic routines* and *real life* as an analytical tool may not take into consideration the situated variation of meaning that action contexts can have. I argue that a more complex understanding can be obtained by analysing the individual's conduct of everyday life across action contexts using *concerns* as an analytical category. I argue that the analytical category concern provides a more flexible way to understand what matters for the individual than does the notion of real life/ the particularly meaningful conduct of life versus mundane routines. Concerns make it possible to understand how one action context can have different meanings in the conduct of everyday life depending on the individual's movement, social self-understanding and localisation at a certain time in a first person perspective. It also enables one to grasp how something that can be seen as "positive actions", for instance the "breaks" described in the patient education group targeting individuals who have been hospitalised with depression, cannot only cause friction with others (such as spouses), but can also both provide "reflection points" for reconsidering conduct of everyday life, as well as being trials for new arrangements of conduct of everyday life (in this case in relation to avoiding new episodes of depression).

The depression diagnosed pursue their concern to prevent a new episode of depression by balancing between activity and rest, obligations and pleasure, by conducting everyday life with breaks that suspend other regular action. This change in everyday life is connected to their participation in the patient education course and their change in social self-understanding. In relation to the notion of timeouts/breaks, I conclude that these are a

particular variation in the conduct of everyday life and not something that lifts them out of the ordinariness.

## References

- Borg, T. (2002). Livsførelse i hverdagen under rehabilitering: et socialpsykologisk studie [Conduct of life in everyday during rehabilitation]. Ph.-d.-afhandling. December 2002: Institut for Sociale Forhold og Organisation, Aalborg Universitet. Center for Sundhed, Menneske og Kultur, Institut for Filosofi, Århus Universitet
- Christensen, A. D. (2009). Scandinavian Everyday Life Sociologies: Routines, Ruptures and Strategies. In: M. H. Jacobsen (eds.), *Encountering the Everyday: An Introduction to the Sociologies of the Unnoticed* (p. 307-328). New York: Palgrave Macmillan.
- Dreier, O. (1996). Ændring af professionel praksis på sundhedsområdet gennem praksisforskning. In: U. J. Jensen, J. Qvesel, & P. F. Andersen (eds.), *Forskelle og forandring - bidrag til humanistisk sundhedsforskning* (p. 113-140). Aarhus: Philosophia og forfatterne.
- Dreier, O. (1998). Introduktion: Om Holzkamps arbejde med livsførelse. *Nordiske Udkast*, 2, 89-91.
- Dreier, O. (2003). Learning in personal trajectories of participation. In: N. Stephenson, H. L. Radtke, R. J. Jorna, & H. J. Stam (eds.), *Theoretical psychology: critical contributions* (p. 20-29). Concord, Ont.: Captus University Publications.
- Dreier, O. (2008). *Psychotherapy in everyday life*. New York: Cambridge University Press.
- Dreier, O. (2011). Personality and the conduct of everyday life. *Nordic Psychology*, 63(2), 4-23. <http://dx.doi.org/10.1027/1901-2276/a000030>
- Ellegård, K. & Nordell, K. (1997). *Att byta vanmakt mot egenmakt*. Stockholm: Johansson & Skyttmo Förlag AB.
- Ellegård, K. (1999). A time-geographical approach to the study of everyday life of individuals – a challenge of complexity. *GeoJournal* 48(3), 167-175.
- Holzkamp, K. (1998). Daglig livsførelse som subjektvidenskabeligt grundkoncept. *Nordiske Udkast*(2), 89-117.
- Holzkamp, K. (2013). *Psychology from the standpoint of the subject. Selected writings of Klaus Holzkamp*: Basingstroke: Palgrave Macmillan.
- Holzkamp, K. (2016) *Conduct of everyday life as a basic concept of critical psychology*. In Sraube, E. & Højholt, C. (eds.), *Psychology and the conduct of everyday life*. Routledge.
- Hybholt, L. (2015). *Patientuddannelse i hverdagsliv [patient education in everyday life]*. PhD dissertation, Aarhus University, Department of Education.
- Jerczuk, K. & Rerrich, M.S. (1993) *Die arbeit des alltags [The work od everyday life] Beiträge zu einer Soziologie der alltälischen Lebensfüring*. Freiburg: Lambertus.
- Jurczyk, K.; Voß, G.G., Weihrich (2016). *Conduct of everylife in subject-oriented sociology: concept and empirical research*. In Sraube, E. & Højholt, C. (eds.), *Psychology and the conduct of everyday life*. Routledge.

- Kessing, L.V., Hansen, H.V., Hougaard, E., Hvenegaard, A., & Albæk, J. (2006). Preventive outpatient treatment in affective disorders. Results from a health Technology Assessment (HTA). Copenhagen: National Board of Health. Danish Center for Evaluation and Health Technology Assessment
- Korvela, P. & Keskinen, H. (2008). From Surviving to Reconciling Home and Work - An Activity Theoretical Study on the Changing Everyday Life of Families. In: Terttu Tuomi-Gröhn (eds.). Reinventing art of everyday making. p. 241-270. Frankfurt am Main: Peter Lang.
- Kousholt, K., & Thomsen, R. (2013). Dialectical Approaches in Recent Danish Critical Psychology. *Annual Review of Critical Psychology (Online)*, (10), 359-390.
- Mørck, L. L. (2003). Læring og overskridelse af marginalisering. København: Danmarks Pædagogiske Universitets Forlag.
- Mørck, L. L. (2014). "Learning to live". Expansive learning and mo(ve)ments beyond 'gang exit'. In J. L. Polman, E. A. Kyza, D. K. O'Neill, I. Tabak, W. R. Penuel, A. S. Jurow, K. O'Connor, T. Lee, & L. D'Amico (Eds.), *Learning and becoming in practice: The International Conference of the Learning Sciences (ICLS) held in Boulder, Colorado (Vol 1., p. 487-494)*. Boulder: International Society of the Learning Sciences.
- Stake, R.E. (1995). *The art of case study research*. London: Sage Publication
- Stake, R.E. (2010). *Qualitative research: Studying how things work*. New York: Guilford Press.

### **Acknowledgement**

Thanks to Birgitte Hybholt for creative cooperation in the process of making theory and words to models of beads. Thanks to Anna Katrine Fly Mathiasen, Line Lerche Mørck, Pernille Hviid and Lasse Meinert Jensen for constructive feedback.

### **About the author**

**Lisbeth Hybholt**, cand.cur., PhD is assistant professor at Metropolitan University College, Denmark. Her research centres on learning in conduct of everyday life, patient education and depression. *Contact:* Email: [Lihy@phmetropol.dk](mailto:Lihy@phmetropol.dk)