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UNFOLDING FAMILIARITY.
**Re-occupying daily life among older
persons with physical disabilities, in Japan.**

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Unfolding familiarity. Re-occupying daily life among older persons with physical disabilities, in Japan.
THESIS FOR DOCTORAL DEGREE (Ph.D.)

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ABSTRACT

Older persons increasingly recover from health conditions within their home and community, as opposed to in hospitals and institutions. In this context, a need has arisen to gain a greater understanding of how they resume their daily occupations to aid their transitions of re-establishing satisfactory daily lives. The overall aim of this thesis was to explore and understand how processes of resuming daily occupation unfold for older persons with physical disabilities, in Japan.

Study I: In qualitative retrospective interviews, nine persons were asked to narrate their experiences of resuming everyday activities during hospitalization and after returning home. The constant-comparative analysis' resulted in exposing three themes that expressed, how the participants spend and generated vigor, how they reconciled to requiring assistance, and that they had acted upon moral quests of doing what was the right thing to do (for themselves and for other persons).

Study II consisted of participant-observation of daily occupations and complementary interviews with five participants. The aim was to identify meanings given to the actions of participants and other persons involved in observed situations. Through a narrative analysis these meanings were identified as consisting of three complementary strategies. Two of the three strategies aimed to mitigate given problems, one by 'acting on a plan to achieve one's goals', the other by 'taking a step in a preferred direction by capitalizing on emerging opportunities'. The third strategy focused on avoiding undesirable experiences by 'modifying problematic situations'. Persons used these approaches flexibly in responding to shifts that mattered in the observed situations and according to their skills, resources and perspectives.

Study III was a 9-month longitudinal study of four participants with physical impairments. The aim was to explore and understand how their engaging in daily occupations unfolded over time. Data included qualitative interviews and observations. The findings showed the striving for repertoires of occupations that created familiarity in terms of fulfilling their occupational needs and meanings. Familiarity was also experienced when participants engaged in occupations in line with their expectations. Equally, familiarity was a quality that often assisted participants to deal with ambiguities and challenges in daily life situations. Familiarity unfolded as it was created and adjusted to evolving daily life situations.

Study IV was a qualitative study with 15 occupational therapists in two focus groups. Participants narrated and explored experiences of supporting elderly clients to resume daily occupations. The constant-comparative analyses resulted in exposing three themes, showing how resuming occupations were processes of 'co-creating shared plots' of pursuing 'images of client's future' by 'drawing from powers of occupations'.

In conclusion, this thesis presents a number of possible understandings of how resuming daily occupation can unfold over time for older persons with physical impairments. The

resumption of daily occupation can be understood through a complexity of intertwining dynamics, which are grounded in an occupational context.

First, resuming daily occupation is difficult to foretell or to plan. Accordingly, capitalizing on emerging possibilities contributes to the processes of resuming daily occupation.

Second, older persons, and others who support them in resuming daily occupations, may resort to the 'flexible and judicious use of different approaches'. In addition to capitalizing on emerging opportunities, these approaches include pursuing long-term goals. An approach of modifying situations serves to avoid problems that may arise in daily occupations.

Third, when other persons, such as occupational therapists, support older persons, then 'co-creating shared plots' between them becomes an important contribution to processes of resuming daily occupations. Co-creating shared plots is ongoing as occupational needs, preferences and possibilities for engaging in daily occupation are constantly evolving and changing.

Fourth, 're-occupying daily life' allows the older persons to gain experiences that foster improved health and well-being by engaging in daily occupations.

Fifth, these transitional processes can be considered as realms of unfolding familiarity which involve re-establishing patterns of daily occupations that fulfill participants' needs and preferences and which feel familiar to them. In addition, unfolding familiarity pertains to sourcing from familiar ways of dealing with ambiguities and challenges in daily life.

Familiarity can also be experienced when events in daily life work because they go according to expectations.

In short, resuming daily occupation is facilitated through 'doing' and co-creation between the older person with physical impairments and other persons supporting them. It involves experimenting with transforming possibilities into reality, as well as to making meaning from experiences along with re-establishing a sense of familiarity. Resuming daily occupation does not always follow a set course, but rather can proceed in unexpected ways. Consequently, processes involved in resuming occupation are often re-created through the flexible use of different approaches.

LIST OF SCIENTIFIC PAPERS

- I. Bontje P, Asaba E, Tamura Y, Josephsson S. (2012) Japanese Older Adults' Perspectives on Resuming Daily Life During Hospitalization and After Returning Home. *Occupational Therapy International*, 19, 98-107.
- II. Bontje P, Asaba E, Josephsson S. (2015) Balancing struggles with desired results in everyday activities: Strategies for elderly persons with physical disabilities. *Scandinavian Journal of Caring Sciences*, early online.
- III. Bontje P, Alsaker S, Asaba E, Kottorp A, Josephsson S. Unfolding familiarity: Resuming daily occupation for four older persons with physical disabilities, in Japan. In manuscript.
- IV. Bontje P, Josephsson S, Tamura Y, Ishibashi Y, Asaba E. Co-creating possibilities from occupational situations: Supporting older persons with physical disabilities, in Japan. In manuscript.

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1 FOREWORD

The idea for developing this thesis evolved from my MSc study, undertaken in the Netherlands, with the focus on ‘occupational adaptation’, i.e. how older persons overcame disabling influences to performing their occupations¹ (Bontje, Kinébanian, Josephsson, & Tamura, 2004; Bontje, Kinébanian, Josephsson, & Tamura, 2005). Though the participants of the study touched on how a fulfilling life might be recaptured following the onset of physical impairment, the study’s focus did not address exploring beyond their experience of how they went about mitigating practical problems in performing occupations. Reflecting on this, I began to give serious consideration to undertaking research aimed at exploring how older persons’ daily lives evolve following an illness or accident.

In response to my motivation for further research, I began researching the literature and became interested in the transition theory proposed by Meleis and colleagues (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000; Schumacher, Jones, & Meleis, 1999). They outlined transitions as processes triggered by a disruption, such as a disabling illness or accident, evolving over time, including change, such as redefining a person’s sense of self, and procedures that mitigate constraints to living one’s life, such as modifying ways of engaging in daily occupations. The transition theory offers a way of understanding the link between mitigating constraints to performing occupations and recapturing a fulfilling daily life, which sparked my interest into transition theory as a theoretical resource for further research. At the same time, Josephsson and colleagues (Josephsson, Asaba, Jonsson, & Alsaker, 2006) argued for developing new knowledge of how occupations function as contexts for persons exploring possibilities and meaning-making. This too had strong relevance to my research interest and how change can best be understood in transitional processes.

Adding justification to my interest was Larsson’s (Larsson, Haglund, & Hagberg, 2008) review of the research of occupational therapy for older persons. They concluded further qualitative research was required into older persons’ experiences of daily occupations. Taking these factors into consideration, I felt compelled to address issues of how older persons re-occupy their daily lives, after a disabling illness or accident, to form part of my Ph.D. research project. With newly acquired knowledge gained through my readings, I set about designing research that would allow me to explore how older persons resume engagement in daily occupations. Accordingly, the focus of this thesis is on how such resumption occurs in contexts of daily occupations and how that resumption evolves over time.

¹ Readers are advised the word ‘occupation’ is used in line occupational therapy and occupations science use of the word. Accordingly it denotes the meaningful activities that make up people’s daily lives. See also section 2.4 for further defining statements.

Developing my field of research was aided significantly by my experiences working in different settings, such as a rehabilitation hospital and a nursing (convalescence) home in Japan, since 1996. This afforded me the opportunity to experience firsthand the changes happening in direct response to the care and rehabilitative needs of a rapidly aging population. During my work, I had become increasingly concerned that services being developed for older persons were predominantly based on a limited understanding of their rehabilitation needs. My concerns were validated by leading Japanese occupational therapists who were claiming that current knowledge was insufficient in preparing occupational therapists for the changes occurring in their practice (Miyamae & Yamasazaki, 2006; Sugihara, 2005).

The major focus of this thesis is on older persons who experienced a disabling illness or accident that affected their abilities to engage in daily occupations, particularly those who had or who were actively engaged in rehabilitation. The primary reason for choosing to focus on this group of persons for my study was that they were undertaking 're-habilitation' and would be likely candidates who could provide rich data that would shed new light on how older persons resume their daily occupations (Patton, 2002). In addition to this, I had developed professional expertise with persons aged 65 year or older who had sustained physical impairments through illness or accident.

2 BACKGROUND

This thesis is grounded in occupational therapy and occupational science with the main focus centered on older persons' engaging in daily occupations. In this background section I will argue the need for additional in-depth knowledge to better understand how older persons with physical impairments, in Japan, resume daily occupation. I will do this by outlining the current knowledge of why occupations matter to these older persons, outline current medical, care and occupational therapy services available to them. In addition to this, I will define 'resuming daily occupation', and introduce the theoretical resources this thesis draws from to aid the research endeavors required to facilitate in-depth understanding.

2.1 WHY DAILY OCCUPATIONS MATTER FOR OLDER PERSONS

In looking at contributions occupations provide to people's health, Wilcock (2005) points out that occupations are beneficial to a person's health and survival, well-being, independent living, and living a meaningful life. Others have pointed out that engaging in daily occupations generates meanings and health benefits that make occupations important determinants of health and well-being (Hasselkus, 2006, 2011; Minagawa & Saito, 2015; Townsend, Polatajko, & Canadian Association of Occupational, 2007).

Qualitative researches have illuminated how engaging in occupations, which has particular significance to older persons and that accord their preferences, assists in supporting health and well-being. This is achieved by making meaning of life's events (including dealing with the decline in physical functions), supporting identity, fulfilling important needs and acting according to their values (Alftberg & Lundin, 2012; Bontje et al., 2005; Eriksson, Lilja, Jonsson, Petersson, & Tatzler, 2015; Fukushima & Shimuzi, 2004; Jonsson, 2008; Moore, Metcalf, & Schow, 2006; Tatzler, van Nes, & Jonsson, 2012; Tollén, Fredriksson, & Kamwendo, 2008; Wright-St Clair, 2012; Wright-St Clair, Kerse, & Smythe, 2011). Research also found experiences of health and well-being are also impacted by environmental and sociocultural factors involved in occupational contexts. These include institutional environments (Sakaue & Kondo, 2010), interpersonal relationships, including those with service providers (Buch, 2015; Nyman, Josephsson, & Isaksson, 2012), and socio-cultural narratives and attitudes that influence meaning (Alftberg & Lundin, 2012; Häggblom-Kronlöf & Sonn, 2007; Wray, 2004).

Quantitative studies also provide greater understandings of how engaging in occupations contributes to health and well-being (Wilcock, 2005). Such studies show that physical activity, reading and writing, outings, educational/cultural activity and/or socializing are important contributors to promoting health and well-being among older persons in Japan (Minagawa & Saito, 2015; Nakamura-Thomas & Kyougoku, 2013; Sewo Sampaio & Ito, 2013). Imai and Saito (2011) and Imai (2013) demonstrate that health and zest for life are supported by meaningful occupation in general.

However, daily occupations are at times not necessarily 'good' as lack of or the wrong type of occupations can produce illness (Wilcock, 2005). This has also been recognized in Japan

as the disuse syndrome (deterioration of body systems as a result of prescribed or otherwise induced inactivity) affecting some older persons (Ouchi, 2005). This is particularly the case for older persons who have illness or disabilities and who lack active participation in occupations that support their physical, mental and/or internal organs functions.

On the other hand, extensive research support the claim that occupation is essential for people as is food and drink, and that people have an innate need for engaging in occupations (Wilcock, 2005). Accordingly, older persons with physical impairments will seek to resume engagement in daily occupations given its important contributions to their health and well-being.

Various policies and theoretical discourses on aging exist and assist in aiding the understanding of links that are found between older persons' daily occupations and their health and well-being. For example, the Japanese public health and care policies (Yong & Saito 2012, Tamiya et al., 2011), World Health Organization's active ageing policy (WHO, 2002), and aging theories such as successful ageing (Alftberg & Lundin, 2012) stress the importance of being active in order to retain physical and mental functions, stave off disease, and remain socially engaged. Other aging theories emphasize development as well as continuity of activity and thinking patterns, living arrangements, and social relationships (Tornstam, 2005). Such views hold that older people remain active contributors to their families and communities, while also supporting their healthy life and quality of life. However, these policies and theories are not without controversy. An extensive body of literature exists criticizing these as being, for example, ageist and failing to acknowledge that for some older persons values, abilities waning and other causes beyond their control make it difficult for them to incorporate the 'being active' ethic into their daily life contexts (Alftberg & Lundin, 2012; Liang & Luo, 2012). Carlson (1998) used the term 'usual agers' to indicate that impairment and other constraints of daily living are often unavoidable in older persons. Tornstam (2005) points to an increased role for sedentary aspects of daily living, such as by developing wisdom through contemplation. Liang and Lou (2012) put forth the idea of harmonious aging in an attempt to formulate an East Asian view that acknowledges both the challenges and opportunities of aging, and to raise awareness of what may constitute a good life, even in the presence of illness, impairments and other constraints to daily living.

In conclusion, how older persons engage in occupations is linked to their experiences of health and well-being. This link can be best understood as a complex, multifaceted phenomenon that transcends medical diagnoses assigned to individuals. Therefore, in this thesis older persons with physical impairments will not be defined according to their diagnosis, but regarded as persons experiencing limitations to engaging in occupations. Moreover, policies and theoretical discourses on aging reflect differing opinions, though collectively they emphasize the importance of daily occupations for older persons' health and well-being. Research, too, shows that engaging in occupations matters to older persons' health and well-being. However, critique has also been voiced that the 'activity ethic' implied in these policies and discourses fails to acknowledge the individuals' contexts. However, what these policies, researches and theories do not address is how the function of occupation

can be supported in the daily life contexts of individual older persons. This is particularly the case for those who experience a disabling illness or accident that affect their abilities to engage in daily occupations. Therefore, it is important to explore ‘how’ older persons with physical impairments are best able to resume engagement in daily occupation.

2.2 MEDICAL AND CARE SERVICES FOR OLDER PERSONS WITH PHYSICAL IMPAIRMENTS

Preventative health screening and health promotion measures have contributed to the elderly in Japan enjoying the highest life expectancy among populations worldwide (Tamiya et al., 2011). However, it has been well documented internationally that as life expectancy increases, people’s extended lives increasingly exposes them to the myriad of factors that may cause disabilities (Eriksson et al., 2015). Among the leading causes of disability for older persons are non-communicable diseases or chronic conditions (Eriksson et al., 2015; Kobayashi, 2014). In this respect, Japan is no different from other first world countries. However, research done in Japan among older persons with care needs aligns with international research by raising doubts about the efficacy of support provided in older persons’ homes and community. Specifically doubtful is these services ability to improve or prevent a decline in functional status of the older persons being supported (Olivares-Tirado, Tamiya, & Kashiwagi, 2012).

At the turn of the end of the 20th century Japanese health care began to face many challenges of providing for the increasing elderly population. Among the many ways the Japanese Ministry of Health, Labor and Welfare (MHLW) began addressing these challenges was a call on health care providers to take steps towards enhancing older persons’ quality of life. This was to be achieved by performing comprehensive assessment and treatment of older persons’ conditions, as opposed to focusing on the various illnesses as separate entities (Ouchi, 2005). Earlier, in response to the rapidly aging Japanese society and rising health care costs associated with prolonged hospitalizations of older persons, among other problems, a mandatory Long Term Care Insurance (LTCI)² was introduced in 2000 (Tamiya et al., 2011; Yong & Saito, 2012). Though medical treatment is covered under the health care insurance, it has limitations for rehabilitation treatment, which for example is in principle restricted to six months after a stroke.

² Among the reasons for developing and implementing LTCI were reducing health care costs by supporting older persons outside hospitals and in their homes and communities. LTCI also aimed to address the problem of reduced availability of care by family members, because of increased work force participation by women, decline in multigenerational households and smaller family sizes (Roujin Hoken Fukushi Housei Kenkyukai {RHFHK}, 2003; Tamiya et al., 2011; Yong & Saito, 2012). However, to date still over 40% of older persons live with a child (few percent in Sweden) and more than 30% live with a spouse. Approximately 15% live alone and approximately 6% live in institutions (Tamiya et al., 2011).

LTCI provides integrated support³ for older persons' care needs (RHFHK, 2003; Tamiya et al., 2011; Yong & Saito, 2012). Under the LTCI umbrella, older persons with medically recognized disabilities are eligible for care and rehabilitation services, as well as adaptive equipment and home-adaptations. These services can be provided in older persons' homes, service centers and residential facilities in their community. The extent of services older persons qualify for depends on any of seven levels of needs assigned to them, based on assessment of their abilities for activities of daily living.

Among the aims for LTCI provisions are reducing the burden of care on family members, supporting older people to age with dignity by supporting them to live in their homes, and lead daily lives according to their preferences and abilities (RHFHK, 2003; Tamiya et al., 2011; Yong & Saito, 2012). Within a decade, LTCI has drastically transformed how long-term care was once provided. Up until 2000 family and welfare support were the predominant means of care for older persons, but since then supportive long-term care has become available in older persons homes and in institutions in their community.

Soon after implementation of LTCI, what constitutes quality support had been called into question. For example, research identified the home environment as being much more conducive for older persons in maintaining their physical and mental functions (MHLW/KKH, 2004). The research revealed that home environments, as opposed to institutions, afford older persons the opportunity to more readily perform everyday occupations, such as household chores and other occupations. On the other hand, home-help provision was found to also take over tasks that recipients of care were able to perform. This was seen as depriving these older persons of opportunities to performing activity essential to supporting their physical and mental functions.

Ensuring LTCI's financial sustainability and anticipated shortages in human resources predict service provision will be limited in the future (MHLW/HWBE, 2014; Tamiya et al., 2011). Consequently, since 2005 LTC service provision has shifted towards favoring supporting older persons to live in the familiar environments of their homes and community while discouraging living in institutions. Also, home-help is now required to 'do with' care recipients instead of 'do for' them. Other measures implemented are primary and secondary prevention measures. However, Tamiya et al. (2011) reported that research indicates that LTCI service benefits for care recipients remain uncertain and at best seem to support

³ Compared internationally, Japan provides unusual comprehensive services through its LTCI (Tamiya et al., 2011). As per LTCI assessment outcome, individuals are eligible to a range of services according to one of seven care levels. LTCI provides older persons with care and rehabilitation services, short-stay and respite care, day-service and day-care. This is 6.5% of all persons 65 years or older use these day centers, which is less than 1% in Sweden (Tamiya et al., 2011), as well as adaptive equipment (via a rental system) and home-adaptation. Institutional care in residential facilities and convalescence nursing homes is also provided. Persons in the two lowest levels of care are only eligible for health promotion and preventative services.

maintenance of health and the ability of older persons to undertake activities of daily living. More recently, measures that facilitate zest for life and active living have been identified as requiring further development (MHLW/RKSK, 2015).

In conclusion, older persons' resources and abilities to remain living in familiar surroundings of their home and community, as well as them living active and fulfilling daily lives will become increasingly important to support. However, the Japanese experience indicates that care and rehabilitation services' contributions to supporting older persons fall short of what is required. In addition, the longstanding reliance on institutionalization further calls into question the development of ways to best support older persons resuming daily occupation, given they are recovering from disabling illnesses or injuries in their home and community in increasing numbers. These conditions support the argument for generating new knowledge to inform providers, such as occupational therapists, how older persons with physical impairments may resume daily occupation. As a contribution to that, this thesis aims to generate in-depth understandings of how the resumption of daily occupations can unfold for older persons with physical impairments.

2.3 OCCUPATIONAL THERAPY FOR OLDER PERSONS WITH PHYSICAL IMPAIRMENTS

In the contexts of a rapidly greying society with changing health care and a relatively new LTCI service provision, occupational therapy has become increasingly and widely available to older persons in Japan. At the same time, places where older persons can receive occupational therapy throughout Japan are becoming increasingly varied. They may be located in rehabilitation hospitals, nursing homes, day-care units, community centers and in older individual's homes. Moreover, with shorter hospitalizations and less institutionalization, older persons are increasingly recovering from disabling illnesses and injuries in their home and community, supported by occupational therapists (Nakamura, 2011). This is a drastic change from the previously prevalent, but limited provision of occupational therapy in elderly care wards of hospitals. Of concern around the changes is Sugihara's (2004) report that the numbers of occupational therapists working in the community lag behind the projection of the number of therapists required. Sugihara (2004) along with Miyamae and Yamasaki (2006) also voiced concern that occupational therapists' knowledge insufficiently prepared occupational therapists for these changes in practice. Among the many questions this might raise is how occupational therapists view processes of resuming occupation.

The global definition of occupational therapy speaks of 'enabling persons to participate in the activities of everyday life' (WFOT, 2012). On the other hand, the Japanese occupational therapists' association similarly promotes enabling occupation, but also stresses its relevance to elderly persons' health, capacities for independent living, and zest for living (Iwase, 2011). Occupational therapy models and frameworks that are influential internationally, including in Japan, provide occupational therapists with lenses through which they are likely to view resuming occupation.

These leading models and frameworks, such as the Canadian Model of Occupational Performance and Engagement (CMOP-E; Townsend et al., 2007), the Model of Human Occupation (MOHO; Kielhofner, 2008), various ecological models (Brown, 2014), Occupational Adaptation (Schultz, 2014) and the Occupational Therapy Intervention Process Model (OTIPM; Fisher, 2009), demonstrate occupational therapy's concern with promoting clients' engagement in occupations to their fullest potential. Methods promoted by these models and frameworks include those that aim to maximize the clients' performance abilities in order to engage in occupations. Such methods might address underlying causes, such as promoting recovery of physical functions. However, more emphasis is placed on enhancing occupational performance abilities, such as by practicing skills and/or introducing adaptation, and/or by developing environmental conditions that support clients' engagement in occupations. In addition, the MOHO explicitly adds habituation and volition to the mix of conditions for engaging in occupations. The CMOP-E employs the term engagement to highlight that people participate to their potential in daily occupations. CMOP-E thus emphasizes the possibility of people gaining many benefits from occupations even if they are constrained in actively performing occupations. In contrast to CMOP-E, OTIPM and MOHO, Occupational Adaptation, while also focusing on persons' possibilities for engaging in occupation, is based on the assumption that the more adaptive persons are the more functional they will be. This, Schultz (2014) claims, is an opposite assumption of CMOP-E, OTIPM and MOHO, which assume that functionality is fundamental to adaptability. Finally, the Japanese Kawa-model stresses the various aspects that shape a client's life situation at a given time in the clients' life (Iwama, 2006). In particular it highlights the important occupations that are constrained or possible and the impacts of impairments and contextual features, while emphasizing how that affects persons' zest for life.

These models and frameworks suggest that persons' ability to engage with occupations is important because occupations are necessary for living life. Also, through occupations people occupy time, fulfill roles, establish identities, experience competence and bring meaning and purpose to their lives all of which contributes to their health and well-being. Accordingly, these models express the importance of mastery of occupational performance skills and the possibilities for engaging in occupation, as well as issues of adaptation, development and change, and occupations' therapeutic value (Townsend et al., 2007).

On the other hand, Doble and Santha (2008), Hammell (2004) and Hasselkus (2006, 2011) problematized how occupational therapy support zooms in on the link between disability and occupation. They argue that such understanding of occupation turns engagement in occupations into abstractions of mitigating performance problems. As a consequence, everyday experiences are less in focus. Instead, they advocate viewing occupations as sources of meaning in people's lives. In addition to focusing on occupations that give meaning to people's lives, Hasselkus (2006, 2011) stresses the importance to people's health and well-being of experiences found in the smallest of occupational moments, i.e. someone's feelings while being engaged in an occupation. Hammell (2004) argues that emphasis on the outcomes of engaging in occupations should be complemented with attention to how

meaning can be discovered through doing (purposeful, goal-oriented activity), being (a more reflective or mindful awareness of occupational experiences), becoming (envisioning and acting towards future selves) and belonging (experiencing connectedness and relationships with others).

In conclusion, while abilities to engage in occupations are considered important, so too are meanings of engaging in daily occupations. This invites the larger question of, what does occupational therapy research inform us about performance skills and meanings in relation to resuming occupation among older persons with physical impairments?

A series of four systematic reviews explored research-evidence of the effects of support programs that facilitate engaging in occupations that were meaningful for older persons living in the community. These reviews included evaluations of occupational therapy programs. Three of these reviews evaluated the effects of meaningful occupations to promote engagement in occupation (Stav, Hallenen, Lane, & Arbesman, 2012), performance of instrumental activities of daily living performance (Orellano, Colón, & Arbesman, 2012) and health promotion and management (Arbesman & Mosley, 2012). The fourth systematic review evaluated home modification and falls prevention (Chase, Mann, Wasek, & Arbesman, 2012). These reviews show how different programs produced different levels of benefits to older persons health, quality of life, as well as their skills for performing occupations. Shinohara & Yamada (2010) and Otsuka & Yoshikawa (2009, 2010) have similarly demonstrated the effect of interventions based on occupations that were meaningful to the client. They compared these occupational therapy programs with traditional occupational therapy programs, presumed to be focused on training of underlying (physical) functions and self-care. Winstead, Yost, Cotten, Berkowsky, & Anderson (2014) add weight to these findings by demonstrating the effectiveness of participation in an eight-week program of group activities in terms of improved participants' life satisfaction. Bertilsson et al. (2014) developed a new client-centered program for improving daily occupations of persons who experienced a stroke, though this program did not produce additional benefits, in terms of occupational performance, participation and life-satisfaction, as compared to usual occupational therapy. However, a systematic review concludes occupational therapy is effective for improving abilities to performing self-care by persons who experienced a stroke (Legg et al., 2007).

Collectively these studies support the use of occupations that have particular significance for older clients. These interventions are found effective in improving older clients' abilities to perform occupations and in improving their health and well-being by enhancing engagement in occupations. However, only Winstead's (2014) study addressed issues of meaning by highlighting socializing as an important contributor to their study results. Furthermore, in interpreting the evidence, the authors of these studies invariably emphasize how contextual influences, e.g. environmental, cultural and personal factors, and the need for simultaneously addressing multiple components complicate developing programs that effectively support older clients' resumption of occupation.

In spite of this emerging evidence for occupational therapy programs based on occupations that are meaningful to older clients, international research into the actual role of occupational therapy paints a different picture. Various studies point out the problem of occupational therapy for (older) clients with physical impairments is that it does not meet the clients' expectations, nor address their needs beyond functional recovery and self-care (Cott, Wiles, & Devitt, 2007; Gustafsson, Nugent, & Biro, 2012; Mulligan, White, & Arthanat, 2014). This suggests a conundrum exists of how occupational therapists reconcile, if at all, the focus on their older clients' occupations given existing knowledge and practice contexts. This raises questions such as, how do occupational therapists perceive processes of resuming occupations? Additionally, Kottorp and Fisher (2015) question occupational therapy evidence's validity, critiquing it for failing to rigorously measure the occupational aspects of everyday life and health. They argue the need for building of fundamental knowledge of the link between occupations and outcomes of occupational therapy, such as persons' abilities to manage daily occupations.

In conclusion, while abilities to engage in occupations are considered important, so too are meanings of engaging in daily occupations. In terms of the identified challenges in current occupational therapy practice, this can be seen as a need for exploring how changes in occupational performance intertwine with clients experiencing meaning and how that unfolds over time.

2.4 RESUMING DAILY OCCUPATION

The phrase 'resuming daily occupation' is central to this thesis and will be defined next. In this context, 'resuming' is used to denote the processes that occur in occupational situations and that evolve over time for older persons who are recovering from an illness or accident that led to physical impairments. The processes involved in resuming daily occupation include performing and/or engaging in occupations, meaning-making of their experiences as well as the meaning of their actions and actions of others supporting them, e.g. occupational therapists and family.

The following definition of 'daily occupations' was initially developed at the onset of this thesis project. This definition was adapted from Yerxa (1991) definition of occupation. It is, 'daily occupations are the cultural and meaningful activities that older persons engage in on a daily basis and at various times throughout their life'. Concrete examples of daily occupations are self-care, meal preparation, household chores, hobbies, work, socializing, health management, and exercising⁴. Furthermore, 'resuming daily occupation' is not limited

⁴ Any attempt to describe the occupations of older persons is fraught with difficulty for they are a heterogeneous group whose occupations can be viewed from many different viewpoints (Eriksson et al., 2015). However, it can be stated that their daily lives include both occupations of routine/habits and unexpected, novel or irregular occupations. Many older persons remain engaged in paid employment, for example in Japan that is now nearly 10% of

to occupations that are enabled or provided by care or rehabilitation providers. Resuming also includes occupations that older persons resume after having discontinued engaging in those occupations for shorter or longer periods after the onset of their illness or accident. Moreover, it cannot be ignored that some daily occupations will continue irrespective of a disabling illness or accident.

There are various ways to understanding the resumption of daily occupation for older persons with physical impairments who are recovering from a disabling illness or accident. This thesis identifies a need to explore how the process of resuming daily occupation evolves. Particular attention is given to how older persons' abilities to engage in occupations intertwine with the meaning-making process. (Health-) transitions (Kralik, Visentin, & Van Loon, 2006; Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2010) was identified as the theoretical resource deemed beneficial to guide the exploration and understanding of the processes of resuming daily occupation over time (Bontje, Asaba, & Josephsson, 2006). Furthermore, throughout this background section, the processes involved in the resuming of daily occupation are identified as complex and multifaceted. This was also evident in the findings of study I, which highlighted the situated nature of these processes evolving in everyday occupational contexts. A transactional perspective was adopted to facilitate developing a situated understanding of the complexities involved. Accordingly, the above definition was revised in light of study I's findings and subsequent adoption of a transactional theoretical perspective for the other studies (see section 2.5 for the revised definition). Finally, in order to gain access to the experiences and perceptions of older persons, as well as to access the meanings of persons' actions a narrative resource was drawn from. The three theoretical resources, which were adopted for this thesis to facilitate in-depth understanding of the resumption of daily occupation, will be outlined next.

the workforce (up from 4.9% in 1980; MHLW/HWBE, 2014) and 30% of men aged 65 or over work (Tamiya et al., 2011). Eriksson (2015) points out that many older persons are engaged in multiple productive roles, either paid or unpaid, such as volunteer work. Many also care for grandchildren or assist other persons outside their household. Engagement in personal care and household chores is said to remain fairly stable across the life span, but time used in leisure occupations increases as people age and as compared to persons younger than 65. Older persons might also spend considerable time participating in various clubs and organizations, socializing, travel, or educational and cultural pursuits. In Japan, for example, 61% of older persons participate in such groups, with local organizations being most frequent (26.7%) (MHLW/HWBE, 2014). However, time spent in occupations outside the home and that are physically demanding is generally lower and use of media, such as watching TV, increases as persons get older. Furthermore, the Japanese Ministry of Health and Welfare reports need for care increases with people's age and particularly among persons older than 75 (MHLW/HWBE, 2014).

2.4.1 Resuming daily occupation: Transitions

Descriptions of what constitute health-transitions vary (Kralik, et al., 2006; Meleis, et al., 2010), but generally include the onset of serious illness or a severe accident that disrupts a person's life. Transitional processes triggered by this disruption evolve over time and include change, such as redefining a person's sense of self and rebuilding ways of living. It also triggers people to deploy procedures that mitigate constraints to living one's life, such as modifying ways of engaging in daily occupations. Transitions unfold through persons' actions and meaning-making in interaction with socio-cultural conditions and values, including endorsement and support by other persons (Luborsky, 1994). Fukuda and Yoshikawa (2013), while focusing their study on how older stroke survivors were re-enabled to resume occupations, were also able to demonstrate how those endeavors related to transitions of rebuilding meaningful lives. Put differently, transitions replace a lost state of certainty with a (re)new(ed) sense of certainty (Meleis et al., 2010), and repair of the biographical disruption by fitting the disease or disability in the life-story (de Lange & van Staa, 2003; Luborsky, 1994). Finally, informed by anthropological work, transitions are presented as if being a rite-of-passage proceeding progressively. However, Turner (1986, 1988) challenges us to think of transitions, such as those triggered by disabling illnesses and accidents, as social drama embedded in everyday human life. Accordingly, Turner questions that the more or less pre-determined scripts of rites and rituals do generally not follow adverse events.

Transitions' successful outcomes are not guaranteed. Transitions can stall in a situation in which someone fails to achieve full participation in social life or the abilities to fulfill the requirements of the norm-bound life expected of adults (Luborsky, 1994). Buch (2015) points out how older persons might resist change, particularly when change (such as assistance for executing daily occupations) threatens their social status or preferences for daily living. Also, multi-morbidity and other problems associated with aging, i.e. declining functions, loss of loved ones, loss or change of roles, and living environment, increase the older persons risk of partial transitions or entering yet another transition while a previous one has only partially evolved (Meleis et al., 2010).

Considering transitions from an occupational point of view, this thesis aligns with Blair (2000) and Knotts (2008) argument for the central place of engaging in daily occupations as part of transitions. Asaba (2005) demonstrates how new possibilities may be discovered or introduced to replace lost participation in daily occupations and to (re)craft (new) identities. Jonsson and colleagues (Jonsson, 2008; Jonsson, Borell, & Sadlo, 2000) and Odawara (2010) show the importance of engaging in familiar occupations that generate commitment and fulfillment. Accordingly, in this thesis resuming occupations is also regarded as facilitating and as generating a sense of managing transitions. For example continuity of occupations engaged in, may serve to function as a bridge between a person's previous and new state (Knotts, 2008). Among these researches into transitions, Odawara (2010) reports on transitions for an older person with physical impairments. Her study is a narrative case-study into how an occupational therapist assisted an older woman to re-establish a changed but

meaningful life by enabling her to re-engage in familiar craft occupation. Additionally, another study shows how older stroke survivors make a transition by proceeding through different phases, beginning with the focus on physical function recovery to moving on with life (Eilertsen, Kirkevold, & Bjørk, 2010).

Furthermore, a number of qualitative studies have explored longitudinally various aspects considered important to understanding transitions of resuming daily occupation for older persons with physical impairments. Vik, Nygård, Borell, and Josephsson (2008) and Bergström, Eriksson, Asaba, Erikson, and Tham (2015) studied personal agency in contexts of daily occupations among older persons receiving home-rehabilitation and stroke survivors, respectively. Other studies explore experiences of older persons' discharge from hospital to independent living (Grimmer, Moss, & Falco, 2004; van Bilsen, Hamers, Groot, & Spreeuwenberg, 2008), perceptions of rehabilitation (Olsson, Nyström, Karlsson, & Ekman, 2007) and occupational therapy support for continuity (Kobayashi, Kobayashi, & Yamada, 2012), use of support services in the community and changes in the use of assistive devices (Hägglom-Kronlöf & Sonn, 2007; Löfqvist, Nygren, Brandt, & Iwarsson, 2009). Together, findings from these studies show that resuming occupations evolve in varied ways with complex arrays of features impacting processes and outcomes. These studies also call into question issues of moral and existential quests as being central to human meaning-making, in addition to older persons' abilities and opportunities to engage in occupation.

In conclusion, insofar as these studies address the issue of older person's resumption of occupation, they did this predominantly by exploring participants' perceptions through interviews. Research into transitions remains limited and more longitudinal studies are needed (Kralik et al., 2006). Nevertheless, research to date support the position taken in this thesis, namely transitions evolve in a myriad of ways. Accordingly, in-depth knowledge is needed of how such complexities of resuming daily occupations unfold in daily life situations. Particularly important is to also explore the actions and the meanings of such actions of older persons with physical impairments. Such reflections are in line with Josephsson et al. (2006) who argue for dynamic, process-oriented understandings regarding occupations as situations where people try out possibilities and where they create and recreate meaning in an ongoing manner. In addition, developing such new knowledge is also important given the changing contexts of older persons involved in rehabilitation in their homes and communities. What remains lacking is knowledge describing how resumption of daily occupation occurs in actual daily life situations of older persons with physical impairments.

2.5 TRANSACTIONAL PERSPECTIVE

Conclusions of this literature review along with findings from this thesis' first study call for understanding the resumption of daily occupation as processes situated in and influenced by occupational context. This raises the question of how an integrated and relational understanding on the resumption of daily occupation can be developed. Simultaneously, in the fields of occupational science and therapy, Dewey's transaction theory, as described by

Cutchin and colleagues (Cutchin, 2004; Cutchin, Aldrich, Bailliard, & Coppola, 2008; Cutchin & Dickie, 2011) has been promoted as a theoretical perspective facilitating such understandings of occupations. Recently, studies have sourced this transactional perspective to better understand older persons' occupations. Studies have explored how elderly persons with depression create a sense of community and belonging (Nyman, 2012), the value to individuals and local communities of older men engaging together in handcrafted manufacturing and maintenance work in sheds (Wicks, 2013), and how daily occupations can function to enhance the quality of older persons' lives (Kuo, 2011; Wright-St Clair, 2012). Encouraged by the results from such studies, the Deweyan transactional perspective was also adopted for this thesis to facilitate exploring and understanding the situated and relational processes of resuming daily occupation for older persons with physical impairments.

Accordingly, it became necessary to revise the definition of occupations provided in section 2.3. Informed by the adopted transactional perspective⁵ this new definition should express a relational understanding of persons' actions as emerging from the reciprocal influences between persons and any given situation. Furthermore, the new definition of occupation should express that occupations are meaning generating situations. The revised definition of occupation, therefore, became, 'daily occupations are meaning generating activities older persons partake in, alone or with other persons, that make up their daily lives lived in various environments'. Examples of daily occupations are self-care, meal preparation and household chores, hobbies, work, socializing, health management, and exercising.

In conclusion, a transactional perspective is employed in this thesis in order to explore processes of resuming daily occupation for older persons with physical impairments. It was called upon to facilitate the generation of knowledge of how such processes evolve through occupational situations where individuals' actions, meanings playing out, and the various material and immaterial aspects mutually impact each other.

⁵ Deweyan transactional theory proposes a relational understanding of persons' action (Cutchin, 2004; Cutchin et al., 2008; Cutchin & Dickie, 2011) and that persons' actions emerge from the reciprocal influences between persons and material aspects (places and objects) and immaterial aspects (time, culture, spirituality, identity, etc.). Accordingly, daily occupations are considered as processes at the interchange of situations (contexts that generate action), habits (dispositions to act) and creativity (configuration and modification of habits). Thus, situations generate human actions, but motivation gives direction to that action as influenced by people's moral sensibilities and images of possible outcomes. Actions and meanings are generated in any given situation, co-constructed by the persons involved, and shaped by sociocultural values, morals and contextual conditions. Furthermore, persons and their social, physical and cultural environments, and temporal aspects are interconnected and impact on each other reciprocally. Any situation is considered constantly changing and thus emergent. Such uncertainty in outcomes is called 'ends-in-view'.

2.6 NARRATIVE AND MEANING

Meaning has been touched upon in this background section, in relation to the resumption of daily occupation for older persons with physical impairments. For example, experiences of health and well-being can be regarded as meanings experienced through engaging in occupation. Accordingly, it can be argued that constrained possibilities for engaging in occupations negatively impacts health and well-being, because it can affect the quality of living a meaningful life. Meaning has also been identified as an integral part of resuming daily occupation among older persons with physical impairments. Put succinctly, meaning informs action and also arises from occupational situations by making meaning of experiences. Consequently, meanings are regarded as arising from the range of possibilities situations present.

Several studies into older persons engaging in occupation have shown that the making of meaning is also relational. That is, meanings made in occupational contexts are socio-culturally informed and co-created between persons. This is shown, for example, by Wray's (2004) study into agency and empowerment among older women and by Nyman's study among older persons with depression creating a sense of community and belonging (Nyman et al., 2012). Similarly, a study into aging-in-place found that meanings experienced by older women through occupations were also shaped by place and relationships (Shank & Cutchin, 2010). Moreover, research in health settings showed meaning as co-created between clients and their care- or rehabilitation providers (Mattingly, 1998).

By viewing meaning-making through a transactional theory lens, scholars have begun developing more situated and complex understandings of meaning-making processes. Cutchin and Dickie (2011) put forth that meaning-making could be regarded as arising from the range of possibilities that situations present. They outline how a person experiencing the occupation might only become conscious of meaning when action requires creativity. Reed and Hocking (2013) suggest meanings are not always obvious and tend to remain hidden. Moreover, from a transactional perspective, it is possible that meaning-making can exist unfiltered by an individuals' perception of his or her experience. It is conceivable that a situated understanding of meaning-making challenges the notion that meaning-making is something internal to individuals. Alsaker's research (2009) has illustrated that meaning-making is also enacted in the interplay between available resources, culture and everyday situations.

In conclusion, meaning is not solely located in the interpretation of the person(s) engaging in a given occupation. Rather, meaning-making is relational, co-created between persons, socio-culturally informed, and can also be achieved by persons not directly experiencing the engagement in occupations.

This thesis also aims to fill the void of developing knowledge of how meaning-making functions within the resumption of daily occupation for older persons with physical disabilities. The ideas formulated above support the notion that observations and analysis of enacted occupations can yield relevant information about meaning-making, in addition to information that can be gained from interviewing (Alsaker, Josephsson, & Dickie, 2013).

Drawing from theories of emplotment mooted by Aristotle and Ricoeur and Mattingly, Josephsson and Alsaker (2015) propose how meaning and action can be linked as narratives being narrated through persons' actions in daily situations. Basic to their narrative-in-action framework is that meaning-making is essentially narrative and vice-versa. Also, in addition to telling stories, persons' actions can also be understood as contributing to the development of a narrative that is being formed. Josephsson and Alsaker were able to develop a narrative-in-action framework with the specific aim of facilitating research that garners the richness of daily life phenomena. Narrative-in-action facilitates such research by informing how meaning-making and action intertwining in occupational contexts can be captured. Interestingly, their framework focuses on exploring how persons' actions connect past experiences and/or future images to the present. Equally, it facilitates the study of how persons create a coherent whole around experience, i.e. a 'plot' that represents the central meaning to which the different events and elements contribute. The function of making plots, referred to as 'emplotment', is establishing causal relationships between meaning and action. Essential to these plots is the ability to establish the possible moral quests present in everyday life situations. Persons accomplish this while also drawing from meanings among contextual materials, events, circumstances and images that include recollections and facts as well as images of possible outcomes or the future. Such complex constellations are open to multiple interpretations, and people usually try out different ones. Accordingly, emplotment leads to persons creating various possible meanings (plots). This may incorporate multiple evolving and even contradictory meanings/plots that address the moral quest present in the everyday life event of the narrative.

This way of viewing the narrative link between action and meaning is relevant with regard to this thesis research. Particularly, this thesis aims to go beyond occupational performance abilities by exploring how meanings are established in processes of resuming daily occupation. In pursuing knowledge of how resuming daily occupation unfolds for older persons with physical impairments, the narrative-in-action framework can facilitate in-depth exploration of everyday situations (Josephsson & Alsaker, 2015).

2.7 IN SUMMARY AND STUDY AIMS

This thesis addresses the need for knowledge about how processes of resuming daily occupation unfold. The need for new knowledge arose from changes in providing occupational therapy to older persons when supporting their independent living in the community, in Japan. New knowledge should contribute significantly to enhancing services, such as occupational therapy, that support older persons. Particularly needed knowledge pertains to how mitigating challenges to engaging in occupation interact with meaning-making in daily occupational situations. It is also important to know more about how resuming occupation unfolds over time as older persons recover from a disabling illness or accident. In addition to the knowledge derived from an individual's experience, it is necessary to know how resuming occupation evolves through everyday situations as well as how occupational therapists view such processes. The construct of (health-) transitions

(Meleis et al., 2010; Schumacher et al., 1999) was identified as the theoretical resource deemed beneficial to guiding the exploration and understanding of the processes of resuming daily occupation over time (Bontje et al., 2006).

Furthermore, there is a need to better understand situational contexts and complexities of resuming occupation among older persons with physical impairments, in Japan. Particular attention is given to how older persons' abilities to engage in occupations intertwine with the meaning-making process. This was also evident in the findings of study I, which highlighted the situated nature of these processes evolving in everyday occupational contexts.

Accordingly, the theoretical resources of transaction (Cutchin, 2004; Cutchin, et al., 2008; Cutchin & Dickie, 2011) and narrative-in-action (Josephsson & Alsaker, 2015) were adopted for this thesis to facilitate such in-depth understandings of the resumption of daily occupation among older persons with physical impairments.

2.7.1 Study aims

This thesis' overall aim was:

To develop knowledge of processes relating to how resuming daily occupations unfold for older persons with physical impairments, in Japan.

In order to achieve the thesis' overall aim, the aims for the four studies were:

Study 1: To identify and describe how some older persons described their experiences of resuming daily life during hospitalization and after returning home.

Study 2: To identify meanings of persons' actions within daily occupations of some older persons with physical impairments.

Study 3: To explore and understand how engaging in daily occupation unfolds over time for some older persons with physical impairments.

Study 4: To explore and understand occupational therapists' experiences of supporting the resuming of occupation among older persons with physical impairments.

3 METHODS

The overall thesis aim and the aims of each of the four studies prompted the use of explorative research methods to study resuming daily occupation for older persons with physical impairments. The studies were designed to move beyond description of components and general characteristics of phenomena by focusing on unfolding processes (Alsaker et al., 2013; Josephsson & Alsaker, 2015). In doing so, the thesis also responds to a call for exploring and understanding how meaning-making is situated in and intersects with daily life's contexts (Borell, Nygrd, Asaba, Gustavsson, & Hemmingsson, 2012). This thesis also responds to a call for deeper immersion in contexts, e.g. through observation and engagement with social theory (Frank & Polkinghorne, 2010).

Narrative data gathering methods of interviews and participant-observation were used to access participants' perspectives and experiences, as well as the meaning of actions by the participants and other persons involved in the observed situations. Furthermore, in study III, measures were generated of participants' abilities to perform personal and instrumental activities of daily living (ADL). These measures were generated on the consideration of obtaining background data representing participants' ADL performance abilities. Focus groups were conducted in order to access occupational therapists' perspectives and experiences of supporting the resumption of daily occupation by older persons with physical impairments.

The main characteristics of the four studies are summarized in Table 3. The participants in studies I to III were older persons with physical impairments, and in study IV the participants were occupational therapists supporting older persons in a variety of practice settings. Study I explored participants' perceptions of resumption of occupation during hospitalization and after returning home. Study II identified meanings of the persons' actions within daily occupations of participants, all living in their homes. Study III explored how resumption of daily occupations unfolded over time for four older persons who were engaged in rehabilitation. Study IV explored occupational therapists' experiences and perspectives of supporting the resumption of occupation.

Table 3. Overview of the studies

	Study I	Study II	Study III	Study IV
Design/research approach	Qualitative / explorative	Qualitative / narrative	Qualitative / narrative and longitudinal	Qualitative / explorative
Participants	9 persons	5 persons	4 persons	15 occupational therapists
Data gathering method(s)	Retrospective interviews	Participant observation, complementary interviews	Interviews, participant observation, AMPS*	Focus group interviews
Data gathering frequency per participant	Once	Participant observation: 1~3 Interviews: 2~3	2~3 week intervals, total period: 6 months, follow-up interview: 9 months	Convened twice with interval of one week
Data gathering settings**	Participants' homes, interview rooms, day-care facility	Participants' homes, day-service center, neighborhoods, karaoke bar, temple, other.	Participants' home, hospital ward rooms, occupational therapy facilities, other.	University meeting rooms
Data analysis method(s)	Constant-comparative (thematic)	Narrative	Narrative	Constant-comparative (thematic)

* AMPS: Assessment of Motor and Process Skills, an observational instrument to assess participants' abilities to perform activities of daily living. The AMPS was conducted in order to obtain data to be included in describing participant characteristics. The AMPS data gathering procedures are outlined in section 3.2 Data gathering methods.

**All data gathered by thesis author with assistant moderators for the focus groups.

3.1 PARTICIPANTS AND SAMPLING

The inclusion criteria for participants of studies I, II and III was, experiencing limitations to engaging in occupations, and having experienced physical impairments that required hospitalization and rehabilitation followed by returning to living in a home-environment. However, longitudinal study III required access to the unfolding of daily occupations. Therefore, the criterion of participants actually being engaged in rehabilitation complemented experiencing limitations to engaging in occupations. Exclusion criteria involved having impaired communication (e.g. aphasia) and memory (e.g. because of dementia) that restricted participants' ability to narrate their experiences. Recruitment criteria for participants of study IV were, currently working as occupational therapist while having three or more years of experience working with older persons with physical impairments.

In order to facilitate the gathering of rich data, participants for all studies were recruited following a purposeful sampling method (Patton, 2002). Furthermore, to facilitate in-depth understanding of resuming daily occupations, variety among participants was a priority in order to access a range of experiences.

For studies I and III, participants were recruited by gate-keepers in geographically different areas. Recruitment of study III was limited to three gate-keepers who were all occupational therapists trained and certified in the use of the Assessment of Motor and Process Skills (AMPS). The persons recruiting participants for studies I and III, who were all health care providers, were responsible for determining potential candidates met the sampling criteria. For study II, the thesis author recruited from persons he had pre-established rapport with. Three through previous projects and two who were involved in study I. He judged participants in study II as fulfilling the sampling criteria by verifying with them that no change in their condition had resulted in the loss of communication and memory abilities. The participants for study IV were self-selected, with the thesis author verifying them as meeting the recruitment criteria by email. Recruitment of the focus group participants of study IV was carried out in accordance with purposeful and snowballing sampling methods (Patton, 2002; Redmond & Curtis, 2009). Participants were recruited through flyers distributed at a study meeting on occupation-centered practice and via a gate-keeper from a college.

An overview of participants' characteristics is presented in Table 3.1. Characteristics among participants in studies I, II and III pertained to age, diagnoses and impairments, gender, urban/rural areas, and family compositions (most participants lived with their spouse, some lived alone, and some with children and grandchildren). One participant was working, and another planned to resume working. All used services such as day-service or day-care and/or home-help. Some participants in studies I and II engaged in therapies to maintain physical functions. Participants in study III participated in rehabilitation consisting of physical and occupational therapies.

In study III the participants' characteristics⁶ were complemented with profiles over time of the ADL motor and process skills of the participants (see Figure 3.1).

The focus group participants of study IV graduated from either diploma or bachelor level educational programs and one had obtained a master's degree. Most worked in rehabilitation hospitals, two worked in home-visiting and one combined home-visiting with work at a day-care center.

⁶ These measures were generated using AMPS computer-scoring software that transforms ordinal raw scores of observed motor and process skills' items into two linear equal-interval measures, i.e. logits that express the qualities of ADL motor and process skills demonstrated by the observed participant. Criteria for a statistical significant change for AMPS measures were 0.5 logit for ADL motor ability and 0.4 logit for ADL process ability. Similarly, change of 0.3 or more for either motor or process ability was regarded as practical and meaningful change (Fisher, 2012a). When using these criteria the following profiles can be formulated. Mr. Koike demonstrated a practical and meaningful increase in motor skill ability. His process skill ability did not demonstrate change. Ms. Inabe demonstrated variability in motor skill ability until her fifth measure, followed by practical/meaningful increase. Her process skill ability demonstrated a drop twice, but the observed increase in process skill was not practical and meaningful. Mr. Noguchi demonstrated statistical significant and practical/meaningful increases of motor and process skill abilities, but no change in his process skill ability after the sixth measure. Mr. Koga demonstrated statistical significant and practical/meaningful increases of motor and process skill abilities, but no change in his motor skill ability after the fifth measure.

Table 3.1 Overview of participants' characteristics

	Study I	Study II	Study III*	Study IV
Participants	9 older persons with physical impairments*	5 older persons with physical impairments*	4 older persons with physical impairments	15 practicing occupational therapists
Participant characteristics	Aged: 62 ~ 87 6 men, 3 women	Aged: 65 ~ 87 3 men, 2 women	Aged: 68 ~ 81 3 men, 1 woman	Years of practice: 3 ~ 10
	LTCI care level: 2 to 3***	LTCI care level: 2 to 3**	LTCI care level: 2 to 3** (2 participants unknown)	Educational level: diploma 9, bachelor degree 5, master degree 1
Sampling technique	Purposeful	Purposeful	Purposeful	Purposeful and snowballing

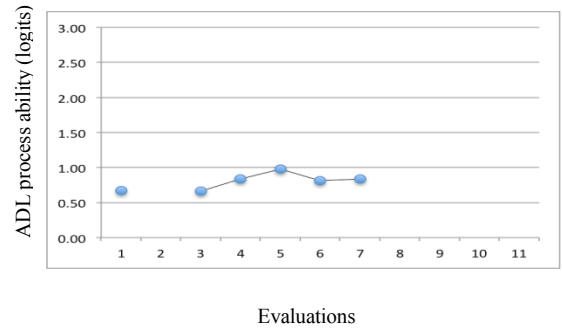
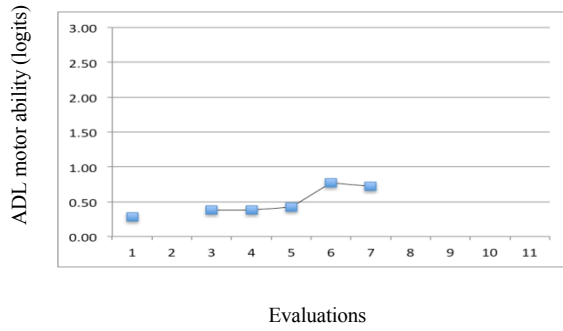
* Profiles of changes in study III participants' abilities to perform personal and instrumental activities of daily living (ADL) are presented in Figure 3.1.

** Two participants of study I also participated in study II.

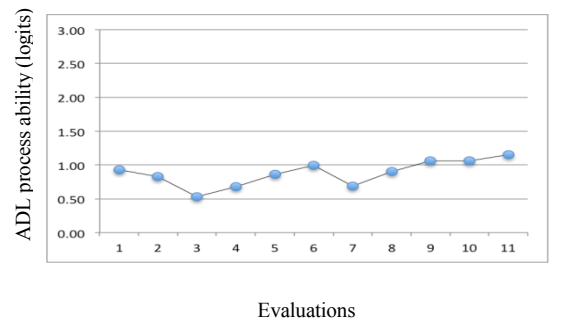
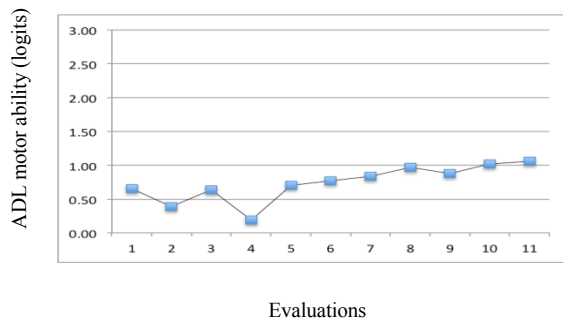
*** LTCI care level indicates level of functional independence as assessed under long-term care insurance. Persons evaluated at levels 2 and 3 are able to mobilize independently with or without technical aids. At care level 2 persons are able to perform personal care, but may require assistance with bathing. At level 3 bathing assistance is usually the case. At both levels persons require assistance with household chores, but for level 3 this assistance is usually more extensive.

Figure 3.1. Changes in ADL motor and process abilities of study III participants

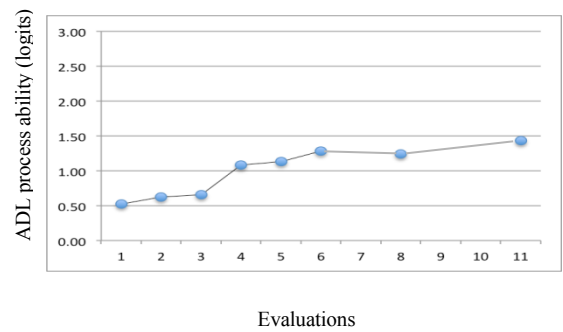
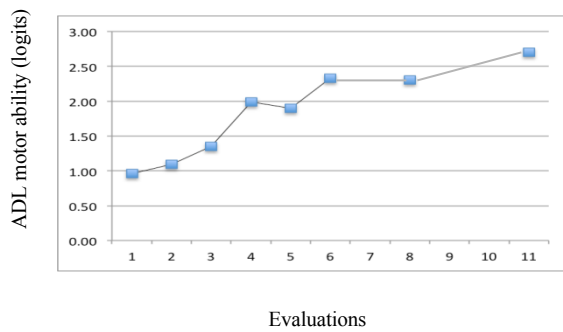
Pseudonym: Mr. Koike



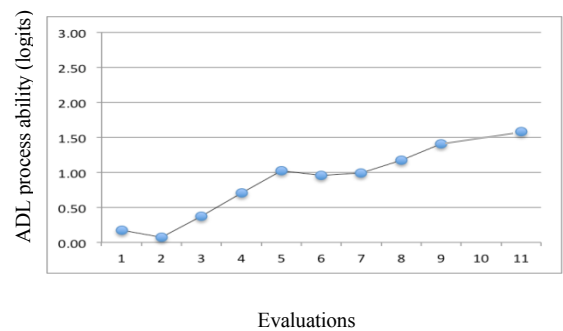
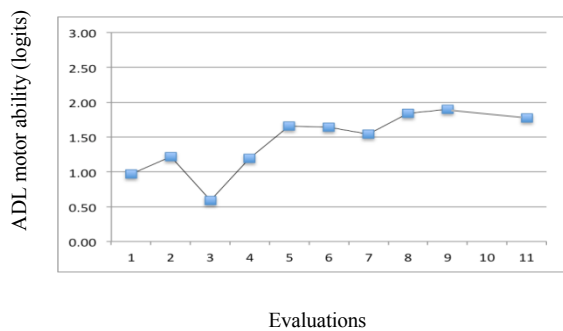
Pseudonym: Ms. Inabe



Pseudonym: Mr. Noguchi



Pseudonym: Mr. Koga



3.2 DATA GATHERING METHODS

The data gathering method for study I was qualitative interviews. In study II the data gathering methods were participant observations with qualitative interviews. The longitudinal study III used a combination of qualitative interviews and participant observation. In this study assessments of participants' abilities to perform personal and instrumental activities of daily living (ADL), i.e. self-care and domestic chores, were performed on the consideration of obtaining background data representing participants' objective ADL performance abilities over the research period. The data gathering method for study IV were focus groups. (See Table 3.2 for an overview of the methods and settings used for data gathering.)

Table 3.2 Overview of methods and settings of data gathering

Study I	Study II	Study III	Study IV
Retrospective interviews (1 per participant)	10 participant observations of everyday occupations with complementary interviews	Qualitative interviews, participant observation and hanging out. AMPS*. Frequency: Once every 2~3 weeks over 6-month period, follow-up visit at 9-months.	2 focus groups convened twice each (1 week apart).
Participants' homes, day-service / day-care interview rooms	Participants' homes, day-service center, neighborhoods, karaoke bar, temple, other	Participants' home, hospital ward rooms and occupational therapy facilities, other	University meeting rooms

** AMPS: Assessment of Motor and Process Skills, an observational instrument to assess participants' abilities to perform activities of daily living.

All qualitative interviews for studies I, II, and III were unstructured interviews with open-ended questions in order to elicit responses of how participants understand their lives (Kvale, 1996; Seidman, 1998), i.e. their experience of resuming occupation. Interview-guides were developed based on guidelines set out by Kvale and Seidman. For study III, guidelines set out by Josephson and Alsaker (2015) were added to facilitate story-telling. The repeated data gathering of studies II and III were further informed by iterative interview techniques outlined by Kvale and Riessman (2008).

The interview guides typically contained an introduction to the interview, a handful of main questions, and prompts for exploring, specifying, structuring and summarizing/interpreting the stories told by the participants. The interviews explored participants' experiences and perspectives on their resumption of occupation, as well as on their daily lives and the observed occupations of the participant observation in studies II and III.

In study I participants were asked to narrate their stories of resuming daily life, during hospitalization and after returning home up to the day of the current interview. In study II participants were first requested to narrate their daily life, and how they had been since the researcher (thesis author) last met with them. From their responses the participants and he identified relevant daily occupations to be the focus of participant observation. Qualitative unstructured interviews performed after each participant observation served to complete data gathering (Kvale, 1996). This was achieved by asking each participant about their experiences and opinions on their observed activities. In some instances this led to identification of a daily occupation to become the focus of another participant observation. In study III the interview guide questions were asked in conversational style when hanging out together with the participant. As a rule, the conversational interviews of study III were conducted before AMPS assessments commenced. This was carried out in order to facilitate focusing the conversation on 'how they had been doing' (until the current visit) and 'what might occur in the near future, e.g. the two to three weeks until meeting again'. All interviews were recorded using a digital audio-recorder. Field notes were written directly after the data-gathering visits. Interviews for study I lasted between 45 - 70 minutes and between 30 - 60 minutes for study II.

In line with the occupational perspective and theoretical resources of this thesis, the narrative-in-action methodology outlined by Mattingly (1998), Alsaker (2009) and Josephsson and Alsaker (2015) was applied to participant-observation of studies II and III. This methodology enabled access to processes of participants and other persons coordinating their actions in the contexts of evolving occupational situations. It also enabled access to meanings of human action through participant-observation, as the methodology treats observed occupational situations as stories being enacted and created.

Participant observations were conducted in a variety of settings, for example participants' homes, neighborhoods, occupational therapy departments, day-service, karaoke bar, temple, out-patient judo-therapy clinic and community center.

Lawlor & Mattingly (2001) point out the dilemma of researchers being present, in order to developing a quality relationship conducive to the gathering of rich credible data, yet wanting to be an unobtrusive observer in order to let situations evolve as natural as possible. They suggest the presence of the researcher cannot be negligible. In studies II and III the researcher (thesis author) approached this dilemma by leaving the participants and other involved persons in control of the evolving situations. He achieved by adjusting his behavior so as to participate rather than follow and being an observing fly on the wall. He also avoided initiating conversation themes that differed from the flow of the conversations.

Patton (2002) and Lawlor and Mattingly (2001) further point out that researchers' roles in participant observations can range from complete observation to complete participation. In some of the participant observations in study II, the researcher was a complete participant, such as when going for a walk together or singing karaoke. On other occasions his role was better characterized as observer, such as in study II when observing a participant's judo-therapy session or a participant's morning temple prayers. However, during most

participant observations during studies II and III his role can be best characterized as observer-as-participant. This was particularly so when, for example, joining in with on-going conversations between day-service users while observing 'his' participant engaging in the day-service activities.

Creating detailed field notes is of prime importance to generating participant observation data (Josephsson & Alsaker, 2015). For this study the researcher balanced the need for high quality field notes with the need to prevent writing notes that would impact on the evolving situation. This was achieved by keeping note-taking to a minimum and recording all sounds and conversations during the participant-observations with the aid of a digital audio-recorder tucked in his shirt's breast pocket. This allowed him to create detailed field notes, directly after data gathering, from memory (recollection of visual images) and the audio recordings. Participant observations in studies II and III lasted between 1 and 4 hours.

In study III, using the Assessment of Motor and Process Skills (AMPS) measures were generated of participants' abilities to perform personal and instrumental activities of daily living (ADL). These measures were generated on the consideration of obtaining background data representing participants' ADL performance abilities (Fisher, 2012a). The AMPS has established reliability and validity (Fisher, 2009), including for Japanese persons (Goto, Fisher, & Mayberry, 1996).

Gathering of this data proceeded according to the AMPS manuals (Fisher, 2012a, 2012b). On each occasion participants selected two relevant ADL tasks to be performed as part of the AMPS observational evaluation consisting of 16 ADL motor skills (observable goal-directed actions in order to move self or task objects) and 20 ADL process skills (observable goal-directed actions related to timely, logical and adaptive performance of the task). Tasks selected included kitchen tasks such as preparing coffee and cookies to be served at a table, cutting vegetables, folding laundry, making a pot of boiled tea, and hand washing dishes. Other tasks included self-care tasks such as changing clothes and grooming. Tasks for three participants were mostly performed in occupational therapy departments; however, self-care tasks were also undertaken in hospital-ward rooms. Tasks for one participant were mostly undertaken in her home. Shopping tasks were also carried out, either in a hospital shop or a neighborhood supermarket.

The qualitative and quantitative data for study III were gathered at two to three weeks intervals (average 17-18 days) over a 6 month period. Two to three week intervals were also considered appropriate lengths to allow participants to recollect and reflect on their experiences of resuming daily occupations since the previous visit. The period was also considered to be sufficiently short enough to formulate expectations for the period ahead until the next visit. Data gathering was planned for a period of approximately 6-months on the consideration that possibilities of gaining further insights did not justify a longer commitment of the participants (Josephsson & Alsaker, 2015). A follow-up three-month interview was conducted to reflect on the developments over the 6-months data-gathering period, and to verify emerging analytic results.

The focus groups of study IV were conducted to gather data in order to explore multiple understandings and meanings as well as facilitate social and active construction of meaning (Barbour, 2008; Ivanoff & Hultberg, 2006). The proceedings and facilitating techniques were based on guidelines laid down by Barbour, Ivanoff and Hultberg, and Redmond and Curtis (2009), and further informed by insights into storytelling as described by Josephsson and Alsaker (2015).

Each of the two focus groups convened twice. In the first focus group session the moderator (thesis author) asked the participants to share amongst them stories of their experiences in supporting older clients' resumption of daily occupation. The participants were facilitated to explore these stories in-depth through questions asking about and reflecting on each other's stories. This enhanced processes of meaning-making as well as identifying the meanings they assigned to their experiences of working with older persons. The main questions or topics for the second session were derived from preliminary analysis of the first session. In both groups' second session, the focus remained on perceptions of change and how that unfolded over time. However, in the Kanto-group focus was also partly on occupational therapy clients' readjustment to daily living in the context of their life stories, whereas in the Kansai-group focus was also partly on the dilemma of exercising physical functions versus practicing the skills for performing daily occupations.

The roles of the assistant moderators were to help moderate and also assist by asking clarifying questions during the focus groups. At the end of each session they presented short summaries of the focus group session as a way of verifying the discussion contents and debriefing.

The focus groups were conducted in meeting rooms of university campuses conveniently located near major railway stations. The participants were offered refreshments before the focus groups commenced. Self-introductions, small talk and an explanation about the interview served to establish rapport and to create an atmosphere conducive to generating storied experiences. The focus groups lasted approximately two hours each time.

3.3 DATA ANALYSES

Data-analyses of the narrative data were constant comparative analysis (studies I and IV) and narrative analysis (studies II and III). Table 3.3 provides an overview of the data-analysis methods.

Table 3.3 Data-analysis methods

Study I	Study II	Study III	Study IV
Constant comparative analysis	Narrative analysis	Narrative analysis	Constant comparative analysis

3.3.1 Constant comparative analyses

The data-analysis for studies I and IV utilized constant-comparative thematic analysis methodologies following guidelines outlined by Bogdan (2007). These methodologies were complemented by guidelines from Boyatzis (1998) for the coding process. This analysis method facilitated identifying and characterizing meanings the participants assigned to their experiences. Further, to maintain focus on the process aspect of ‘resuming daily occupation’ questions such as ‘what is going on?’, and, ‘how is this unfolding?’, were posed throughout the analysis. Furthermore, the unit of analysis (Rosenberg & Johansson 2013) resuming daily occupation was defined (see sections 2.4 and 2.5).

Next the analytic procedures executed will be outlined. These were executed in an iterative process of constantly moving back-and-forth between the analytic activities. (Please note that for clarity these analytic activities are presented as being performed by the thesis author and co-researchers, who included the supervisors and local collaborators.)

The interview recordings were transcribed verbatim. Pauses, laughter, humming and field-notes were added to reflect the dynamics of the interview interactions. Co-researchers assisted with ensuring the accuracy of the transcripts (problems with audibility, verifying dialect/slang).

The thesis author, who was the main researcher on all of these studies, read the verbatim transcripts carefully while listening to the IC-recordings, which served to verify nuances. He developed a thorough understanding of the data through repeated perusal of the data, and by writing in the margins of the interview transcripts in-vivo codes in English that reflected participants’ words as closely as possible. In order to communicate among the international groups of co-researchers and supervisors, the thesis author developed and assigned codes in English that brought together the shared features of the in-vivo codes.

The codes’ labels consisted of phrases rather than single nouns or adjectives to capture the process. Following guidelines by Boyatzis (1998), the researcher defined each code and described their distinguishing features. As the coding process proceeded new codes were added. Codes were then merged or divided until a list of codes were identified that provided the best possible illustration of the meanings contained in the data. The emerging lists of codes were verified and validated by the supervisors and other co-researchers (in study I they were the Japanese co-authors and in study IV the assistant-moderators of the focus groups). Categories came to the fore by constantly comparing the codes for relationships, differences, similarities, and patterns. The researcher identified codes that seemed to share similar meanings and grouped these into categories that he then described. While paying attention to the unique and the shared experiences, he probed the categories for common features. In consultation with the co-researchers the final themes were decided upon as best expressing how the participants described their experiences.

Finally, the researcher verified with the interview transcripts that themes were consistent with the data. Discussions with the supervisors and co-researchers throughout the analytic process ensured agreement on all the analytic results.

Coding and categorizing were performed with the aid of Atlas.ti software, which aided in the effective processing of large amounts of data and going back-and-forth between data, codes, categories and themes.

3.3.2 Narrative analyses

Narrative analyses were based on guidelines by Alsaker & Josephsson (2011), Alsaker et al. (2013), Josephsson and Alsaker (2015) and Mattingly (1998). The narrative analyses for studies II and III proceeded in fashion in the initial analytic activities. In both studies the researcher (thesis author) started with generating written accounts and gaining thorough grasps of the data. He then proceeded with constructing detailed written accounts of the participant observations based on field notes. Equally, he transcribed verbatim the unstructured interviews for study II. He achieved thorough understanding of 'what was going on' and 'what was at stake' in the observed situations by repeated perusal of the written accounts, while noting analytic hunches and writing reflective memos. After these activities, the analytic processes for studies II and III began diverging. (Please note that for clarity these analytic activities are presented as being performed by the researcher, however all activities were performed with the support of and in collaboration with supervisors and a research collaborator in study III.)

In study II, the researcher first identified among the data of the observed occupations' events that seemed of interest to exploring and understanding the meaning of persons' actions. Often these events stood out, because the event seemed puzzling, indicated change and/or involved some suspense. The researcher then entered into processes of emplotment, which denotes establishing possible meanings by linking actions, conversations and circumstances into causal relationships. Eleven narratives were then created around events that stood out in the data of the observed activities. During these analytic activities possible plots began to be identified, further developing the tentative links between action and meaning. Discussion of these tentative understandings between the co-authors led to the identification of an overall plot 'balancing struggles with desirable results'. Further exploration of the narratives led to identification of subplots that characterized how meanings were enacted. This led to identification of three strategies of approaching problematic situations within everyday occupations, namely: 'acting on a plan to achieve one's goals', 'taking a step in a preferred direction by capitalizing on emerging opportunities' and 'modifying situations to avoid problems'.

In study III, the researcher developed plots from identified critical events, particularly those that indicated change, incidents or turning points. Plots were also identified from striking comments or actions that stood out because these contradicted or otherwise departed in some way from the flow of participants' resumption of daily occupation. The consideration here was that such critical events and striking comments or actions provided rich material for exploring experiences and meanings, as well as processes of the resumption of daily occupation. In a back-and-forth process, plots were described as titles of supporting

narratives that were constructed from relevant data. Relevant data were those that were indispensable for understanding the narratives and such data were often identified across different data-gathering sessions. The final plots described meanings of resumption of daily occupation for each of the participants. Probing what was at stake in the changes, by going back-and-forth between data and plots, revealed the central finding of ‘unfolding familiarity’ involving three features.

3.4 ETHICAL CONSIDERATIONS

Research ethics and safety board approvals were obtained from Aino University for studies I and II and Tokyo Metropolitan University for studies III and IV.

Participation was based on a voluntary basis and informed consent while the recruitment process was designed so as to control for conflict of interest. At recruitment and negotiating informed consent it was made clear, verbally and in writing, that neither declining nor accepting participation would affect service provision or the relationship with gatekeepers, service providers and/or researcher.

Of the older participants, three made use of their right to decline participation. In study I, one person declined participation, but agreed to have a conversation. This conversation was not recorded and no informed consent was signed. Accordingly, all data (contact details) from this person were destroyed. In study III, one participant declined collection of AMPS data after the 6th measure on the grounds that he did not think it was important to understanding his situation. This led to a renegotiation of his participation as being limited to interviews, participant observation and hanging out at the outpatient department where he engaged in rehabilitation. Another participant declined cooperation with AMPS data gathering three times on similar grounds of questioning the relevance for understanding his situation.

The data gathering methods were of low risk to the participants, in terms of physical and emotional stress. Preventative measures were taken in ensuring participants were not put at risk during observation of occupations, i.e. delaying till later afternoon grocery shopping because of extreme summer heat. Backup measures in case of physical or emotional distress or accidents were prepared, but no need arose to enact these.

In recording, analyzing and reporting the studies, care was taken to maintain confidentiality. Informed consent forms, audio and video-recordings, and other documents with information that identified participants were kept under lock and key, separate from field notes and interview transcripts. In all data records and research reporting, codes or pseudonyms were used to conceal any identifiable information, such as names and places of domicile.

Another ethical issue pertained to me being an occupational therapist and participants’ knowledge of that. On a limited number of occasions participants consulted about medical issues and issues of engaging with specific occupations. In responding, I was mindful of participants’ expectations of gains from participating in the research while not taking on the

role of occupational therapist. However, these consultations were limited to sharing some expertise, no occasions arose of potentially getting involved in a therapist's role and no need arose for referring participants to rehabilitation or care providers.

4 FINDINGS

In this chapter I will present the findings of the four studies. Table 4 summarizes the findings together with the aims of each of the four studies. Study I's findings highlight how older participants framed their experiences, whereas study IV highlights occupational therapists' perceptions. In both studies these are presented as themes. Studies II and III address issues of meaning-making by older participants and findings are narrative understandings of the complexities and situated character of resumption of daily occupation.

Table 4. Aims and main findings of the four studies.

Study	Aim	Main findings
I	To identify and describe how some older persons described their experiences of resuming daily life during hospitalization and after returning home.	Themes: * Doing the right thing * Reconciling to dependence * Becoming invigorated
II	To identify meanings of persons' actions within daily occupations of some older persons with physical impairments.	Approaches to problematic situations: * Acting on a plan to achieve one's goals * Taking a step in a preferred direction by capitalizing on emerging opportunities * Modifying situations to avoid problems
III	To explore and understand how engaging in daily occupation unfolds over time for some older persons with physical impairments.	Plots of unfolding familiarity: * Assisted participants to deal with ambiguities and challenges * Daily occupations fulfilling occupational needs and meanings * When engaging in occupations goes according expectations
IV	To explore and understand occupational therapists' experiences of supporting the resuming of occupation among older people with physical impairments.	Themes: * Drawing from the powers of occupations * Imagining client's futures * Co-creating shared plots.

4.1 FINDINGS STUDY I

The aim of study I was to identify and describe how some older persons described their experiences of resuming daily life during hospitalization and after returning home. From the constant comparative analysis of retrospective interviews with nine participants, three themes were identified that best describe the participants' experiences (see Table 4).

The theme 'doing the right thing' expresses how the participants acted on their beliefs of what they considered to be morally right. This featured in stories of their experience of recovery of physical functions and of improving their daily occupations. How they acted upon the value of doing the right thing was also illustrated by them managing their health or preventing accidents, and by adjusting their actions in consideration of other persons.

The theme 'reconciling to dependence' provides insights into how the participants dealt with their need for assistance in carrying out ordinary daily occupations, which all had been able to do prior to their illness or accident. The participants expressed coming to terms with their dependence on others for performing daily occupations in a number of ways. For example, they experienced assistance as enabling them to undertake daily occupations or as fulfilling important values, such as being valued by family who provided assistance.

The third theme of 'becoming invigorated' expresses an energy/force central to their experiences. It possessed two dimensions. One dimension was positive experiences reinvigorated them. The other was participants generating vigor necessary for being active in everyday and rehabilitative activity. Thus, these two dimensions of vigor were cyclical and reinforced each other. Generating vigor assisted participants in making efforts to engage in daily occupations and rehabilitative activity, while noticing that positive results enhanced their sources of vigor.

These findings contribute to a number of understandings relating to the current knowledge of resuming daily occupation for older persons with physical impairments. The findings highlight that these older persons may consider their preferences and needs in relation to other persons involved in their everyday occupational contexts. This was particularly evident in participants doing what they believed was morally the correct thing to do, by adjusting their behavior and preferences in consideration of other persons. Older persons might also view opposing conditions, such as health and illness or independence and dependence in performing occupations, as complementary experiences of human life. Furthermore, participants could reconcile to something previously thought of as undesirable, i.e. assistance with daily occupations, although they attached value to being as independent as possible. Accordingly, the findings reveal meaning-making as dealing with or prevailing over the practical challenges of daily living. Furthermore, becoming invigorated was important for the participants to deal with the challenges of daily occupations and their physical condition. The reciprocal functions of vigor suggest it is something that is sourced and gained. Seen in the light of the other two themes, becoming invigorated includes a spiritual/moral dimension, in addition to the physical and mental dimensions commonly considered as making up vigor.

In conclusion, to regain proficiency in performing daily occupations might prevent the challenges expressed by the three approaches. However, this is often not an option for older persons, like the participants, who experience permanent constraints to performing daily occupations. Accordingly, resumption of daily occupation, for older persons with physical impairments can be understood as mitigating the constraints to engaging in daily occupation by also involving meaning-making and changing the relationships with other persons.

4.2 FINDINGS STUDY II

The aim of study II was to identify meanings of persons' actions within daily occupations of older persons with physical impairments. The analytic result of this study (see Table 4) included an overall plot termed 'balancing struggles with desired results'. This plot illustrated that participants and other involved individuals balanced problematic situations with finding solutions to accommodate their needs. Meanings of these actions were further identified as three complementary strategies.

Two of three strategies aimed to mitigate given problems, one by 'acting on a plan to achieve one's goals', the other by 'taking a step in a preferred direction by capitalizing on emerging opportunities'. In acting on a plan to achieve one's goals, participants and other individuals acted on knowledge or a belief that following actions set out in a plan would lead to goals being achieved. Participants and other individuals were also observed capitalizing on opportunities emerging in occupational situations as a way of taking a step in a preferred direction. This was a strategy characterized by recognizing a condition that emerged more or less by chance and was then brought into reality to benefit the participant. The third strategy focused on avoiding undesirable experiences by 'modifying situations to avoid problems'. This strategy was observed when participants and other individuals avoided problems by demonstrating resourcefulness to generate positive experiences. By diverting situations away from a particular problem, reframing the problem or utilizing their strengths in everyday activities, they prevented problems from emerging. Furthermore, participants were observed to oscillate between these approaches as their goals, meanings assigned to their undertakings and their conditions changed. Accordingly, the three strategies should be seen as complementing each other given observations of persons deploying them concurrently as well as oscillating between them.

These findings show how older persons with physical impairments, and other persons supporting or joining them in occupational situations, might creatively and flexibly deploy differing strategies. When successfully using different strategies, they not only attempt to make daily occupational situations work, they also might create conditions where health and well-being can be experienced. The first two approaches can be understood as remedying or otherwise overcoming the impacts of constraints to engaging in daily occupation. In contrast, the third approach leaves constraints for what they are. In employing this third strategy, persons aim to develop conditions whereby the older person with physical impairments can engage in daily occupations in line with his/her needs and that he/she finds meaningful.

In conclusion, shifting goals and changes in anticipated outcomes can be corresponded to through flexible and judicious use of (the three) complementary strategies (identified in this study).

4.3 FINDINGS STUDY III

The aim of study III was to explore and understand how engaging in daily occupation unfolds over time for some older persons with physical impairments. Though participants experienced situations that were unfamiliar, the analysis demonstrated central roles for ‘unfolding familiarity’ as participants resumed daily occupation. Familiarity had several features that emerged in a variety of ways (see Table 4).

One way in which familiarity unfolded occurred when participants could draw from personally familiar problem-solving strategies to meet challenges of performing occupations. In this way, familiarity, when sourced (unfolded), was a quality that could assist participants to deal with ambiguities and challenges posed by occupational situations in their daily lives. Further, participants strived for repertoires of occupations that once again might be experienced as familiar. These repertoires could include past, changed and new daily occupations that fulfilled their occupational needs and meanings. Unfolding familiarity in this sense was understood as reconfiguring old sets of expectations to changed conditions for engaging in daily occupation. Through accumulating occupational experiences, their new situation evolved and new or changed daily occupations became familiar. In this way, making meaning of one’s resumption of daily occupation, and considering whether to recapture some role or hobby was important to re-establishing familiarity with one’s daily occupations. Familiarity also unfolded when engaging in occupations occurred in line with participants’ expectations. This was understood as being at ease with occupational situations by knowing what to expect, although such expectations could be the result of adjustment of expectations to changed conditions or circumstances.

In conclusion, unfolding familiarity is put forth as a way of understanding how resumption of daily occupation can occur over time for older persons with physical impairments. A key finding in relation to unfolding familiarity is that it is more than something that was previously known. Occupational situations afford experiences of familiarity, but also afford familiarity to be redeveloped and take on new forms. Familiarity in ways of dealing with ambiguities and challenges of engaging in daily occupations can be a source for handling ambiguities and challenges in daily occupations. Familiarity can be created and re-created as part of (re-)establishing daily occupations experienced as familiar in terms of fulfilling individual’s occupational needs and meanings. Also, familiarity might unfold when older persons with physical impairments experience evolving occupational situations as being in line with their expectations. Consequently, unfolding familiarity can be understood as being multi-faceted, versatile and amenable to change.

4.4 FINDINGS STUDY IV

The aim of study IV was to explore and understand occupational therapists’ experiences of supporting the resuming of occupation for older persons with physical impairments. Three themes identified were, drawing from the powers of occupations, imagining client’s future, and co-creating shared plots (see Table 4).

Participants focused on gains clients might make when drawing from potentials embedded in occupational situations. Capitalizing on such potentials, they called ‘powers of occupation’, occupations served to create possibilities that could be turned into reality. Participants and clients were able to recognize powers that clients could benefit from due to the versatility of the occupations in which they engaged. Grasping opportunities presented led to endeavors to turn these emerging possibilities into reality.

‘Imagining the client’s future’ was important because it helped to direct occupational therapy practices by raising issues that needed addressing and by raising which of the client’s preferences required prioritizing. Drawing from past and new experiences, knowledge, and clues in the environment facilitated the emergence of new images which could then be followed by pursuing the client’s perceived future.

Participants regarded sharing plots as a requirement for effectively supporting clients’ resumption of daily occupation. Participants spoke of continuous co-creation of plots, because experiences developed new insights, newly emerging opportunities were grasped, unforeseen developments occurred, or when family or home-helpers’ offered their opinions. Shared plots were co-created through communicating clients’ preferences and professional intent, and were then further shaped by conditions and designed occupational therapeutic situations.

Thus, these findings suggest that occupational therapists and clients design shared processes rooted in occupational situations. In so doing, reoccurring creations of synergistic effects begin with recognizing possibilities that are followed by actions whereby possibilities (i.e. occupations’ powers, images of clients’ future) were turned into reality. The occupational therapists in this study considered this most effective when based on plots around methods and goals shared between them and clients. Therefore, ‘co-creating possibilities’ can be considered central to supporting resuming occupation.

In conclusion, older occupational therapy clients’ occupational preferences and needs change with the outlook on their future evolving. Occupational therapists can assist in the creation of possibilities for resuming daily occupation by recognizing and exploring the potentials that emerge from the clients’ situations. This might include capitalizing on the occupation’s healing properties to promote experiences of health and well-being. In this context, resuming occupation is an unfolding and reoccurring creative process.

5 DISCUSSION OF METHODS

This thesis aims to explore and understand how resuming of daily occupation unfolded for older persons with physical impairments. In this chapter I will discuss the ambition to move beyond description of components and general characteristics by focusing on processes and in-depth understanding of the complex and situated meanings of persons' actions (Borell et al., 2012, Frank & Polkinghorne, 2010).

In terms of issues pertaining to the used methods, this raises issues of the design assisting to fulfill the ambitions, and the generation of rich data and thick descriptions (Patton, 2002). In relation to this, questions will be explored such as, to what extent has the rich data been generated? That includes discussing the roles of participant as providers of data along with the role of this thesis' author as the co-creator of data. Next, discussing how the data were handled in order to achieve thick descriptions will follow. Finally, the analyses methods will be carefully examined.

5.1 DID THE RESEARCH DESIGN ASSIST TO FULFILL THE AMBITIONS?

This thesis aims to provide an understanding of how engaging in daily occupation occurs and how the resumption of daily occupation evolves over time. Transition theory (Meleis et al., 2010, Schumacher et al., 1999) was central in this thesis to expanding the definition of occupation as being something that is not merely engaged in at certain times and in certain contexts. Transition theory allowed for an understanding of how occupation can evolve over time. With this in mind, the thesis format consisting of four studies has been utilized to explore in four different ways the same issue of how the resumption of daily occupation unfolds over time. During the course of the studies two particular challenges were encountered.

One challenge pertained to the innovation of utilizing the transactional perspective (Cutchin, 2004; Cutchin et al., 2008; Cutchin & Dickie, 2011) in combination with the narrative methods, particularly narrative-in-action (Mattingly, 1998; Josephsson & Alsaker, 2015). Transaction theory was called upon to facilitate the understanding of occupations as situated in specific contexts that are mutually shaped by the actors involved and material and immaterial features. Narrative was chosen due to its propensity to afford developing understanding of morals as lived and negotiated within the unfolding occupational situations. Thus, the challenge was to tune the transactional focus on trying to understand the contextual nature of process to the narrative functions of 'trying out multiple possibilities' (Alsaker et al., 2013; Josephsson et al., 2006).

In order to facilitate quality narrative analyses in studies II and III, features of processes of the unit of analysis (Rosenberg & Johansson 2013) resuming daily occupations, were derived from the adopted narrative methodologies, particularly from narrative research described by Mattingly (1998) and transaction theory as described by Cutchin and Dickie (2011). These features included actors, temporality, cultural contexts, embodiment, change and turning points, environmental influences, spatial settings, routines, health and functional states,

emotions/mental responses, meaning-making, and objects. This served to ensure a consistent theoretical match of the analytic findings to the data. The match was achieved by constantly verifying how these features played out in observed daily occupations. On the other hand, these features assisted in focusing the narrative analysis on process, instead of ‘what-is-at-stake’ features often considered in occupational therapy and science research, such as performance abilities, identity, agency, self-efficacy, habits, volition and more. Furthermore, defining features of the unit of analysis increased the risk of applying theory thereby limiting the possibilities of discovery and new knowledge. This might conceivably have created order at the expense of creativity (Josephsson et al., 2006). Nevertheless, the results of the present thesis add empirically grounded knowledge of possible ways in which resumption of daily occupation unfolds for older persons with physical impairments.

Another challenge that occurred has been the ambition to move beyond the divide that exists between qualitative meaning and measures of performance of occupation. Because of this, mixed methods for research that employs a transactional perspective needs to be developed (Shank, 2013). Combining narrative analysis with measures on occupational performance abilities proved to be challenging in study III.

The narrative analysis of the gathered data resulted in various understandings situated in occupational contexts. In relation to performing occupation, the plots were complex yet, at the same time, were able to reveal the meanings of how participants generated occupational performance skills. On the other hand, the AMPS assessments led to detailed insights into patterns of change – or lack thereof – in the measured motor and process skills of individuals’ performance relating to personal and instrumental activities of daily living. In other words, the AMPS measures represent abilities but not performance situated in the complexities of daily occupational contexts. These two sets of data did not lend themselves well for juxtaposing to each other. As a result, this thesis draws predominantly from qualitative data.

5.2 PARTICIPANTS: PROVIDERS OF RICH DATA?

The success of the four studies depended on generating rich data, in this case by accessing the experiences and perceptions as well as everyday occupational contexts of participants. Of primary concern was whether the participants could provide high quality data (Josephsson & Alsaker, 2015; Patton, 2002).

The participants in studies I, II and III all experienced constraints to engaging in daily occupations, had engaged in rehabilitation, or were still engaging in rehabilitation. All participants were able to recollect and narrate their experiences. Therefore, the participants were appropriate candidates with whom rich data might be created. Variety among the demographics of participants that included age, place of domicile, diagnosis and physical impairments, and gender, also facilitated the generation of rich data.

Conversely, severely impaired persons who required extensive assistance in undertaking daily occupations or those who were bed bound were not recruited into the studies as participants. Exclusion also applied to persons with impairments of cognitive and

communication functions or who were institutionalized. Further research is needed among such persons so as to elaborate on the findings and conclusions presented in this thesis.

The participants of study IV were occupational therapists of various educational levels, age and gender that match the occupational therapist population in Japan. Persons from practice settings such as convalescence nursing homes and acute care, and from local cities and countryside areas as well as West and East of Japan and smaller islands were not included. This may or may not have influenced the quality of the data as the demands on occupational therapists' support are mirrored across Japan (see sections 2.2 and 2.3).

Furthermore, occupational therapists with more than 10 years' experience did not volunteer to participate. Therefore the focus groups consisted of participants with similar characteristics, and the absence of veteran colleagues was considered conducive to participants sharing of views (Ivanoff & Hultberg, 2006; Redmond & Curtis, 2009).

In conclusion, the possibility remains of further study among participants who can share a wider range of experiences and views than those discussed in this thesis. However, given the resources of this study a still manageable amount of data was collected. More importantly the quality of data collected allowed for generation of answers to the research aims (Patton, 2002; Bogdan, 2007). This was so for studies II and III and fits with researchers who claim, it is the quality of data that matters, not the number of participants (Patton 2002; Josephsson & Alsaker, 2015).

5.3 THE CHALLENGE OF CO-CREATING RICH DATA

Careful preparations were taken to enhance the interviews' quality and interview activities. This included developing interview guides and researcher positioning (see also 5.3.1; (Bestor, Steinhoff, & Lyon Bestor, 2003; Josephsson & Alsaker, 2015; Kvale, 1996; Ringer, 2013). However, several issues impacting the gathering of data can be raised.

The places where data-gathering was undertaken may have had some impact on the quality of the obtained data. Study II was conducted in the participants' home and in community settings. These were the natural environments where the observed occupations normally occur. On the other hand, data-gathering for studies I and III were conducted not only in participants' homes, but also in day-care center meeting rooms, hospital ward rooms and occupational therapy departments. In addition to potential influences of the places of the interviews in studies I, II and III, the recruitment of participants by their health care providers may also have influenced the data gathering. Equally, knowledge of the researcher (thesis author) being an occupational therapist and his professional interest in their experiences may have resulted in a co-construction of narratives set by norms and discourses (Ringer, 2013) associated with rehabilitation, care, aging and independent living. Therefore, it can be considered that the data and the study results are closely linked to participants' perceptions of these social norms and discourses around rehabilitation, disability and aging. However, this is not necessarily problematic as the thesis is grounded in occupational therapy and science.

The quality of a study employing participant observations depends to a large extent on high quality field notes (Josephsson & Alsaker, 2015; Patton, 2002). In this study an unforeseen merit of audio recording facilitated the creation of high-quality field notes. As a way of dealing with the challenges of recollecting conversation, the researcher, with the informed consent of all participants, kept a digital audio-recorder switched-on throughout data-gathering. So as not to interfere with the ongoing data-gathering the recorder was unobtrusively placed in his breast pocket. Consequently, conversations and all sounds of participant observations were recorded, minimizing the need for memo taking. This facilitated the researcher's ability to fully concentrate on the task at hand and be attentive and responsive to participants and other involved persons (Lawlor & Mattingly, 2001). As a result, listening to the audio recordings enhanced his recollection of details while constructing field notes after data gathering. Such detailed recollections would have been impossible when drawing from memory and memos taken during participant observations.

One of the hallmarks of focus groups is social construction of meaning (Barbour, 2007). Study IV's focus group participants drew from professional reasoning and discussed reasons as to why they thought about a given situation the ways they did. As a result, the researcher observed that new awareness was created among participants (Ivanoff & Hultberg, 2006; Mattingly, 1998). This was observed when one participant commented that he thought the focus group participants were having deep thoughts. Also, it was observed in the debriefing when participants commented they had gained information that they considered beneficial for their practice.

On the other hand, experiences of how training of physical functions can relate to processes of resuming occupations may well have been under-reported. In this respect, several participants acknowledged they had not shared with the focus group that they were involved in providing significant amounts of training of physical functions as part of their clinical practice. This leaves open the possibility that how this latter aspect of occupational therapy practice supports the resumption of occupation has been under-reported in the focus groups. However, participants also commented training of physical functions is less relevant. The conclusion here must be that the participants allowed for gathering of rich data relevant to the research topic, but additional research with more variety among participants might enhance the quality of the findings.

Finally, the data created in study III and IV can be characterized as representing periods that span part of, but not the entire transition of participants' and of clients who featured in focus group stories. Therefore, it can be stated that the data gathering did not cover the beginnings and ends of transitions. Seen from the research aim, this can be regarded as being a strength because it puts the focus of data gathering (and analysis) on the occurring processes, untainted by the filters of outcome and hindsight (as was the case with the retrospective interviews of study I).

5.3.1 Building researcher-participant relationships

Interviews and participant observations are situations co-constructed between participant and researcher (Josephsson & Alsaker, 2015; Patton, 2003; Ringer, 2013). For this reason it is important to consider the researcher-participant relationship, particularly when establishing rapport and how the researcher positioned himself in relation to the participants.

For studies I and III, the professional relationship between gatekeepers and me (researcher/thesis author) was clarified with the voluntary participants by the gatekeepers. A sense of trust may well have transpired among the participants facilitating the establishing of rapport between the participants and me. The longitudinal design of study III afforded rapport to be enhanced during repeated visits. In combination with getting to know each other well, this facilitated in-depth interviews and conversations, and resulted in the gathering of rich data. As Lawlor and Mattingly (2001) pointed out, the pre-established rapport with participants, which occurred in study II, facilitated establishing rapport and gathering of rich data. Participants appeared pleased with my continued interest in them and willingly updated me on their situation during subsequent meetings.

In each focus group of study IV, several participants knew me and/or my work through my presentations at study meetings or congresses, with one participant being a former student. These relationships served to create a base from which rapport could be established early on in the focus groups.

I was deemed qualified to gather the data due to my proficiency in the Japanese language and being acculturated to the local culture through my professional and private life in Japan, since 1996. Nevertheless, some attention will be given here to how cultural background might have influenced the participant-researcher relationship.

The importance of paying attention to this positioning was supported by participants showing desires to establish common grounds, by exploring similarities and differences in our lives. On the other hand, although being proficient in the Japanese language, participant would have been aware that I am not a native speaker. The risk here was participants limiting narration of more profound socio-cultural and personal perspectives assuming I would not understand them (Bestor et al., 2003; Kvale, 1996; Seidman, 1998). I tried to reduce such perceptions by sharing professional and private aspects of my life in Japan. On the other hand, some Japanese are said to grasp the opportunity of meeting Westerners who according to social convention are considered as more direct communicators. Indeed, at times I was surprised with the frankness of participants sharing their perspectives. This experience was shared by other non-Japanese researchers doing fieldwork in Japan (Bestor et al., 2003). A conclusion might be that there were advantages and disadvantages to my different cultural background and being proficient in Japanese but not a native speaker (Bestor et al., 2003).

5.4 STRIVING FOR QUALITY DATA-ANALYSIS

The detailed descriptions of the theoretical resources (see chapter 2) and analytic procedures (see sections 3.3.1 and 3.3.2) were provided for readers to judge the plausibility of the findings. Discussing the data-analysis here aims to address issues of analytic rigor and trustworthiness of findings (Bogdan, 2006; Josephsson & Alsaker, 2015; Patton, 2002).

5.4.1 Establishing quality constant-comparative analysis

Enhancing the trustworthiness of the analyses of narrative was undertaken following the guidelines set by Bogdan (2006), Boyatzis (1998) and Patton (2002). The quality of the analytic procedures was established through audit trail/verifying conclusions, reflexivity and presentations at meetings with researchers experienced in qualitative research methods.

The analytic activities were carried out in a collaborative effort with the co-researchers and supervisors of the four studies. While I performed the analysis, the co-authors verified the quality of all analytic activities and emerging insights. Discussions between the authors of the studies continued until shared understandings and agreements were reached on all aspects of the concerned study, i.e. methodological aspects, coding scheme, resulting themes and discussion of findings. In focus during these ongoing collaborations was ensuring that the consistency between the data, assigned codes, categories, and emerging themes were achieved.

Reflexivity included writing memos on emerging analytic insights, of thoughts and feelings, as well as sharing these with supervisors and co-researchers. Constant returning to records that were kept of reflections, and auditing the trail of notes, email communications and research records facilitated the development of the analytic understandings and verification that emerging analytic results were in fact reflected in the data.

Member checking was not attempted in study I, however, in study IV member checking afforded verification of analytic results. Participants' feedback on tentative findings facilitated more precise reporting of the identified themes, particularly the theme titles.

5.4.2 Issues of narrative analysis

The procedures used in the narrative analyses of studies II and III should be likened to the processes described in the hermeneutic circle (Josephsson & Alsaker, 2015). The interpretative function of hermeneutics is enhanced by juxtaposing data to the relevant theory. Seen in this light, it can be questioned to what extent the narrative analyses were data driven or theory driven.

An occupational perspective was formulated, and the unit of analysis (Rosenberg & Johansson 2013) was defined and further operationalized with the aid of transition theory. This allowed for identifying these pre-understandings, which served to make explicit theoretical lenses that informed the analysis. This is considered an important element of

establishing transparency of the analytic results and enhances the trustworthiness of the studies.

Next, transactional and narrative theoretical resources adopted for this study were also used to identify ‘orienting concepts’ (MacFarlane & O’Reilly-de Brún, 2012). As a result, probing for features derived from narrative theory (Josephsson & Alsaker, 2015; Mattingly, 1998) and transaction theory (Cutchin & Dickie, 2011) facilitated the narrative analyses. (How these orienting concepts were determined was described in section 5.1.) A consistent theoretical match of the analytic findings to the data was facilitated by constantly verifying how these features played out in the observed everyday occupations. However, specific relevant theory, such as transition theory, was not explicitly introduced into the narrative analysis to interpret the possible meanings in the data. Nor was any attempt made to juxtapose the emerging findings to any theory, such as transition theory. Nevertheless, searching questions, such as ‘what is going on here?’ and ‘what is at stake?’ or ‘can this be understood in a different way?’, were posed to the data and emerging analytic findings. Furthermore, by developing ‘orienting concepts’ from transaction and narrative theory a sensitivity was developed for the narrative analysis. This was in an effort to explore how meanings of persons’ action functioned in the dynamic relationships between persons and the material and immaterial (the (inter-)personal, physical and socio-cultural) features in daily occupations. In these ways, the researcher (thesis author) was assisted in the analyses by being sensitized to relevant features and processes as well as interpretations that otherwise might not have been identified using a purely data-driven approach (MacFarlane & O’Reilly-de Brún, 2012).

Including several participants in both narrative studies led to tension in producing and reporting an analytic result that, on the one hand, accounted for all participants while, on the other hand, also captured the richness and complexities of individuals’ narratives. This conundrum was dealt with by reporting plots of all participants that best represent their processes of resumption of daily occupation, while also communicating their meaning-making through a central finding.

Familiarity with the transactional perspective, which is relatively new to research in occupational therapy and science (Alsaker et al., 2013; Josephsson & Alsaker, 2015), expertise with qualitative research methods and narrative methods among supervisors facilitated successful narrative analyses. Discussion at scholarly platforms further enhanced the trustworthiness. These platforms included national and international occupational therapy and occupational science congresses, locally established Scandinavian and Japanese seminars of narrative researchers, and critical evaluation of research among PhD students and faculty at the division of Occupational Therapy, Karolinska Institutet.

6 DISCUSSION OF FINDINGS

In this discussion section I will present a number of possible explanations of how resuming daily occupation for older persons with physical impairments may unfold. I will do this by linking findings of the four studies where possible and bringing them together with relevant literature. Finally, I will propose possible implications for occupational therapy practice.

6.1 CAPITALIZING ON EMERGING POSSIBILITIES

The findings from studies II and IV emphasize that resuming occupations for older persons with physical impairments can consist of processes that are difficult to foretell and to control. Rather, needs and preferences may change over time and require experience and acquisition of knowledge in order to be clarified. Further, resources and opportunities for engaging in occupations sometimes emerge, as opposed to being planned. The ability to recognize possibilities surfacing followed by capitalizing on the opportunities emerging from that was evident in all studies. However, these were most clearly identified from the focus group discussions (study IV) and participant-observations relating to occupational situations (studies II and III).

One possible way of understanding these findings is by relating them to Asaba and Wicks (2010) who reasoned that occupations are situations where potentiality emerges, and can be capitalized upon. However, in this study, processes of evolving insights, changes unfolding over time, institutional environments and service provision, along with others (e.g. occupational therapists) were all understood to have had an impact on the processes of resuming daily occupation. This was clearly expressed in the themes ‘taking a step in a preferred direction by capitalizing on emerging opportunities’ (study II) and ‘co-creating possibilities’ (study IV). Accordingly, this thesis’ findings point to a possible expansion of descriptions of ‘occupational potential’ as an interplay between individuals and occupation (Asaba & Wicks, 2010; Asaba, 2005). However, occupational potential may also be understood, when situated in an occupational context, as constantly changing and emerging, and shaped by time, other persons and material and immaterial environments, including structures of society governing possibilities for occupations (Rudman, 2010).

These views raise the question, what considerations for occupational therapy may ‘capitalizing on emerging possibilities’ lead to? Particularly when enabling occupation is being promoted as central to occupational therapy practice (Townsend et al., 2007; Iwase, 2011; WFOT, 2012). For example, it can be questioned whether executing planned goal-oriented approaches, as advocated by the occupational therapy practice models and frameworks introduced in section 2.3 (Fisher, 2009; Kielhofner, 2008; Schultz, 2014; Townsend et al., 2007), would be sufficient to help fulfill older persons’ occupational needs and preferences. After all, pursuing occupations selected at the start of support programs might become moot as persons’ occupational needs and preferences might change, as was the case for the participants in this study.

Also, as in some participants of study III, few changes in occupational performance abilities might mean that opportunities emerging from improved occupational functioning can be limited. On the other hand, this thesis' findings suggest that continuous sensitivity to emerging opportunities and subsequently capitalizing on these might contribute to better assisting older persons' resumption of daily occupation. Consequently, identifying what should be subject of occupational therapy support should be part of an on-going process of assessing and verifying changes in the client's possibilities for engaging in occupation, in addition to and his/her occupational needs and preferences.

Another question worth considering is, are occupational therapists sufficiently informed to be able to recognize emerging possibilities and capitalize upon these? Considering Hasselkus (2006, 2011) critique that occupational therapy narrowly focuses on engaging in occupation as abstractions of performance problems, attempting to answer the question would perhaps result in painting a rather bleak picture of occupational therapists' abilities to recognize and capitalize upon emerging possibilities. Yet, the occupational therapists participating in this thesis provided the understandings of capitalizing on emerging opportunities that is discussed here. Perhaps, an answer to the question can be that current practice models and frameworks, such as CMOP-E (Townsend et al., 2007), OTIPM (Fisher, 2009) and MOHO (Kielhofner, 2008) introduced in chapter 2.3, do not sufficiently express what occupational therapists do or are able to do. Also, perhaps these models and frameworks with their focus on enabling occupation fail to inform about the therapeutic qualities of occupations and occupational therapy, such as meaning-making (Hammell, 2009; Hasselkus, 2006, 2011) and handling issues of aging and disability (Cott, Wiles, & Devitt, 2007; Gustafsson, Nugent, & Biros, 2012; Mulligan, White, & Arthanat, 2014), and the healing functions of occupations that participants in studies I and IV highlighted (reinvigorating, rejuvenating).

Finally, older persons with physical impairments increasingly resume daily occupation in their own homes and communities, as opposed to the previous prolonged periods of convalescence in institutions (MHLW/HWBE, 2014; Tamiya et al., 2011). Also, environments and occupational contexts were identified in the studies as having important influences on older persons' processes of resuming daily occupation. Accordingly, this offers occupational therapists tasked with supporting older persons' resumption of daily occupation several benefits. Among these benefits are capitalizing on opportunities arising from, for example, realistic images evolving of older persons' occupations and resources becoming available in their home and community contexts. Furthermore, the finding discussed here can be considered a call for expanding the enablement of engaging in occupations with attention to exploring possibilities and meaning-making (Josephsson et al., 2006). Facilitating older persons to explore possibilities and meanings might further enhance and expand their resources for resuming daily occupation through capitalizing on emerging possibilities.

6.2 FLEXIBLE AND JUDICIOUS USE OF DIFFERENT APPROACHES

The findings from the studies have shown how the older participants and others supporting them, such as occupational therapists, favored the judicious and flexible use of different approaches to facilitate the older participants' resumption of daily occupation. In study IV, the focus group participants characterized this as creatively and effectively adjusting occupational therapy programs. They justified this as being a necessity of responding to older clients' changing abilities to perform occupations, and evolving images of older clients' future as well as in order to capitalize on emerging opportunities. The emergence of different approaches was also evident in the other studies of this thesis, where the older participants alluded to responding to changing needs and preferences, and to opportunities emerging in occupational situations. In study II, three different approaches were identified that older participants and others supporting them, such as family or care providers, utilized to find solutions to problematic situations.

Taking inspiration from Jullien (2004) treatise on efficacy and efficiency, possible merits and demerits of using different approaches of finding solutions to problematic situations can be proposed. 'Acting on a plan to achieve one's goal' can have the benefit of providing fulfillment particularly after achieving the goal. However, one drawback can be that such fulfillment will soon wane after the goal has been achieved, particularly when unfulfilled needs remain. 'Taking a step in a preferred direction by capitalizing on emerging opportunities' can be beneficial in situations that lack effective strategies and clear goals. Equally, it can have the benefit of keeping possibilities open and hope alive. However, this approach may lack the satisfaction of fulfilling goals after doing one's best. 'Modifying situations to avoid problems' can have the benefit of generating positive experiences. Its drawback may be a lack of fulfillment and hope that can be found through the other two strategies discussed here. An interim conclusion might be that whatever strategy chosen, the caveats of shifting goals and the anticipated outcomes being in suspense are inevitable threats to the potential success of any strategy. However, further research is needed to confirm or refute the existence of these and possibly other approaches and/or to explore their strengths and weaknesses in various situations.

Put differently, could it be that as older persons resume daily occupation then different situations call for different approaches in order to produce desired effects or outcomes? If so, then the flexible and judicious use of different approaches begins to make even more sense, particularly when viewing processes of resuming daily occupation through the theoretical lenses of this thesis' transactional perspective (Cutchin & Dickie, 2011; Shank & Cutchin, 2010), which was introduced in section 2.5.

The transactional constructs of 'ends-in-view' and 'emergence' (explained in section 2.5, footnote 3) can help when explaining this further. Ends-in-view and emergence are evident in the findings of the four studies as, for example, shifting goals and images of clients' future evolving and changes in anticipated outcomes. In turn, such developments may prompt persons to oscillate between different approaches to adjust to changing circumstances and to respond to emerging opportunities. Also, persons assign new goals to the meaning of

occupations they engage in or draw from the occupations' power when opportunities and needs arise. This too can similarly prompt a change of approach. Accordingly, people are likely to change approaches in response to complex arrays of conditions, influences and opportunities arising.

These considerations of the complex functioning of different approaches give rise to a number of considerations for occupational therapy. For example, what benefits might be gained from flexibly deploying different approaches for supporting the resumption of daily occupation for older persons with physical impairments? Flexibly deploying different approaches may assist occupational therapists to better support older persons' shifting needs and preferences, temporary setbacks or complications, and to better address their needs beyond functional recovery and self-care (Hammell, 2004; Hasselkus, 2011; Nakamura, 2011; Vik & Eide, 2012; Yoshikawa, 2011). It may also lead to better capitalizing on emerging possibilities and facilitate flexibility when changes in older persons' abilities to perform occupations temporarily stall, plateau or do not evolve as anticipated. (See also sections 3.1, Figure 3.1 Changes in ADL motor and process abilities of study III participants).

Another consideration is that the judicious use of different approaches may provide an answer to the critique that the complexities of aging are simplified by linear input-throughput-output strategies of policies and theoretical discourses on aging (Alftberg & Lundin, 2012). Practice models and frameworks, such as CMOP-E (Townsend et al., 2007), OTIPM (Fisher, 2009), occupational adaptation (Schultz, 2014) and MOHO (Kielhofner, 2008) which were introduced in section 2.3, have similarly been critiqued (Schultz, 2014). For example, although these models and frameworks might claim responsiveness to complexity, processes being recurrent, their representation of occupational therapy support processes remain predominantly linear (Schultz, 2014), with few indications of oscillating and changing between different approaches. Conversely, judiciously selecting from different approaches can lead to the consideration that intervention plans are likely to change over time. This point is further supported by the importance of capitalizing on emerging possibilities, also identified in this thesis.

In conclusion, the judicious and flexible use of different approaches suggests occupational therapy should not insist on executing programs as planned. Instead, openness to developing (co-creating, as will be explained below) different or modified programs is called for. The challenge seems to be how to express that in theories, and practice models and frameworks.

6.3 CO-CREATING PLOTS

The participants in study IV stressed the importance of co-creating plots with their older clients. They regarded this co-creating as a requirement for occupational therapists to effectively support the resumption of daily occupation by older clients with physical impairments. In vignettes of study II and the narratives of study III, processes of resuming daily occupation were also co-created by older participants and other persons supporting them, such as family members and care providers.

Additionally, in studies I, II, and III, the older participants were understood to be adjusting to given situations. They would fit their actions and needs into the unfolding story they were involved in at any given moment. This too can be considered a form of co-creating plots that is an enacted narrative which was co-created between participants and the circumstances of given situations. Further still, what might be at stake in co-creating plots is how the story that is being created (narrative-in-action) contributes to older persons exploring possibilities for engaging in daily occupation, meaning-making and being reinvigorated. Or, as expressed in the participants' own words, co-creating plots supports such things as continuity with person's past, adaptation and zest for life.

Accordingly, co-creating plots was understood as pertaining to a variety of experiences. Co-creating plots included reconfiguring what counted as worthwhile to pursue, e.g. occupations that fulfilled participants' needs and preferences, occupational performance abilities. Co-creating plots also included determining the ways to achieve such goals. In addition to co-creating plots being called for when older persons and occupational therapists views did not agree, co-creating plots was often called for when participants' needs and preferences were shifting.

Furthermore, within processes of resuming daily occupation, co-creation of plots was shown in this thesis to become even more complicated by tensions introduced by contextual influences. For example, the Long Term Care Insurance (LTCI) services, which align with the active aging ethic (MHLW/HWBE, 2014), might further enforce sociocultural ideals of independence (doing for self what one can do for self, in participants' words) and active participation in occupations. However, due to reduced sources of vigor, for example, older persons might not always feel up to the challenges of these 'good' occupations. Furthermore, participants in this thesis have demonstrated there can be moral and practical reasons to reconcile to the need for assistance with executing daily occupations, or to engage in occupations in more sedentary ways.

On the other hand, co-creating plots implies sharing of perspectives. Seen in this light, co-creation of plots can prevent the risk of putting the onus on older persons responsible for not achieving their potential based on narrow (professional) perspectives of individual's (latent) abilities (Asaba, 2005; Rudman, 2010). It may also guard against blaming older persons for failing to live up to social expectations to be as active and independent as possible and to age well (Alftberg & Lundin, 2012; Liang & Luo, 2012). This can be particularly relevant for older persons whose values and circumstances lead them to choose differently than with what social or professional conventions might prescribe (Rudman, 2010), for those who are restricted by barriers in their environment, or those who lack the necessary vigor (Study I and IV).

The finding of co-creating plots also inspires considerations for occupational therapy. For example, occupational therapy practice frameworks and models, such as CMOP-E (Townsend et al., 2007), OTIPM (Fisher, 2009) and MOHO (Kielhofner, 2008), generally stress that occupation should be meaningful to persons and that they be able to engage in occupations according to their potential (Townsend et al., 2007). Thus these models and

frameworks acknowledge that there can be limits to older persons' possibilities to actively engage in occupations (albeit these possibilities are to be maximized to their potential). However, the basic strategy of these models and frameworks, as was outlined in section 2.3, is to maximize persons' functionality and adaptability (Schultz, 2014). Considering the function of co-creating plots of resuming daily occupation, one is left wondering whether a contradiction between professed intention and deployed strategy exist. Namely, the focus on maximizing functionality and adaptability might not align with older persons' perceptions of their limited possibilities or need for active engagement in daily occupations. This consideration is in line with the reported critique of alleged insistence by occupational therapists on the independent functioning of clients that they support (Hammell, 2009; Townsend et al., 2007).

This consideration lends further support to the need of attuning professional values, goals, and approaches to clients' perspectives and resources, which might change over time. When co-creating plots is employed in occupational therapy, then identifying the needs to be addressed as well as deciding goals and methods are likely to change. This change may mean that the occupational therapy process becomes subject of an ongoing process, which is shared between therapists and clients, of reappraisal of client's conditions. Such a consideration stands to contrast with occupational therapy practice models and frameworks, like those discussed above and that were described in section 2.3. These models and frameworks describe modes of practice where what is set out when setting goals and planning treatment is then executed and re-assessed to count as outcome. As suggested above, co-creating plots questions that the processes of resuming daily occupation might not be that linear. Accordingly, executing and evaluating what one set out to do as part of agreed upon support programs should be flexible, amenable to be modified to match evolving occupational needs and preferences and changes as older persons with physical impairments resume daily occupation.

6.4 RE-OCCUPYING DAILY LIFE

Study I's findings of 'reinvigorating experiences', 'doing the right thing' and 'reconciling to dependence', study II's complementary use of different approaches, and study III's unfolding familiarity all provide insights into how resumption of daily occupation can unfold for older persons with physical impairments. Furthermore, the data of participants' abilities to perform daily occupations (Figure 3.1), which are also impacted by environmental conditions (Fisher, 2009), also reflect different patterns of change and stability among participants. The focus group participants of study IV, who were occupational therapists, engaged in dialogues on how capitalizing on occupations' powers facilitated experiences of health and enhanced possibilities for resuming daily occupation for older clients with physical impairments. Accordingly, intertwining functions of occupational context as both facilitator and result of resuming daily occupation was identified.

These intertwining functions of occupational context give rise to several interesting thoughts on how to understand resuming daily occupation for older persons with physical impairments. For example, the findings of this thesis highlight dynamics not acknowledged in the literature on health transitions among older persons. For example, research reports (Fukuda & Yoshikawa, 2013; Odawara, 2010) and theoretical papers (Meleis et al., 2010; Schumacher et al., 1999) refer to transitions as being akin to 'rites of passages' as set out by anthropologist van Gennep (1960). His work explores rites where actions involved may follow predetermined scripts. These scripts deal with persons undergoing the transition as being suspended from usual daily life (de Lange & van Staa, 2003). However, the used narrative resources, as described in section 2.6, have enabled this thesis to explore and understand how the resumption of daily occupation links older persons' to their past, present and future. While some aspects of older persons and their contexts may remain rather stable, other aspects change or unfold over time, as is proposed throughout this discussion of the findings. Accordingly, the older persons and others supporting them were understood to experiment with possibilities, make meaning of experiences, regain abilities for performing occupations and/or adapt to constraints to engaging in daily occupations. The point of raising them here lies in this thesis' findings that suggest transitions are recurrent processes. Such performed ways of transitioning, enacted in daily occupations, seems to be more consistent with Turner's (1986) conception of transitions, which was touched upon in the background section 2.4.1. Drawing inspiration from his studies of how performing arts reflect the ways in which human beings deal with life crisis, Turner (1986) proposes that transitions can be enacted in and be part of social life. Of particular relevance of this view on transition is that people can move back-and-forth between the different transitional tasks, while also moving back-and-forth between transitions and ordinary daily life. Thus Turner facilitates understanding how older persons with physical impairments might move between different tasks of resuming their daily occupations. Also, he helps us understand that older persons have the possibility of metaphorically climbing down from transitional stages. In doing so older persons can engage in daily occupations and experience familiarity. They can also avoid problematic situations and the need to mitigate the implications resulting from experiencing physical impairments (as was the approach by participants in study II).

This raises the question, what considerations for occupational therapy might emerge if resuming daily occupation is conceived of as being enacted in both special contexts, i.e. occupational therapy sessions, and everyday occupational contexts? One consideration may be that such thinking will open up for possibilities to emerge from older persons' daily life contexts. Instinctively, a way of reasoning around resuming daily occupation emerges that appears to fit well with supporting older persons with physical impairments in the environments of their home and community. Accordingly, in attempting to bring possibilities into reality, occupational therapists supporting older persons might find they can possibly also draw from resources available in their home and community settings. Bringing possibilities into reality can also be achieved by facilitating adjustments in environmental conditions to facilitate occupational performance (Fisher, 2009) and occupational

engagement (Townsend et al., 2007). Consequently, such modes of supporting older persons might also mitigate the problem of professionals disempowering older persons by doing for them, rather than facilitating older persons' (active) involvement (MHLW/KKH, 2004). Drawing from resources available to older persons in their daily occupational contexts might also contribute to developing solutions for the problem of LTCI service provision becoming limited into the future (MHLW/HWBE, 2014; Tamiya et al., 2011).

6.5 UNFOLDING FAMILIARITY

Study III's longitudinal findings characterized processes of resuming daily occupation for the participating older persons as unfolding familiarity. Three features of unfolding familiarity show how this evolves over longer periods of time while also occurring in given situations. Unfolding familiarity includes re-establishing old, modified and/or new patterns of daily occupations that fulfill occupational needs and preferences and as such create a sense of familiarity. Furthermore, unfolding familiarity pertains to handling problematic situations and can be understood to unfold when sourced from familiar ways of dealing with ambiguities and challenges in daily life. Finally, familiarity was understood to unfold in given situations when engaging in daily occupations was experienced as evolving according to expectations, such as when participants performed occupations smoothly. Accordingly, the suggestion here is that processes of resuming daily occupation for older persons with physical impairments can be processes considered as realms of unfolding familiarity.

The scope and scale of this thesis would not justify claiming that 'unfolding familiarity' be the expression expressing the central plot of resuming daily occupation for most older persons with physical impairments. Further research may confirm, refute or nuance unfolding familiarity as a central plot. Nevertheless, it is an intriguing plot because familiarity has this interesting quality of not being experienced when it is most effective (Whittlesea & Williams, 2000).

Literature reviewed for and included in this thesis does not seem to feature concern with familiarity. Nevertheless, unfolding familiarity still seems relevant, particularly from a transitional perspective. It fits well with 'transition' in a number of ways. The onset of physical impairments can be understood as resulting in a breach or segregation of older persons' possibilities for engaging in occupation (de Lange & van Staa, 2003; Meleis et al., 2010; Schumacher et al., 1999). If this occurs, older persons lose familiarity, namely daily occupations evolving according to expectations. In narrative terms, it can be said that persons experience ambiguities. Ambiguities are reflected in the studies' findings of participants experiencing as unfamiliar their daily lives, their bodies and their impaired performance of daily occupations. They also spoke of lacking peace of mind. Familiarity also reflected in participants seeking refuge from their struggles in occupational situations where they could avoid problematic situations. This was the case where events or their participation evolved smoothly and where they could experience, for example, continuity with unchanged aspects of their selves. Seen in this way, experiences of unfamiliarity highlight their struggles, while

unfolding familiarity expresses the resumption of daily occupation. Unfolding familiarity might therefore be thought of as a term that captures resuming occupation as a transition.

These considerations also lead to the plausible understanding that unfolding familiarity connects older persons' past, present and future. This is possible, because what counts as familiarity is amenable to change in order to redevelop and adjust familiarity to the persons' new situation. Unfolding familiarity shows the importance of connecting how things were, how things are, and how things might turn out. Consequently, resuming daily occupation becomes grounded in a sense of familiarity, reinforcing experiences that the resumption of daily occupation is managed well. This reinforces the consideration that what is at stake in processes of resuming daily occupation is more than recovery of functionality or adaptability (Schultz, 2014).

A final question raised is, what possible considerations for occupational therapy might be derived from the above? It is interesting to contemplate whether 'unfolding familiarity' captures a potentially beneficial way of thinking about supporting older person in their resumption of daily occupations.

For example, among the meanings of familiarity are the meanings of engaging in daily occupations going to expectations and patterns of daily occupations fulfilling persons' occupational needs and preferences. Accordingly, when older persons increasingly source from familiar ways of handling ambiguities, they experience mastery and connectedness (Meleis et al., 2010), which in turn may generate confidence and zest for living. This sense of their resumption of daily occupation being managed well can possibly be facilitated in other ways also. Based on the findings, one such possible way might be enabling occupations that older persons can engage in according to expectations, albeit expectations might change or have changed since their illness or accident. Another possible way might be facilitating engaging in occupations that fulfill older persons' occupational needs and preferences, again with the caveat that needs and preferences, as well as the specific occupations that achieve this fulfillment, might change over time.

In conclusion, familiarity appears to be an aim as well as a source. However, the characterization of familiarity as unfolding suggests it is emerging and therefore uncertain. Consequently, unfolding familiarity can be considered as supporting the older persons experiencing a sense of having a hold on unfolding events and their transition as being managed well.

7 STUDY LIMITATIONS AND FUTURE RESEARCH

Finally, I will consider a number of study limitations and suggestions for future study.

The transactional perspective, grounded in Deweyan pragmatism, is consistent with combining methods and epistemological discourses (Shank, 2013). However, as pointed out in the discussion of methods, section 5.1, the analytic results of the narrative analysis and AMPS measures of participants' motor and process abilities to perform activities of daily living were not amenable to being juxtaposed. Research with the qualitative analysis having a similar unit of analysis as the AMPS seems worthwhile to develop.

This thesis did not attempt to perform cultural analyses. For this reason, it remains undetermined how cultural beliefs and practices shape processes of resumption of daily occupation among older persons. Exploring resuming daily occupation as a cultural process among different peoples might be beneficial for understanding how culture impacts the processes involved. In fact, future research might even establish different cultural practices for older persons living in the rural and peripheral regions (islands) of Japan, as opposed to the central Japan contexts of this thesis' participants.

The findings of this thesis must be considered in the contexts of participant characteristics, deployed research methods, utilized theoretical resources, along with the thesis author's and supervisors' pre-understandings. Other researchers using different methods and theoretical resources may produce results that challenge, confirm and/or refute this thesis findings and conclusions. Further research may also be conducted among participants who have a variety of characteristics not covered in this thesis. This may include persons with impaired communicative or cognitive abilities and persons with less or more severe impairments.

The thesis findings may also inspire exploration if other approaches to problematic situations exist as identified in study II, as well as the efficacy of different approaches. Equally, exploring how co-creation of shared plots occurs between the older persons and persons supporting them seems very important to understand. Exploring these phenomena among, for example, occupational therapists and occupational therapy clients might provide important knowledge leading to the development of more effective support.

Collectively, the four studies have shown how complex dynamics and meanings of occupational situations and processes of resuming daily occupation can be understood. However, the data-gathering methods focused predominantly on individual older persons. Accordingly, future research may pursue processes of resuming daily occupation by studying persons as part of a community (Shank, 2013). For example, research might focus on how constellations of family, friends, other clients and health and care providers, as well as the material and immaterial features collectively shape processes of older persons resuming daily occupation. This may fulfill the task of developing a greater understanding of the situated nature and complexities of how older persons with physical impairments resume daily occupation.

8 CONCLUSIONS

With this thesis I aim to contribute new knowledge about how the resumption of daily occupation may unfold over time for older persons with physical impairments, in Japan. This new knowledge emerged in the form of various understandings resulting from the deployed qualitative research methods. Consequently, similar studies performed in other contexts, with other participants and by other researchers might produce different results. Nevertheless, I hope the presentations in this thesis have established trustworthiness of the innovative research design, the ways in which methods were utilized and, perhaps most importantly, of the understandings this thesis proposes. I also hope the understandings set out below, will be beneficial to better understand and support older persons with physical impairments who experience difficulties engaging in daily occupations.

First, resuming daily occupation is difficult to foretell or to plan and, accordingly, an integral process is capitalizing on emerging possibilities.

Second, the older persons, along with others who support them in resuming daily occupations, may resort to ‘flexible and judicious use of different approaches’. In addition to capitalizing on emerging possibilities, these approaches include pursuing long-term goals as well as modifying situations to avoid problems.

Third, when other persons, such as occupational therapists, support older persons, then ‘co-creating shared plots’ between them becomes an important contribution to processes of resuming daily occupations. Co-creating shared plots is ongoing as occupational needs, preferences and possibilities for engaging in daily occupation evolve and change over time. Fourth, ‘re-occupying daily life’ allows the older persons to gain experiences of improved health and well-being by engaging in daily occupations.

Fifth, these transitional processes can be considered as realms of unfolding familiarity. Unfolding familiarity includes re-establishing patterns of daily occupations that fulfill participants’ needs and preferences, and thus create a sense of familiarity. Also, unfolding familiarity pertains to sourcing from familiar ways of dealing with ambiguities and challenges in daily life. As well, familiarity can be experienced when engaging in daily occupations is experienced as evolving according to expectations.

In short, resuming daily occupation is facilitated through ‘doing’ and co-creation between the older person with physical impairments and other persons supporting them. It involves experimenting with transforming possibilities into reality, as well as to making meaning from experiences along with re-establishing a sense of familiarity. Resuming daily occupation does not always follow a set course, but rather can proceed in unexpected ways. Consequently, processes involved in resuming occupation are often re-created through the flexible use of different approaches.

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10 抄録 (ABSTRACT IN JAPANESE)

入院・入所ではなく、自宅や住み慣れた地域で病気・怪我から回復していく高齢者が徐々に増えていく。伴って、高齢者が日常生活を満足のものに再構築していく移行過程を支援するためには、どのように高齢者が日常の作業を再開していくかをより深く理解する必要がある。本論文全体の目的は、日本の身体障害を持つ高齢者が展開している日常の作業がどのような過程で再開されるかを探索し理解することである。

研究1. 質的回想面接にて、9人の人々に、各々の入院中や退院後の自宅において毎日の作業を再開した経験を語っていただいた。継続的比較分析の結果、「活力を奮い起こしたり、活力を引き起こしたりする」、「依存することへの和解」、そして、「(自分自身や他者のために)しかるべき善行を行う」の3つのテーマ(主題)が明らかとなる結果が得られた。

研究2. 目的は、観察場面で参加者や周囲にいた他者がとった行動から考えられる意味を明らかにすることであった。5人の参加者の日々の作業の参与観察、及びその補足のためのインタビューにより構成された。ナラティブ分析により、これらの意味は、3つの相補的な方略から成り立っていることが明らかになった。1つ目は「目標を達成するために計画に基づき実行すること」、もう1つは、「偶然の機会を利用することでより好ましい状況になるよう段階を踏むこと」3つの方略のうちこれら2つは、発生した問題を軽減しようとする目的に基づいた方略であった。3つ目の方略は、「問題の状況を変更することで、望ましくない経験を避ける」ことに焦点があてられていた。人々(参加者)は、観察された状況の中で発生していく問題に応じたり、能力や資源、見方に従ってこれらの手法を柔軟に使用していた。

研究3は、身体障害を持つ4人の参加者の9ヶ月間にわたる縦断的研究であった。目的は、彼らの毎日の作業に従事・参加することがどのように時間をかけて展開されたかを探求し、理解することであった。データは、質的インタビューや参与観察、追加的に日常生活活動の遂行能力測定尺度を用いた調査によるものであった。その結果、彼らの作業的ニーズや意味を満たすという観点から、親しみやすさを作り上げた作業のレパートリーを得ようとする努力が示された。参加者は彼らの期待に沿った作業に従事・参加できたときに親しみやすさも経験した。同様に親しみやすさは、多くの場合、日常生活の状況の中で曖昧なことや課題に折り合いをつけるため、参加者を支援するという性質があった。親しみやすさは日常生活の状況に応じて、調整したり、作りあげたりすることために展開された。

研究4は、15人の作業療法士を対象に、2つのフォーカスグループインタビューによる質的研究であった。これらの参加者は、高齢者のクライアントが日々の作業を再開する経験を語り、探索し、順序だてて述べた。継続的比較分析によって、作業の再開は「作業の力から描きだされる」、それによる「クライアントの将来像」

を追求する、そして「構想の筋（プロット）を共有した共創」の3つのテーマ（主題）による様々なプロセスが明らかになった。

本論文では、複雑で様々な方法で日常の作業を再開する過程について、いくつかの考えられる説明を結論として提示する。

第1に、作業を再開することは、前もって予告したり、準備したりすることは難しい場合であるが、その過程に沿って立ち現れた可能性を利用する一つの方略である。

第2に、支援者に加えて身体障害を持つ高齢者は、作業を再開する中で「柔軟で賢明なさまざまな方略の使用」を行う。

第3に、日々の作業を再開することが作業療法士などの他の者を伴うときに、「構想の筋（プロット）の共有した共創」が効果的な過程を促進する。

第4に、「作業的な日常生活の再開」は高齢者が日々の作業に従事・参加することによって、健康と幸福になるという経験を得ることができる。

第5に、これらの移行過程が親しみやすさを展開する領域と考えることができる。親しみやすさが明らかになることはニーズや好みを満たす日々の作業の再構築の様式が含まれる。また、彼らが期待したようにうまくいくとき、日常生活が無事に進んでいる場合は親しみやすさの経験はもちろん、日常生活の中で曖昧なことや課題に使い慣れた様々な方法で対処することによって親しみやすさが明らかになる。

以上をまとめると、日々の作業の再開は時間をかけて進化する。そして、日々の作業の再開は、経験を「すること」、可能性を現実に変化させることだけでなく、経験の意味を作る、親しみやすさの実感を再構築することなどに中心的な役割があるといえる。その過程は、いつも定められた順序をたどるのではなく、むしろ意外な方法で展開するプロセスにもとづいている。したがって、作業を再開する過程は、多くの場合、異なるアプローチを柔軟に使用して再度作り上げられる。

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