**PATIENT EDUCATION IN EVERYDAY LIFE**

- HOW TO ANALYSE CONDUCT OF EVERYDAY LIFE AFTER A HOSPITALIZATION WITH DEPRESSION?


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**Abstract**

In this paper, I discuss analyses of change in the conduct of everyday life among adults who are treated in an outpatient clinic after a hospitalization with depression in a psychiatric ward. As part of the treatment, they attended a patient education course. I discuss the duality in the concept “conduct of everyday life” i.e. “routines” and “the real life”. Holzkamp (1998) understand routines as cyclic activities, which eventually become more or less automated and taken for granted. Routines afford us time to focus on “the real life”, that which really matters and fulfils life. Dreier (2008) and Borg (2003) criticized this understanding for not taking the variations and the profound meaning in the cyclic everyday life conduct into consideration.

My analysis of participant-driven photo-interviews and follow-up interviews with participants in patient education courses led me to two points. First the analyses exemplified that cyclic routines can matter, fulfil life and vary, which can support the ongoing discussion about the concept. Second I discuss whether the duality in the concept “conduct of everyday life” can grasp the complexity and doubleness in everyday life conduct among adults with depression.

One particular case shows that the mundane act of going to work can, on the one hand, give meaning as a routine and on the other hand as fulfilling life. In the home, the reasons for action are oriented towards “our concerns”, i.e. what is best for the family as a whole. From this perspective work is a cyclic action and an activity which must be done. But at work, the particular responsibilities, relations and tasks become meaningful in life.

The empirical data were produced in connection with my on-going case-study “Patient Education in Everyday Life”. The study was carried out at an outpatient clinic in Denmark, where adults are treated after they have been hospitalized for depression in a psychiatric ward. As part of the treatment, individuals participate in a patient education course. This course intended to teach participants how to cope with everyday life.

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**Introduction**

In Holzkamp’s understanding, the concept “conduct of everyday life” means that individuals organize their everyday life based on the individual’s own life interests (Holzkamp 2013). Conduct of everyday life has two aspects that relate to each other; the cyclic routine activities and “the real life” (Holzkamp 1998). The individual’s cyclic routine activities are reproduced day after day in negotiation with co-participants in various social action contexts such as family members in the home and colleagues and management at work. The cyclic routines are also rooted in structures of social practice such as opening hours in day-care facilities, offices and shops. Through repetition, the daily routine becomes taken for granted and mundane. It is as a daily repetition of particular ways to get through the activities, such as get up at 7 am, eat...
breakfast, read the newspaper and go to work at 8.30 am. Routines are necessary for life, a kind of life economic”, because then the individual does not have to spend energy to invent solutions for every mundane task every day. “The real life” is what really matters, provides happiness, fulfill us and gives meaning to life. The routines are basic for everything, but can never be all of it (Holzkamp 1998). This creates an opposition between “routines” and “the real life”. Dreier (2008) has criticized Holzkamps understanding of routines for not taking the variations and the profound meaning in the cyclic everyday life conduct into consideration. Borg (Borg 2003) has discussed the meaning in the cyclic conduct of everyday life and the relationship between the two aspects, “cyclic routines” and “the real life”. Holzkamp was not able to finish his work about conduct of everyday life and one of the unanswered questions was the relationship between those two aspects (Dreier 1998). In this paper I address this question.

Aim
My aim was to discuss and expand the ongoing discussion of the theoretical notion of “cyclic routines” and “the real life” within critical psychology. First I want to exemplify how routines in conduct of everyday life can be meaningful, fulfilling and differ for adults with recurrent depression.

Secondly I want to discuss whether the duality in the concept provides meaningful analytical categories, when trying to understand the conduct of everyday life among adults with recurrent depression. My analysis of conduct of everyday life for people with recurrent depression shows that they experience doubleness in their conduct of everyday life, which is more complex than it is possible to grasp in a dualistic opposition between cyclic everyday conduct and the particular meaningful conduct of everyday life.

Methods
As part of the case study “Patient education in everyday life”, I have analysed the research participants’ conduct of everyday life based on sixteen photo-interviews and fourteen follow-up interviews in the research participants homes. The analyses are governed by analytical categories from Danish and German critical psychology, such as “concerns”, “action contexts”, “self-under-standing”, “learning- and life trajectories” and “reasons for action”. In the analyses, the research participant’s experiences are interpreted in relation to the structures of social practice in which the research participants take part. In this paper, I explore the theoretical concept “conduct of everyday life” among adults diagnosed with recurrent depression exemplified by the conduct of everyday life in the main case “Steven” and the case “Elise”.

Steven
Steven was in his early forties. He lives with his wife for eighteen years and their two children in
the pre-school age. He has a vocational education, and had worked in the same workplace for the last eight years. When he was in his early twenties he was misdiagnosed with the same diagnosis his older brother had, and was treated with anti-psychotic medicine. After one year he did not feel any better and he thought it unlikely that he was suffering from the same illness as his brother:

“We were so different in reactions, the way we grew up, the way we expressed ourselves and the way we analyzed things – it cannot be true. I had successes in my life” (my translation)

Steven read everything he could find about psychiatric diagnoses and recognized himself as depressed. He convinced his general practitioner to prescribe anti-depressants and found that anti-depressants gave him peace of mind and made it possible for him to be himself. However, annoying side effects such as gaining 25 kilo, made him experiment with different drugs, dosages, hypnosis, acupuncture and herbal medicine. He dreams of a life without medicine. But he told me that all his experiments ended badly and resulted in sick leaves and hospitalizations.

Elise
Elise was in her thirties. She lives with her husband for over ten years and their two children, one in pre-school and one in primary school. She has a bachelor degree and is unemployed. Her first hospitalization took place three years ago. Elise struggle to conduct her everyday life as a mother and wife in a way that permit her to take care of her own health.

The meaningful and variable cyclic conduct of everyday life

Dreier criticizes Holzkamp’s notion of cyclic routine activities as reproduced without variation day after day. Dreier argues that routines may not be conducted in an identical manner every day because conduct of everyday life is too complex and changing to be reproduced without variations. Variations may for instance depend on days of the week or seasons. Participation in patient education can also be considered a variation for a certain period of time. Everyday life may contain breaks or “timeouts” from the ordinary. Hospitalization is an example of a “timeout”, but within a short period of time people will re-organize their subsequent routines adapted to the changed structure of social practice or by expanding their action possibilities in the changed structure of social practice. Timeouts and return to ordinary life can trigger change and learning (Dreier 2008). Health crises are sometimes overcome by a return to the routines of everyday life, perhaps in modified ways. Before and during a hospitalization for depression, the routines in everyday life are often disrupted. It is common for a clinically depressed person to experience severe problems with getting out of bed, eating or taking care of work. Holzkamp (1998) writes that, when a person falls sick or gets old the conduct of the cyclic routines
might fill up one’s life and take all one’s time, which may lead to life becoming a burden. In Borg’s (2003) interpretation, Holzkamp to some degree regards and describes the cyclic everyday conduct as devoid of content and as something one must get over with. Borg disagrees with this understanding saying that there is personal meaning in the cyclic everyday conduct of life. Dreier (2011) maintains that when people’s lives change, they have to change their conduct of everyday life, and that the changes may be particularly profound if caused by an illness, but he emphasizes that all people change their everyday conduct throughout life and in many different ways. Dreier also emphasizes that there is profound personal meaning in the way people conduct their everyday life, also in the cyclic routines.

When discharged from hospital, Steven felt he had to start all over with his daily routines. Previously he had struggled to accept this. When he was told that this was a well-known challenge at the patient education course and also saw the other participants struggled, he began to be more tolerant with his own struggle to perform as usual. Conduct of everyday life demands development of the individual’s self-understanding. Self-understanding is how individuals come to an understanding with one self and others. Self-understanding is related to understanding individuals reasons for conducting and change the conduct of everyday life (Holzkamp 1998). Mørck has developed the concept of self-understanding by adding an “us”. “Us” emphasized the collective subjectivity as a central part of individual’s self-understanding (Mørck 2003). Elise struggled with her conduct of the daily routines in the month after she was discharged from hospital. She had learned it was important for her wellbeing to create breaks during the day. She experienced reading weekly magazines as a real break, but at the same time she termed weekly magazines “the worst goop”. Every day she struggled to allow herself to take breaks, she said:

“There are many things during the day I have to give myself permission to do. I have to make peace with the things I desire to do. I also have to make peace with not wanting to do very much. It is linked to watching television and reading goop magazines […] I have to accept the idea that I don’t have to accomplish big things. It is one of my major obstacles, I have to be useful to make sense of life […] I talked to the nurse about the fact that I am not feeling better if I carry out activities with pleasure two days in a row. If I do so, I do not feel I am any use and that doesn’t make sense for me. I find it hard to accept that I cannot be more useful. My husband will be away a few days next week and it puts things in perspective. It makes me very aware that I cannot take on a huge responsibility. It is hard to accept” (my translation)

Elise struggled with conducting her life in a way where she could take care of herself. She struggled with coming to an understanding with herself as somebody who desired to read gossip magazines as a necessary recreation and as somebody who is not as useful as earlier in her roles as wife and mother. It was doubleness for Elise that on the one hand she had experienced
that breaks was good for her. On the other hand she lost meaning of life if she did not carry out what she considered as useful task such as cleaning up, childcare, laundry and cooking. Elise’s on-going effort with coming to understanding with herself involved specific arrangements in the family. She said she had to put herself and her own needs in the foreground to be able to take care of herself. In that way the cyclic routines might fill up one’s life and a lot of one’s time after a hospitalization, making the meaning of the routine activities present and not taken for granted.

In the past year, Steven had been hospitalized twice for depression. Steven’s children have reacted with anger and grief. Steven felt how much the kids missed him and how much his hospitalization affected them. He had thought a lot about his own childhood and he did not want his children to experience the same things as he did:

“I have seen my father sitting in the same chair throughout my childhood. He stopped at work when I was four. Until he died he just sat in a chair and felt sorry for himself. I am very much like my father, so I am well aware of where I would be if I stopped taking the medication. [...] my father was thin as a rake, but I would not have cared if he had weighed 25 kilo more, if only he had been attentive and had enjoyed life - that I would have liked. So I think that my kids do not care, and my wife is also completely indifferent [to my weight gain]. It is only my own vanity. I have thought a lot about that.” (my translation)

Steven compared himself with his father and felt he was a lot like him, thus orienting himself away from conducting life sitting in one chair all the time. Steven’s main concern was at this moment about being a good father and husband, which for him was to avoid hospitalization, being attentive and to be able to work. It mattered to Steven to avoid hospitalization as a timeout, based on his concern to be a god father. This made him reason that he had to conduct his everyday life with breaks during the day instead of, as earlier, hospitalization as a timeout. Steven’s orientation toward the family also made his concerns about a life without medicine and a life without gaining weight secondary, at least for a while. Steven says that his life without medical treatment is something he just has to get over and be done with:

“I can just not be there for the kids or for anyone else. I cannot create peace at work or peace of mind. I cannot be present anywhere. I sleep too much and I have to drag myself through life. Everything is an obstacle. I only have a little bit of rest when I sit alone and watch television. It is just no good. So rather 25 kilo more a few years yet, hopefully the researchers find a better solution in the future. I do not know, but there is nothing to do about it, so be it.” (my translation)

With medical treatment as an action possibility Steven was able to manage the necessary routine activities such as cooking, laundry and his job. He was also able to be attentive to his children and to his wife. That gave to him meaning, fulfilled his life. Steven oriented himself towards what is best for the family as a whole. When he was able to perform, it increased the quality of life for the
family and therefore, at least for a while, his dream of a life without medical treatment fell into the background.

In these analyses I exemplified that cyclic everyday routines can matter and fulfill life. Thus they are more than taken for granted activities without content. The research participant’s struggle to adapt to the social practice and to expand their action possibilities, which provide reasons for change in their cyclic conduct of life. The changes are closely related to change in the individual’s concerns and self-understanding. Even though the research participants spend most of their time occupied with conduct of their cyclic routines it does not make life a burden without meaning. It is deeply meaningful, from a first person perspective, to manage the necessary routines in a manner that take the depression into consideration. For Steven, all the routines in his conduct of everyday life in the home context are concerned with what was best for the family as a whole. It fulfilled his life and was not just something to be done with. Actually it was a concern for him to avoid home life to be something he could not enjoy, which was a reason for him to take antidepressants.

The duality “cyclic routines” and “the real life”
As mentioned earlier Borg criticized Holzkamps understanding of the cyclic everyday conduct as devoid of content and as something one must get over with. Borg writes it is posing an unnecessary opposition between the two aspects of everyday life conduct. The opposition is against critical psychologies intention to work dialectic and critical to the taken for granted understandings of social practice. Borg changes “the real life” to “the particularly meaningful conduct of life” in her investigation of rehabilitation for people with apoplexy. She emphasizes that both aspects of conduct of everyday life are significant for the subject, but in different ways. She used the distinction to understand life quality for the individuals (Borg 2003).

When analyzing Stevens conduct of everyday life his work could be understood as a part of the daily routines, as something that must be done. Steven emphasized that he began to insist not to take his work home. He did not, as earlier, turn on the computer at home to be up-dated at work. At work, he had modified his expectations to himself to avoid pressure that influenced his ability to pursue his concern to be a good father and husband. He considered changing his job to something more predictable. He took, on his own, care of a lot of unpredictable things at his workplace. A change should reduce the risk of stress, which he saw as one of the reasons for his last episode of depression. But his current work also allowed him to take a break, to read a little in a newspaper, during the day. Working alone would mean that he would not have the possibility to relate to colleagues all day long, which he also considered a kind of free space. At our second conversation he had abandoned the idea of changing his job. He preferred to keep his
current job, and the procedure for application was changed. Earlier it was possible to relocate, but now he had to make a formal job application and participate in a job interview. He did not think it was an action possibility anymore to change the job; he did not think anybody would hire him because of his absences from work due to depression. For Steven the workplace was something that could be replaced if it was better for the family as a whole. Work could seen from this perspective be understood as a cyclic routine that must be done.

When I analyzed Steven’s perspective on work seen from what he said about being at the job I found that when Steven was at work, the particular responsibilities, relations and tasks were meaningful and fulfilled his life. At work Steven was very satisfied with the variations with being on his own and with handling many unpredictable things at the same time. At work it was a concern for Steven to perform high quality work. That really mattered to him. But at the same time he was a little more relaxed than before his last hospitalization. Earlier, everything had to be completely in order before he went home. After the hospitalization he compared himself to the other colleagues who sometimes forgot things, and he accepted that that also might happen to him. Steven really liked his work and he felt appreciated. Steven explained how work could make him happy, how important it was for him to be useful, knowledgeable and a good colleague. Shortly after he started work again, he was asked to teach a colleague a specific task:

“[…] and so I was able to go down and teach my colleague. I had energy to do it and I was glad that I was asked, even though the manager was afraid it was too hard for me to do so. But it was not, not at all. I was really happy to be useful.” (my translation)

It was important to him to demonstrate his commitment to work, and show that he was not abusing the manager’s confidence e.g. by coming to work as soon as possible after the hospitalization. To avoid re-hospitalization was also a major concern:

“At work they are much more worried, and they keep a closer eye on you and you do not have as much freedom. Every time you are just a little quiet, they immediately respond to it. It’s much easier in the periods where everybody know they can count on you. It’s easier to be well-functioning than not, everything is dangerous as soon you are unstable.” (my translation)

Steven experienced for example that his manager had a consultant follow him around one day at work to see if he did as he was supposed to do. This was after a meeting where Steven was a little absent-minded and failed to answer a question. Steven did well, but it was like being an apprentice again. He believed anti-depressants were good for his work life:

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

When Steven was at work he was orientated towards his colleagues, the clients and his
manages. Still, he pursues his concern about being a good father and does not allow his work to take too much of his energy. He used the opportunities for breaks at work, both by taking time on his own and by reducing his expectations to himself at meetings and at work in general. At the same time, when he was at work, it was fulfilling, satisfying and enjoyable to complete his tasks and to be a knowledgeable colleague and employee. Some of his actions, such as taking medication, made sense in both action contexts.

Conclusion

It may create a more comprehensive analysis of individual’s conduct of everyday life when routines are understood as meaningful, fulfilling and variable and understood in relation to the persons concerns and self-understanding instead of as repeated activities devoid of content and meaning. Cyclic conduct of everyday life is real life!

The duality “routines” and “real life” as an analytical tool may not take into consideration the situated variation of meaning an activity can have. It can be discussed whether the duality “routines” and “the real life” or even as Borg writes the “cyclic conduct of everyday life” and “the particular significant conduct of everyday life” contributes to understand adults with recurrent depression conduct of everyday life in a first person perspective. Instead a more complex understanding can be obtained by analyzing the individuals’ activities, reasons for action and concerns across action contexts. The concept “concern” already includes that persons pursue different concerns in different action contexts (Dreier 2008), but one action context can also have different meaning in the conduct of everyday life depending on the individual’s concerns, orientation and localization at a certain time.

References