SPECIAL ISSUE PAPER

# The Lived Experience of Redesigning Lifestyle Post-Retirement in the UK

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## Abstract

The purpose of this study was to examine the feasibility of introducing and delivering an occupation-based lifestyle intervention, inspired by the US Lifestyle Redesign® into a UK context and to test requirements for a future robust clinical evaluation. The intervention involves a weekly facilitated group session to assist participants to engage with new and neglected occupations supplemented by an individual monthly meeting with one of the facilitators. A range of quantitative and qualitative methods were employed for the entire research programme. An in-depth interview was conducted with all participants before and after the 8-month programme and their progress was documented in reflective diaries maintained by the programme facilitators. The four participants whose narratives are described in this paper were experiencing eroded lifestyle as a result of diminished health combined with other challenges of later life. However, results of post-intervention interviews revealed that all had been able to engage with new and re-engage with neglected occupations despite continuing compromises. None of the participants reported experiencing improved physical health but all talked about the improvements to their confidence, self-efficacy and overall well-being which they attributed to the programme. Therefore, the intervention appears to warrants the investment necessary for population-based evaluation. 

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## Introduction

Over half of all people aged 65 years and over reside in the developed countries of the world, with their numbers being projected to increase to 71% by 2030 (Kinsella and Velkoff, 2001). This demographic change has been hailed as one of the 'greatest triumphs and challenges' of the 21st century (WHO, 2002).

Despite the undoubted achievement of the extended lifespan, the consequences of older age such as physical frailty, disability and cognitive changes can lead to challenges to participation in everyday roles and activities (Age Concern, 2006). Additionally, factors such as bereavement, loss of income and the breakdown of social relationships also impact upon opportunities for social and occupational engagement with a subsequent deleterious impact upon mental health. Rates of depression among the older population are high, with conservative estimates of between 10–16% of people over the age of 65 living in the

UK having poor mental health (Audit Commission, 2000).

Even though life expectancy will inevitably have an upper limit, onset of illness and disability in later life can be delayed (Fries, 2005). Thus, compression of morbidity, particularly in the older population is now the focus of global health policy, with a range of health promotion and preventive strategies being introduced to combat the negative consequences of ageing (WHO, 2002).

## Rationale for undertaking the study

Amidst the current raft of population projections and subsequent policies, it is easy to view older people as a homogeneous group and focus upon economic and population challenges that an ageing population presents rather than the lived experience of older age and how life quality can be maintained in the extended lifespan. This paper briefly describes a programme of applied research into an occupation-based intervention, where analysis of the qualitative dimension enabled the lived experiences of participants to be narrated.

## Literature review

The World Health Organization stated that active ageing involves promotion of health, through reducing risk factors and enhancing protection; encouraging participation in all aspects of society; and ensuring security, including protection of needs and rights as people get older (WHO 2005). A UK national survey of quality of life from the perspectives of older people revealed a whole range of contributory factors they considered to be important; including having a role in society, having things to do and social outlets and maintaining a sense of control and independence (Gabriel and Bowling, 2004); findings that are echoed in other studies (Audit Commission, 2004; Third Sector First, 2005).

Through engagement in meaningful activity, older people can be assisted to maintain or improve quality of life, age successfully and help to avoid a negative spiral of decline (Jackson, 1996). This is borne out by the results of The US Well Elderly Study which involved implementation and research into an occupation-based health-promoting programme called Lifestyle Redesign® (Clark et al., 1997). The intervention is delivered weekly over a number of successive months by occupational therapists to the same group of older people, supplemented by monthly individual sessions with each participant. The intervention was proven effective in enhancing the physical and mental health, occupational functioning and life satisfaction of community-living older adults in Los Angeles, United States (Clark et al., 1997; Clark et al., 2001; Hay et al., 2002). Moreover, 90% of the therapeutic gain was retained 6 months later (Clark et al., 2001).

Inspired by this body of work in the United States, a number of subsequent, smaller scale studies have been conducted to examine the transferability of an occupation-based health-promoting intervention for older populations in a number of other countries. A European Union-wide project led by the UK, which was completed in 2006, involved Belgium, Georgia, Norway, Portugal and the Netherlands (Daniels et al., 2007). This work was underpinned by an awareness of the need to inform programme content with the cultural and societal constructs of older age within specific countries and populations, the views of older people regarding constituents of quality of life and the impact of extrinsic factors upon ability to maintain health and well-being such as the built and natural environment. Additionally, opportunities to implement the programme have to be in place such as policy support for the introduction of new interventions within established patterns of health and social care provision. One such study was conducted in the UK in 2004–2005 on the periphery of one UK city. The results were positive and resulted in the Lifestyle Matters intervention, which was designed in partnership with older people and in contrast to the US study, is for people living independently in the community rather than in supported settings (Craig and Mountain, 2007).

## Methods

### Description of intervention

Based on an occupational approach to healthy ageing, Lifestyle Matters assists participants to improve their quality of life and avoid the negative spiral of decline associated with social isolation and poor mental health. In common with the US Lifestyle Redesign® programme, the Lifestyle Matters intervention requires participants to meet in a weekly group over several successive months in a local community venue, and also engage in monthly individual sessions with one of the facilitators. Topics for the sessions are identified in partnership with participants and are fully described

in the manualized programme (Craig and Mountain, 2007). The emphasis throughout is upon the identification of participants' own goals, empowerment through participants sharing their strengths and skills and providing support to enable participants to practise new or neglected activities independently, particularly out in the community. Didactic sessions relevant to the needs of the specific group are also woven into the programme to enhance participants' knowledge of how to overcome the barriers to active engagement. This combination of approaches, including the positioning of the older person as the expert appears to underpin the success of the intervention in facilitating both attitudinal and behavioural change.

### Delivering and evaluating the lifestyle matters intervention

The overall aim of the Lifestyle Matters study was to design and test an intervention inspired by Lifestyle Redesign® that might be subjected to rigorous evaluation in a further study. It therefore addressed questions such as would the intervention be acceptable to older people living in the UK, which groups of staff might deliver the intervention (given the workforce challenges for occupational therapy that exist in the UK) and what outcome measures would be appropriate for use in a future randomized controlled trial of the intervention (Mountain et al., 2008). Full UK National Health Service Ethics and Governance clearance was obtained prior to the commencement of the fieldwork. To meet the study questions, a variety of methods of recruitment were used and their success examined; a draft intervention programme inspired by Lifestyle Redesign® was created in partnership with older people and tested through programme delivery and a range of instruments were applied to all participants at baseline and following programme cessation to examine their appropriateness for a future trial as well as to consider the completion tolerance of participants. Additionally, in accord with the aims of feasibility testing for preparation for trials of complex interventions as described by the UK Medical Research council (MRC, 2008), a qualitative component was included to refine and define the intervention. Individual in-depth interviews were conducted with the 28 participants accepted on the programme (in their own homes) to encourage them to describe their current health, well-being and lifestyle and identify what they might wish to achieve from their engagement with the Lifestyle Matters programme. The 26 people who completed the 8-month programme were then interviewed once more immediately following programme cessation, with interview questions focusing on their perceptions of involvement and any benefits they considered that they had experienced. All interviews were taped, transcribed and analysed thematically using framework analysis described by Ritchie and Spencer (1994) using Nvivo software [Nvivo Software manufacturers: QSR International (Americas) Inc. 90 Sherman Street Cambridge MA02140 U.S.A.] Framework analysis (familiarization with the data, identifying the thematic framework, indexing and charting the data, mapping and interpretation) was considered to be appropriate for this study as there were clearly defined aims from the outset. The four programme facilitators [two occupational therapists and two unqualified assistants (working with occupational therapists but not qualified professionals)] all maintained reflective diaries of their experience of delivering the intervention, and the observed progress made by individual participants, with this data also being analysed thematically and the results used to refine the pilot intervention programme as well as supplementing participant narratives.

## The participants

Those who volunteered ranged in age from 60–92 years. Analysis of the socio-demographic data and the self-reported health status of participants collected at baseline prior confirmed that several individuals had multiple and sometimes complex health needs requiring medical and/or social care; only one person claimed to have no health problems at all. Several were found to be on the cusp of well-being and frailty, as described in the National Service Framework for Older People (DoH, 2001).

The following four narratives have been chosen to illustrate the diversity of individuals who were attracted to the Lifestyle Matters programme and their varied experiences of participation. However, it should be noted that all participants had their own stories which emerged through this research. All names are pseudonyms.

### Phoebe Wells

Phoebe Wells was 81 years old. She was widowed and lived alone in a small one-bedroom flat. She rarely went out with social contact being provided by family visits

and a family friend who took her out to lunch every week. Some years previously, she had been involved in an accident which had led to a serious, almost fatal head injury. The consequences had been profound.

> Well actually I fell down nine concrete steps, I banged my head on every one of them, so I'm told . . . I'm extremely lucky to be as I am . . . it's the coordination between my brain and my legs that's some of the problem . . . I had a fractured skull. (PW)

Her decline and subsequent vulnerability had been emphasized by an interaction with one doctor who she recounted had told her that if she fell again, her skull would crack open and she would die.

### Clara Morton

At 60 years old, Clara Morton was the youngest person to be recruited to the Lifestyle Matters programme. She had recently been forced to retire from work due to a severe back injury, which had rendered her temporarily disabled. She described this unplanned transition to retirement as traumatic. She had been given no time to psychologically prepare for the change from worker to retiree and to adjust to this new occupational identity Her life had gone from one she described as being busy and active to one that was predominantly home-based. Also, as her work had involved supporting frail older people, the shift from being carer to requiring care and support had been difficult to accept. Her sense of occupational disconnectedness had led to feelings of depression:

> I thought that this was going to be the end of my life, I'm not going to be able to walk, and I'm not going to be able to do anything. I was in pain and felt horrid and worthless . . . (CM)

At the same time, she was supporting her son through a difficult divorce and her husband was experiencing health problems. A further factor that emerged was a long-standing unsatisfactory relationship with her husband who she described as always being busy with his work.

> Perhaps there has been a problem with my personal life because you get in a state where you don't hear basic things like thank you, that's nice. You cook a meal and there's no comment about it, or you put on a new dress, make a special effort hoping to hear a nice comment. (CM)

### Peter Jones

Peter Jones was one of three men who joined the Lifestyle Matters programme and was also one of two married couples who attended, being accompanied by his wife Connie. At 76 years old, Peter was an active member of the local church. As the Lifestyle Matters group was held in this church hall, he took personal responsibility for organizing the venue such as unlocking, arranging the furniture and clearing up at the end of each group.

However, despite presenting as someone who was fit and well, he had a number of persistent health problems and was undergoing tests for recurrent cancer at the time of interview. The approach he took towards this potentially life-threatening condition was stalwart.

> It's (health) just deteriorating to be honest . . . I'm waiting to go to the hospital to have a camera down my stomach, but apart from that I'm as fit as anything. (PJ)

Peter had worked in the steelworks for all his life. He had started work at the age of 14 and had struggled to read and write throughout his adult life (his illiteracy did not emerge though the initial interview but became apparent during his subsequent attendance at group sessions).

### Frank Smith

Frank Smith was aged 81 and lived with his wife Hazel. He volunteered little information about his marriage or any aspect of his family life. However, he did graphically describe a long-lasting state of melancholia. When showing the researcher an image of himself taken during the Second World War he stated:

> This was taken in December 1947. It is the last time I was happy. (FS)

He reported being in good physical health and in his endeavour to keep fit he routinely took a 20-minute walk each day.

> I like walking and now I get out everyday if I can which I incorporate with picking up the paper. (FS)

Even though he was in good physical health, Frank was highly aware of the potential implications of his advancing years.

> It's never bothered me until I reached this 80th birthday. I get the feeling that it's as if I've been asleep and I've suddenly woken up and suddenly I'm 80 and it's frightened me to death . . . and masses of people came to see me and I didn't want to see anybody. I'm not that sort of person. (FS)

Frank's one stated source of pleasure was playing the piano. He had a small keyboard at home and had, for a time, performed at social gatherings, luncheon clubs and coffee mornings. He talked animatedly about this interest which had continued until the memory problems that he attributed to his '*advanced age*' had made it difficult for him to remember the music.

> I used to play at old people's homes a lot . . . They sit there like zombies until I play a tune, as I told the ones who were running the place 'don't go handing out songs with words, don't do that because you'll find they know all the words to the tunes that I'm playing.' I spent years perfecting this and it's like magic. Suddenly they stop being zombies and they start singing. (FS)

## Accounts of lifestyle

The lifestyles of the four participants were highly influenced by their physical health and the impact this had as well as perceptions of well-being. Immediately prior to joining Lifestyle Matters, Phoebe was receiving active hospital-based rehabilitation to try and improve her mobility and balance problems.

> I am now at the stage where I can walk, I use a thingy (*walking frame*) but I topple so consequently usually if I go for a walk I need somebody with me. (PW)

She required assistance for most activities of daily living.

> Well every morning the carer comes so my family and I know that I am out of bed safely and washed and dressed safely and I've had something to eat. (PW)

Even though she was improving before the Lifestyle Matters programme commenced, the experience of sudden disability remained vivid for Clara:

> I went through 18 months of hell and that just wasn't physical although I was in a lot of pain and very uncomfortable, but the psychological effect of being on my own such a lot because you didn't want to go and visit people or be with people because you were in pain . . . (CM)

Peter's view of himself as a fit and healthy person (despite his underlying health problems) was substantiated by the distance that he expected to be able to walk on a daily basis:

> I don't walk as far as I used to . . . The limit's about five miles now where I used to walk much further. As I say I don't go as quickly as I used to but otherwise I can't really think that I've knocked anything off that I've always done. (PJ)

In contrast, Frank was concerned about his memory problems; He felt fearful of the consequences:

> It's because of my advanced age, you see I can't remember things . . . (FS)

He had also relinquished golf, another lifelong interest for age-related reasons which given his relative physical fitness were not immediately evident.

> I was quite into golf but I'm too old for it now so I have to forgo that . . . I miss my golf because you're trying to beat yourself, to improve yourself. (FS)

## Support networks

Phoebe described having a large network of family and friends who called her daily and helped with shopping, thus enabling her to continue to live alone in the community.

> My daughter phones up every day if she doesn't come . . . my friends, S does a weekly shop,

> anything else my friends will call and get for me. (PW)

However, she had only one social outlet during the week apart from family.

> Well since this has happened (serious accident), I've gone to a group . . . That's really good because I'm collected, we have a meal, we have a natter (*informal chat*) and an hour doing something every week. The organisers try to arrange a different activity, which is quite good. (PW)

As a recently retired person, Clara described difficulty in engaging with established community groups.

> They're all in a little circle of friends and you feel a bit on the fringe, although I'm a very confident person, I can feel . . . I think it's an excuse really. (CM)

Community engagement is not for everyone. A solitary man, Frank Smith described not enjoying his brief involvement with village life:

> I'm not a joiner . . . yes I was shanghaied into being part of a committee which didn't suit me at all. I'm not for committees and things like that; I can't give anything so I opted out of that. It's not me at all. (FS)

An attempt to pursue creative writing at the local college had also been abandoned, as he had felt coerced by the instructor to do things he did not want to do and a further, also unsuccessful experience of adult education had led him to conclude that adult education was not for him. It was perhaps unsurprising that when asked about other types of activity he had also tried he stated that there had been no others.

Peter and Connie Jones had previously shared a very active social life together, with much of this centring upon the church.

## Experiences of occupational disruption

The occupational disruption that Phoebe ascribed to her accident was significant. From being an independent person, a community activist, a member of the church with a passion for writing and local history and someone who took regular exercise, she was now confined to her home for the majority of time. Her health problems and the legacy of the advice given to her after the accident meant that the prospect of leaving the house without an escort filled her with dread, but she also yearned for independence.

> It's important to me to be able to go out and do what I want to do rather than be directed if you understand it. I've always, my life has always, shall we say been my own life really. (PW)

Clara had also experienced significant health challenges but had been able to adopt self-help techniques to regain some of her previous lifestyle such as being able to play with her grandchildren and starting to volunteer in the sheltered housing complex where she used to work.

> I think that the biggest thing has been voluntary work at S House because that's what I have done most of my life. (CM)

Peter provided two explanations for recent decrease in activities; one being that his wife had been unwell and the second that activities were tiring them both out. His own health problems were not provided as a reason. Sequence dancing had been a regular shared pastime for Peter and his wife but this had now ceased:

> Well it was getting too much for us anyway, dancing because we were going straight after – Tuesday to the Bridge club. (PJ)

Limited income in extended retirement was another reason for curtailing certain activities, from the essential, like visits to the dentist to the desirable such as holidays.

> When we were younger we used to go to Spain, Portugal and that but we haven't been since we've been older, we've gone local Cotswolds and Scotland, places like that. But the last two years I haven't been away, Connie's been away with church. (PJ)

Maintaining a car was a further challenge to the income of the Jones' with Peter only just managing to keep his vehicle on the road.

## Anticipated benefits of Lifestyle Matters

Phoebe wanted to do all she could to regain her previous levels of self-efficacy, and had the clearest goals from the outset.

> If I'd got on this plateau and this is where I'm going to stay then as I say I am not prepared to stay here. You know twenty four hours a day and just lay down, there's a life and I need to be in it, part of it, rather than just doing nothing. (PW)

She still expressed a wish to go out independently despite the risks.

> Now it would appear that I'm going to need help with the walker so if I've got to go everywhere and take a walker that doesn't worry me as long as I get there. (PW)

Clara aims of attending were to take information obtained from the group back into her voluntary work in sheltered housing and she also mentioned having something to look forward to in the week for herself.

Peter was unsure of what he wanted to get out of the group and was concerned that it was not for people like him who were still independent.

> I thought that it's more for people who can't get out of the house to help them, that's what I thought it was for to be honest, but I've nothing against them. I don't mind being in it. (PJ)

However, he also indicated that he would like to start dancing and gardening again. Frank was one of the few people who had contacted the researchers independently after seeing the advert in his General Practioner surgery. He was very unclear about what he hoped to get out of the programme, but talked about wishing to meet new people:

> I thought there might be something in it for me and I didn't know quite what . . . I'm looking for someone of my own views and interests. (FS)

## Examples of progress taken from facilitator diaries

Clara started to take elements of Lifestyle Matters into the sheltered housing complex where she had started to facilitate groups for people living there. Frank fulfilled one of his personal goals and successfully gave a piano recital for residents in a local care home and Peter enrolled on a computer course at a local residential adult education college. Phoebe's achievements were also considerable. She had been able to momentarily discard her walker to engage in a game of bowls and had started to go out into the community unaccompanied.

## Perceptions following cessation of Lifestyle Matters

Significantly, the relationship between levels of engagement with others and benefits this had for mental well-being were clearly described by all four participants in the post-programme interviews. This was in contrast to a previous avoidance of discussion of mental health. The most physically challenged, Phoebe, acknowledged that even though the programme had not had any direct impact upon her physical health, it had benefitted her mental well-being;

> Well it's certainly helped me because at the moment I'm just recovering from a stupid injury and so if my brain isn't stimulated then I'm sure I could go into a decline. Easily. And so of course it gives you something you know you've got to do. And so it is up to you to do it and do the extra bit. (PW)

Clara, Peter and Frank all considered that increased confidence to learn new skills and socialize were the main benefits they had gained.

> And I think that what I have gained is confidence, which I lack in certain areas . . . I felt as though I was slipping into a hole since I finished work because when you're at work you go and you're amongst people . . . I feel as though I have grown in so many ways. And you don't realize that you haven't got that until you experience these things of being with people again. So it's made a huge difference to me that I couldn't have believed really. (CM)

For Peter and Frank, challenges with confidence and socializing had origins in much earlier stages of the life course.

> When I went to school, I wasn't well educated . . . but I learned a lot (through the programme) and I have enjoyed it. It hasn't made me as shy; because usually I am a shy person and it has brought me out a little bit. (PJ)

> I had an opinion when I first went down and it's because I have never mixed. It's a small step, but it could be a big step. To mix and listen and then you find a desire to help and not to think of myself. I feel embarrassed because I have never gone through this before, people have given things and asked for nothing in return, and I feel as though I want to give something back. (FS)

Phoebe and Clara both used the peer support of the group to re-engage with some aspects of their previous lifestyles.

> I've started the exercise group, the dance and exercise. Which I think I would have been reluctant to try because of my back problems I've had. (CM)

The programme and support it provided enabled participants to try new activities in unfamiliar settings.

> But you get to a certain age like, such as me if it hadn't been for this group I would never gone [to the college] or even trying computers. That's what it has brought out with me like. I suppose it gives you confidence in certain things. (PJ)

Exposure to new possibilities had broadened horizons.

> He gave a talk on Tai Chi and about half way through that session I hadn't thought much to it you see, I thought just a minute how on earth can you do that, stood on one leg without moving . . . I can't believe that I can do that . . . I'm going to be honest here to say I hadn't a lot of interest in some of the things but the question clearly was having done some of the things you don't know. (FS)

Peter's participation in Lifestyle Matters had significantly challenged the long-standing preconceptions he had about himself.

> I enjoyed every little bit of it and I hadn't a clue with computers so I did learn something there didn't I? Even line dancing . . . I have never seen dancing [like that]. I know they picked us the easiest but we all picked it up, it was unbelievable. I really enjoyed this. (PJ)

The programme provides opportunities for participants to learn from each other as well as from external experts.

> I think we all got so much out of it . . . just doing things in a group is very different. Because a lot of the things we just wouldn't do or have ever experienced ourselves; like the GP and health-related things. The dietician was brilliant because we were each able to pick out various things that related to our diet and effects and so those were excellent. And the fun things as well because I don't do crafts and to do the broomstick knitting and then go on to make the book . . . It's been excellent. (CM)

Peter explained what he had learnt from the pharmacist.

> Then he explained I am on Warfarin and he explained different things about Warfarin for me. I knew some of them but it was really good. If anybody wanted to ask any questions – it was good. (PJ)

The opportunity to participate in meaningful group discussion was described as being a much valued aspect of the programme, providing a safe forum in which to express personal opinion.

> People have discussed general things and of course, shall we say family things and things like that. And I think it's been good for that really. (PW)

Both Phoebe and Clara contrasted this with the discussion often held in other established groups which can often focus upon illnesses and difficulties without any way forward.

> . . . the other groups have gone on for decades. Lunch clubs, the Townswomen's Guilds, but they

> need to be more specific and it needs to be more focused and interesting and encourage people to say what matters to them and what affects their life and you can't do that in any other sort of forum. There isn't any other sort of forum that I am aware of. (CM)

Clara was also able to recognize the role the group had played in supporting her continued involvement in the face of fluctuating health problems.

> I had a spell quite early on after I started where I didn't go for three weeks because I was having problems with my back again. And I think again, had I not been with the group of people from Lifestyle who encouraged me to go back I think I might have been frightened to go back because of aggravating things. (CM)

The programme is designed to enable participants to take risks and make informed choices, as described by Peter.

> We had some good laughs. When we walked round the dam it was unbelievable, we were waiting for some to come, I think there had been a mix up and it was chucking it down with rain, we didn't even sit in the car, we just talked and wondered where others were and it just brightened up for us to walk around the dam. We were lucky . . . we nipped up to (the pub) and had a Shandy (*drink of beer mixed with lemonade*) and sandwich. It was really good. (PJ)

Lifestyle Matters provided opportunities to develop new relationships and stimulate old ones. Some of the group had known other members previously.

> I knew some and I know some people vaguely. But I mean the people I didn't know are now, shall I say my friends. (PW)

### Plans for the future

Clara was determined to continue to use the Lifestyle Matters programme in her voluntary work.

> And meeting the other group yesterday, I thought 'mm there's a good opportunity to link the two here . . . but I think that any activities that I do either in the unit or out needs to involve those people that are the most isolated and needy. (CM)

Peter was adamant that he would continue to build on the newly developed skills he had acquired and was already actively seeking further opportunities in the community that would enable him to do this:

> We haven't got a computer but we are hoping to go on that course like at N College. They are going to try and arrange this and see – I think that there is about 10–12 of us who want to go. (PJ)

Frank was more ambivalent in terms of how he would build on his participation. He felt that much was dependent on his wife who emerged as being very dominant within the relationship. Nonetheless, his growing confidence was demonstrated by the fact that he had been able to invite her to accompany him to future meetings of the group as it moved forward independently without the facilitators. She had agreed to do this and Frank saw this as offering new possibilities for both of them.

## Discussion

These narratives, extracted from a wider body of research conducted for modelling purposes, provide a rich description of the aspirations of each participant, their experiences of involvement in various occupations and their perceived of outcomes, demonstrating the inherent complexity and individual nature of occupational participation (Yerxa et al., 1989). They all experienced improved engagement and mental well-being, which was not directly related to physical health, but with a consequent impact upon their overall health status and well-being. This was also confirmed through analysis of quantitative data (Mountain et al., 2008).

Their stories also illustrate the interplay of health with other intrinsic factors including resilience and mental well-being. Before participating in the programme, all were at different places on a downward spiral created by diminishing confidence and occupational disengagement; for example, Peter and Connie Jones had agreed together to gradually disengage with some activities. Phoebe Wells was further down the spiral of disengagement, prompted by physical disability and a significant dependence upon others.

The narratives illustrate how the Lifestyle Matters intervention including both of group and tailored individual sessions assisted all four participants in re-establishing their occupational connectedness and through this, a sense of personal identity, value and purpose irrespective of their levels of perceived and actual disability. The combination of individual and peer support offered through the intervention, where the older person is positioned as the expert and where opportunities are provided for experimentation within a safe group setting appear to be significant in influencing the benefits described by the participants.

The importance of doing activities with others was a consistent theme, with the opportunity to translate skills developed within the safety of the group into real-world experiences. The supportive atmosphere meant that rather than conceptualizing new experiences as daunting and to be feared, they could be construed as being adventures. This is in accord with the findings of other research in that self-confidence derived from the interaction of personal, behavioural and environmental factors can result in quality life despite diminishing health as a result of old age (National Chronic Care Consortium, 1999; Montross et al., 2006). The four participants illustrated in this paper were enabled to re-frame their experiences, develop problem solving skills and experience improved self-efficacy, which then resulted in a more satisfying lifestyle in accord with the conclusions drawn by Bandura (1997), which were that improved levels of self-efficacy encourage more individual effort and persistence and, ultimately, generate improvements in quality of life whereas a low sense of self-efficacy leads to low self-esteem feelings of anxiety and helplessness and the potential for depression.

## Conclusions

These narratives, combined with other previously reported study results (Mountain et al., 2008), strongly suggest the likely population benefit of Lifestyle Matters to UK independently living older people and the value of undertaking further evaluation on a larger study sample. It is significant that despite the small scale of this study, it is cited alongside the US study of Lifestyle Redesign® in recent national guidance on the promotion of mental health and well-being of older people (NICE, 2008), which is currently being implemented across the UK. The UK policy climate has resulted in new possibilities to implement this intervention, which is grounded in the benefits of occupation for health.

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