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**The experience of balance in everyday life of men  
who have completed the first phase of their recovery from stress-  
related disorders**

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Abstract

The purpose of this study was to describe the life balance of four men who have completed the first phase of their recovery from stress-related disorders through the model of life balance. Stress-related disorders are today a major public health issue. Psychological stress is the most common reason for sick leave in Sweden. Life balance is measured by how the individual, through one's occupational pattern, is able to meet their basic needs for quality of life and their ability to handle setbacks. A qualitative study was conducted. The results showed that the participants experienced a mixture of balance and imbalance in their lives. Overall they tended to prioritise work over other occupations and when this happened it led to an imbalance. They shared similarities with their female counterparts from related studies, regarding their difficulties and use of strategies in their lives. Further research with a larger sample group would give more reliable evidence from a male perspective.

Keywords: Life balance model, stress-related disorders, men, occupational therapy

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# Background

## Stress-related disorders

Stress-related disorders are today a major public health issue in Sweden. Psychological stress is the most common reason for sick leave. In a recent study from Swedish statistical office (Statistics Sweden, 2014), eight percent of men and fifteen percent of women have been on sick leave due to stress-related disorders or other psychological issues during a one year period .

Long-term stress can lead to stress-related disorders, chronic pain, depression, cardiovascular disease and diabetes. Among the working population it has become more common to experience one`s occupation as psychologically demanding and stressful since the beginning of the 1980s. Currently, psychological disorders are one of the most common diagnoses for people receiving sick pay (Socialstyrelsen, 2009). Due to these stresses, the working population are especially at risk for stress-related disorders.

Håkansson, Dahlin-Ivanhoff and Sonn (2006) stated that one of the core reasons their initial study of people with stress-related disorders comprised of just women was because at the time large portion of men`s work was paid and women`s work was more equally divided between employment and domestic work. Women did twice as much domestic work as men and took care of the children. The latest statistics in Sweden show that the gap has decreased between men and women`s paid work, however men do just as much paid work as ten years ago (Statistics Sweden, 2012). Despite men maintaining the paid work level as before they have increased their domestic work levels a half an hour compared to a decade ago. The Swedish Social Insurance Office (2015) came out with a press release showing that fathers who are increasing their participation in household work whilst sustaining their previous paid work levels, increased their risk of going on sick leave. Given these cultural changes and the increase in domestic work, this may leave men at a higher risk of developing an increased level of stress-related disorders, just as women did at time of the study conducted by Håkansson et al., (2006).

Maslach (2003) describes stress as a long term reaction to interpersonal or chronic emotional stress factors that can manifest itself in reactions like burnout, cynicism, and a feeling of ineffectivity. To be in a position of stress over a longer period of time without the opportunity for rest and recuperation leads to a higher risk of suffering from burnout syndrome.

Stress can be defined as an imbalance between what individuals are expected to do and their ability to handle these demands (Socialstyrelsen, 2008). Stress can also be the thoughts about the individual's future and past experiences. Human bodies are constructed to deal with acute stress when faced with physical danger. In modern life, however, humans are more exposed to psychological and psychosocial stress which has a more long-term effect than acute stress. More serious stages of psychological exhaustion often show after longer periods of stress. The symptoms include cognitive disorders, often in combination with substantial emotional issues (this often borders on clinical depression) as well as somatic issues (Socialstyrelsen, 2008). Long-term stress has many different consequences such as a lower performance capacity, chronic tiredness, aversion, lighter depression, sleep deprivation, muscle aches, memory and cognitive issues (Socialstyrelsen, 2009).

### **Life Balance**

Stamm et al. (2009) suggests that a balance is required between challenging and relaxing occupations. Balance is also needed between occupations that are meaningful for the individual in a sociocultural context. Occupational balance does not necessarily require being engaged in paid work but rather broadens paid work to challenging occupations and any kind of productive occupations as defined by the individual or in terms of any other societal reason. This is important to recognise, especially if the person is no longer able to engage in paid work (Stamm et al., 2009).

The increased demands of modern life in developed nations such as Sweden has changed public perceptions of life balance (Bachmann, 2000). The general public are facing increased stress and insufficient time to engage in occupations that are viewed as paramount to their sense of well-being. Wilcock et al. (1997) propose in their study that an occupational balance of physical, mental, social and rest occupations were deemed to be most beneficial for health. The studies participants felt that the more they had an equal balance between those factors the better health they perceived themselves as having.

Christiansen (1996) states that the definition of activity balance is a dynamic synergy between work, leisure and rest but even the individual's subjective experiences are involved in the interaction. If, for example, sleep takes up a large proportion of the day there is little or no time over to engage in other occupations which can lead to an occupational imbalance.

Wilcock (2006) states that an occupational imbalance is a factor for poor health.

### **The life balance model**

There are many different viewpoints on life balance but for the purpose of this study "The life balance model" was chosen (Matuska & Christiansen, 2008).

The model is based on interdisciplinary research on health from both a physiological and psychological perspective. Life balance consists of an individual's occupational pattern in their environmental context. Life balance is measured by how the individual, through one's occupational pattern, is able to meet their basic needs for quality of life and their ability to handle setbacks. The model of life balance is a dynamic model that measures an individual's satisfaction as it changes over time as opposed to a final, static, state of satisfaction (Matuska & Christiansen, 2008).

Within this context satisfaction is defined as the difference between what an individual does and what he or she desires to do. The model also takes into consideration that this differs with the individual's various roles, requirements associated with their roles, personality and the fact that these factors, as well as values and interests, changes over time. Another factor that is taken under consideration within the model is that the possibility to live a satisfying and balanced life varies with the changing environments (physical, cultural and social) at different times. It can be perceived that individuals that have a greater life balance have fewer issues with unfulfilling lives, stress and other psychological problems (Matuska & Christiansen, 2008).

The above named model consists of five dimensions of occupational patterns that are needed to achieve life balance. The first dimension is to meet basic needs necessary for sustained biological health and physical safety. This is a key dimension in the model, one which focuses on good nutrition, exercise, safety practices (seat belt use etc.), adequate sleep and avoiding addictive substances. Stress management is also an important criteria due to the negative effects of stress on health and life balance (Matuska & Christiansen, 2008).

The second is to have rewarding and self-affirming relationships with others. The model states that socially supportive environments have been associated with psychological well-being. Social support seems to lower stress in stressful situations. There is a strong link between positive relationships and health status. When people become ill better recovery is fostered by strong social support (Matuska & Christiansen, 2008).

The third is to feel engaged, challenged, and competent. Engagement in occupation is fundamental to life because through active transactions with people, places and things in an environment help people develop a sense of competence and self-efficacy. Competency is important for continued adaption to the demands of living and is also linked to well-being and quality of life. Optimal state is achieved when there is a balance between skill and challenge resulting in enjoyment interest and motivation (Matuska & Christiansen, 2008).

The fourth is to create meaning and a positive personal identity. The meaning dimension of occupations include all of the subjective, emotional appraisals of the events in our lives, the significance attached to them in relation to our goals and the underlying values, beliefs and personal identity that are created by them. People need to pursue occupations that enable the development of a positive personal identity. Having a purpose and meaning in life is associated with well-being. A physically healthy lifestyle without meaning is insufficient for a balanced lifestyle (Matuska & Christiansen, 2008).

The fifth and final dimension is to organise time and energy to meet important personal goals and personal renewal. In order to meet needs people must manage their time sufficiently to accomplish their goals and create opportunities for energy renewal. Time is seen as a commodity that must be rationed and stress results when there is a perceived press for time or multiple demands on time. Well-being and life satisfaction is compromised when time is perceived as inadequate to meet goals and fulfill roles. Conversely having too much time leads to boredom and inactivity which leads to lower levels of mental health and satisfaction. In a balanced lifestyle need-based occupations are engaged in through time in a manner that at the end of the day, week, month or year people feel satisfied that their needs have been met and that important roles in their lives are fulfilled (Matuska & Christiansen, 2008).

## **Earlier research**

Matuska and Erickson (2008) used the life balance model (Matuska & Christiansen, 2008) to study the lifestyle balance of women with multiple sclerosis and found that they had the same lifestyle needs as women without a chronic condition. They had to manage the multiple demands on their time and energy and overall did not experience life balance but wanted to. They could identify the factors in their lives which attributed to lack of balance and had views on how they would like to achieve balance. They identified stress and fatigue as primary factors that interfered with their ability to fulfill their valued roles and meet their needs. The importance of meaningful relationships, the need for a personal identity unrelated to their illness, the importance of having rewarding and stimulating occupations and the challenge of managing energy levels to achieve their daily goals were stated as important factors in their sense of life balance (Matuska & Erickson, 2008).

Håkansson et al., (2006) explore in their study the life balance of women who have suffered from stress-related disorders and gone through the first phase in their recovery. The study showed that the participants experienced both imbalance and balance throughout the day. Håkansson and Matuska (2010) incorporated previous data from Håkansson et al., (2006) into the life balance model to enhance the model's validity. They found that the women that their sense of feeling balanced or imbalanced depended on different factors. These factors included maintaining their physical health, their ability to sustain and nurture important relationships, to be able to pursue rewarding and challenging occupations, to create a positive personal identity and finally to manage their time and energy to achieve daily goals and renewal. Managing stress was one of the biggest difficulties for the women. They felt more balanced when they could exercise, eat right and get enough rest. Often the women placed unrealistic expectations on themselves and were unable to accomplish them which led to increased stress levels. The women had difficulty saying no to social pressures and felt more balanced when they prioritised reciprocal relationships and reduced their commitment to one-sided relationships. Some avoided social situations where they would have to explain themselves and their illness which led to more social isolation. Before their illness their occupational identity was characterized by being capable and efficient. They over-focused on their worker role and struggled to maintain a positive personal identity with the loss of their dominant occupation. To achieve better balance they prioritised occupations they felt were important, meaningful, enjoyable and challenging. The women developed strategies to manage and control their everyday and get adequate time for rest and renewal.

Wang (2006) stated that work stress and imbalance between work and family/personal lives are independently associated with stress-related disorders. He also pointed out that an imbalance between work and family/personal lives is a strong predictor for mental disorders.

Wagman, Håkansson, Matuska, Björklund and Falkmer (2012) completed a study on the lifestyle balance on a working Swedish population. This is the only study completed so far containing men and the model of lifestyle balance. However, the majority of participants were female and there was no attempt to differentiate between the men and women from the study.

The growing problem with stress-related disorders has led to a desire to gain a greater understanding of the connection between life-balance and stress, where the focus is not just on stress in the workplace but on the total balance in an individual's life. Research has primarily been conducted on women with stress-related disorders rather than men. There are, however, also a large number of men who are affected by stress-related disorders and therefore more research on this topic is necessary from a male perspective.

## **Purpose**

The purpose of this study was to describe the life balance of men who have completed the first phase of their recovery from stress-related disorders through the life balance model.

## **Method**

### **Design**

The study has a qualitative design (Granskär & Höglund-Nielsen, 2012). A qualitative design stems from the perspective that every individual is unique and can be used to attain the participant's subjective perspectives on their health, thoughts and experiences (Kristensson, 2014).

## **Participants**

A strategic sampling process was conducted (Granskär et al., 2012). The four male interviewees were homogenous in disorder and of working age (18-65) and had completed the first phase of their recovery from stress-related disorders. All were living in southern Sweden. Attempts were made to garner as wide a spectrum of interviewees as possible, ranging from different age, civil status, family situation and education to obtain heterogeneity in the study.

## **Data Collection**

The semi-structured interviews had open, broad questions (See attachment 1) and had an average duration of an hour. The theoretical base for the interview questions were centered primarily upon “The life balance model” by Matuska and Christiansen (2008). Follow up questions were asked to provide more detail and insight. Interviews were recorded and transcribed verbatim. All participants were interviewed once. To ensure validity a pilot interview was conducted to assess if sample questions were relevant from interviewees pertaining to the purpose of the study (Trost, 2010).

## **Procedure**

Contact was made by a researcher in the field who had substantial experience and contacts with occupational therapists working with people suffering from stress-related disorders. The researcher created contacts with people in positions of relevant responsibility in various healthcare centres and with several occupational therapists dealing with clients suffering from stress-related disorders. Two information letters were provided, one to provide to potential interview candidates, the other to both responsible people in the healthcare centres and occupational therapists to request the contact details of willing, consenting and appropriate patients. Upon receiving contact details of patients from the responsible people, telephone contact was made with candidates, further information was provided and the time and place for interviews were set. Before the interviews were conducted, final oral information about the study was provided and written consent was gained. Interviews were conducted in a neutral, quiet environment.

## **Data Analysis**

The data was analysed with “The life balance model” (Matuska & Christiansen, 2008) concepts as a basis and following this the entire transcripts were read several times and analysed with the help of a directed content analysis (Hsieh & Shannon, 2005).

Sentences and paragraphs deemed relevant to the purpose of the study were grouped and written in their entirety to keep them in context. The exact position of the text, sorted by interview, page and line number was noted. From there, the sentences/paragraphs were condensed to their essential core, still remaining true to the text. The condensed sentences/paragraphs were then coded into the five different dimensions of the life balance model.

A review of data analysis and procedure was conducted by a registered occupational therapist in primary healthcare to ensure credibility and trustworthiness (Granskär et al., 2012).

### **Ethics**

Written and oral information was provided about the research purpose and what was expected of the participants if they agreed to partake. Participants were informed that they were free to take part and could withdraw from the study at any time with no negative consequences for them. Confidentiality was assured and that the end result was presented in such a way that no single participant could be identified. Furthermore participants were informed that the collected data would be stored in a safe place so that no unauthorized persons would have access to it. Written consent was received on the participant's willingness to take part in the study and that the material will only be used for research purposes (Codex, 2013). For the purposes of the study the participants have been allocated pseudonyms to protect their identity.

## Results

The results of the interviews with the four male participants are presented below within the five different dimensions of “The life balance model” (Matuska & Christiansen, 2008).

### **Dimension 1: Meet basic instrumental needs for sustained biological health and physical safety**

The participants stated that exercise, nutrition, sleep and stress were all factors in their sense of life balance. Exercise was a common theme which was important for them to feel a sense of strength and rejuvenation. It was something that they wanted to incorporate in their daily lives but for assorted reasons it didn't always happen. The participants agreed that it was difficult to get the adequate amount of training and that they struggled a lot of the time to do so but when they did, it contributed huge value, lowered stress levels and led to a more balanced life. Brian spoke about the feeling of being recharged after going to the gym, *“when I go to the gym, I feel good after that”*.

The importance of sleep was also mentioned by the participants. It was expressed that they needed a certain amount to function but sometimes had problems getting the sleep they felt they required even if they felt fatigued or exhausted. This seriously affected their life balance and raised their stress levels. Their daily rhythms were affected and some required naps during the day which adversely affected their routines and ability to perform other important occupations. Alex stated that he has huge sleeping difficulties. *“To put it simply, I have a brain that's always in overdrive, the smallest thing can set it off and then it's impossible to sleep”*.

### **Dimension 2: Have rewarding and self-affirming relationships with others**

The participants stated that it was an important feature in their daily lives to have rewarding and self-affirming relationships with others. All had strong backing from family members and this gave them a vital sense of support and understanding. They described the positive feedback and understanding they received as an important coping strategy when feeling imbalanced.

The tightrope between giving and receiving in relationships was discussed. Some found that they had certain relationships with people that were not reciprocal. The participants felt that if they gave a lot more to the relationship than they received that they were forced to exclude these people from their lives as a means to feeling better. Core relationships were conserved, one-sided ones were jettisoned for the sake of better life balance.

The participants stated that they felt like there was an inequality with their relationships with their wives and families. Whilst they felt like they had to discard relationships that were taking too much energy, the men themselves felt like their partners gave a lot more than they received in return. This is a remnant from when they first suffered their stress-related disorders when extra support was needed but has continued throughout their recovery process. Carl, whilst speaking about his relationship with his family said, *"if I'm going to be honest, it's probably more take than give"*.

The men felt a sense of alienation due to the fact that people had misconceptions about their stress-related disorders. They felt that it would be easier for other people to understand if their disorder was visible to the naked eye, like a broken arm. Certain negative comments and attitudes from people, such as *"pull yourself together"* have led to them avoiding certain social situations where they might have to explain themselves. Carl felt like he had to put on a mask in social scenarios to melt in with others, Alex felt like acquaintances he encountered felt pity for him. This in turn has led to the increased feeling of social isolation and a sense of being misunderstood.

To have understanding colleagues and bosses at work was seen as very important to the participants. The participants have experienced a lot of stress in work related scenarios before and stated that it felt extremely important to them that the people they work with, who need to know about their disorders, know and have consideration for them. David stated that it has helped him immensely and decreased his stress levels because he feels that he has *"just the right level of demands from my boss and colleagues and that they understand my situation"*.

### **Dimension 3: Feel interested, engaged, challenged and competent**

The participants stated that they were more engaged in their work than any other areas in their lives. Work was prioritised and all felt competent with their related work activities. The challenges perceived were not in specific work tasks, more with dealing with their own demands for productivity. Sometimes they set too high of demands for themselves which left things too challenging for them to cope. Alex who is self-employed had a difficult time leaving work if he didn't feel like everything was perfect. This led to a lot of stress as he felt a huge responsibility towards his customers and quality of work. He said *"I either have to work longer or lower the quality, but since I refuse to lower the quality it means I have to work longer."* The men had very little interest and engagement in other activities outside of their work. They focused all their energy in that and as consequence felt an imbalance in their lives.

David, who experienced a good life balance stated that he felt engaged in everything he did. He stated that he *"feels very engaged to get his life back on track again"*. He felt that the demands and challenges were just at right level at the moment in the different occupations in his life.

### **Dimension 4: Create meaning and a positive personal identity**

The participants stated that it was important to them that their life and occupations therein felt meaningful. The participants stated that work was the most meaningful part of their lives. The reasons for this varied a little. For Alex, it felt meaningful to him when at work he *"did something and knew that it was a good job"*. Performing well at work was an essential part in forming a positive personal identity for him.

Carl stated that work was so essential because he and his family depended on it to survive financially. It seems that on a whole, work has such a meaningful role to play in the participants lives as it is seen as a prerequisite to other parts of their lives functioning, yet in having it play such an intricate part of their lives, they lose out on other activities that they also deem meaningful. Alex stated that work was so vital because he *"didn't do anything else besides work, eat and sleep"*. He reported a severe lack of meaningful activities, the

necessities had to be taken care of first and there wasn't space for fishing or other activities that brought meaning to his life before. This led to an imbalance in his life.

Brian stated that his work was important to him because he enjoyed it but he also rated family time and keeping in contact with friends as meaningful. David found it worthwhile to be able to have activities outside of work to be able to relax, like watching sport or spending time with his family. Brian deemed exercise important and he experienced a better life balance if he got the chance to exercise and train as much as he wanted to.

### **Dimension 5: Organise time and energy in ways that enable personal goals & renewal**

The challenge of organising time and energy was difficult for the participants. Work was taking up the vast majority of it. There was very little available energy and most felt like they needed to preserve what energy resources they had just to be able to cope with work demands. Most of the men found that they first experienced their stress-related disorders due to inability to organise their time and energy. They found it very difficult to set boundaries, especially at work and they attempted to do more than they were able to. They couldn't say no when asked to do new tasks. The undertaking of an overabundance of tasks led to extreme stress levels.

The men now have learned that in order to cope they have to have strategies to be more economical with their time and energy. David said *"I have learned to find a level that works for me, one can't take on too much, in work or with hobbies. You have to think of yourself, before I didn't and I just did everything I said yes to no matter what. Now I think of myself and try to see if I have the energy to do what I have to do. I prioritise myself"*.

Carl, who suffered from an imbalance stated that he wants to do occupations to find a sense of renewal but he just doesn't have the energy for it. All his energy is focused on work and he must rest for two to three hours when he gets home. Family orientated activities and hobbies suffer as a result.

Brian stated that he has to make time for activities that give him a sense of renewal and lower his stress levels. He makes sure, even in his busier periods that he always has at least one day a week off with work and has time to spend with his family. He also is more selective with what jobs he chooses, before he said yes to everyone as he was afraid to lose business. Now

he realises that that's not a sustainable way of living so he asked his customers to wait if he has too much to do.

## **Method Discussion**

To best capture the essence of the participant's experiences, the author chose a qualitative study design. This was deemed the most appropriate approach as a quantitative approach would not have given the depth or detail required. It was concluded that semi-structured interviews were the most suitable method for data collection due to the aim of the study. This also enabled the participants and author to expand on certain areas if deemed relevant.

According to Bryman (2011), as an author one has to be aware as to not let one's personal values or theoretical knowledge cloud the results of the study. It is imperative that one gives the most impartial view as possible so that the participant's viewpoints are portrayed as true to their essential core as possible, without being altered by the author's prejudices. The author strove to comply with this throughout this study but it is possible that the analysis of the study was subconsciously affected and the reliability and validity of the study was affected also.

Four participants were interviewed. This was due to time constraints and the fact that the author was alone in doing the study. The small sample size might not give a true reflection on the population as whole. However, Malterud (2014) states that quality is more important than quantity. It is not the number of participants that is essential, it's the quality of information collected.

The author felt that if the participants were able to choose the venue of the interview, it would ensure that they were feeling as comfortable and relaxed as possible during the interview process. Three of the four interviews were conducted in the participant's homes. According to Trost (2010), conducting interviews in a person's home can create a sense of security but it can also lead to unwanted distractions. During all the home interviews, members of the participant's families were present. This, on occasion, led to small breaks in conversation between the author and the participant whilst the participant was communicating with family

members. It is difficult to conclude if these interruptions had an adverse effect on the quality of the interviews.

The interviews were conducted by and later transcribed verbatim by the author. Dalen (2011) states that it is important that the interviews are transcribed as soon as possible in order to get closer to the text itself. This is deemed to be of benefit later in the analysis. In accordance with this, the author transcribed all the interviews as soon as they were carried out in order to ensure a positive effect on the validity and reliability of the collected data.

To ensure validity a test interview was conducted to assess if sample questions were relevant from interviewees pertaining to the purpose of the study (Trost, 2010). Questions were altered after the trial interview to ensure the purpose of the study was being adhered to.

A review of data analysis and procedure was conducted by a registered occupational therapist in primary healthcare to ensure credibility and trustworthiness (Granskär et al., 2012). This was an important part of the data analysis to confirm that the author had analysed the information to an adequate standard.

## **Result Discussion**

The purpose of the study was to describe life balance of men who have completed the first phase of their recovery from stress-related disorders through the model of life balance (Matuska & Christiansen, 2008).

The participants in the study experienced both a balance and an imbalance in their lives. These were seen throughout all five dimensions of the life balance model. The male participants in the study share a lot of similarities with the female participants in Håkanson and Matuska's (2010) study. This is not surprising considering the participants studied are only separated by gender, they share the fact that they are of working age and have passed the first stage of recovery from stress-related disorders. The current study is the first to highlight

life balance from a purely male perspective. The results show that there are a lot of similarities between men and women and that, on a whole, the essence of life balance is the same regardless of what gender one possesses. Wagman et al., (2012) completed the only previous study incorporating male participants and the life balance model. In the results of that study no attempt was made to differentiate between the male and female participants in the different dimensions of the model.

Looking more specifically within the five dimensions of the life balance model (Matuska & Christiansen, 2008), and comparing the participants from the authors study and the women from Håkanson and Matuska's (2010) study, both groups had feeling of balance or imbalance related to their levels of physical activity, sleep and stress. Both prioritised reciprocal relationships and discarded relations that took too much energy. Both developed strategies for being more economical whilst organising time and energy and when possible engaged in occupations that gave them a sense of balance and renewal.

The participants in the current study still prioritise work above other occupations. This does not correlate with Swedish statistical office reports that men do on average thirty minutes more household work and engage in paid work on average thirty minutes less than men did ten years ago (Statistics Sweden, 2012) It is difficult to ascertain if this is just an anomaly due to a small sample size or if it has any connection to the participants stress-related disorders.

To receive more than they gave in their relationships to their wives and families was a noted result amongst the participants. They felt like they prioritised other things like work and rest above family time. This is a worrying trend as work stress was a huge contributing factor for the origin of their stress related disorder. The female participants in Håkanson and Matuska's (2010) study or Matuska and Erickson's (2008) study did not prioritise work over family time to the same extent. Wang (2006) stated that work stress and imbalance between work and family/personal lives are independently associated with stress-related disorders. Imbalance between work and family/personal lives is a strong predictor for mental disorders. Unless the participants find the elusive life balance they maybe risk relapsing with their stress-related disorder again.

The results of the authors study show that the participants felt a sense of alienation due to the fact that people had misconceptions about their stress-related disorders. They felt that it would be easier for other people to understand if their disorder was visible to the naked eye, like a

broken arm. This led to them avoiding certain social situations where they might have had to explain themselves. Occupational justice is a developing topic for occupational therapists. Townsend and Wilcock (2004) state that occupational therapy exists as a profession to address occupational injustices. Whilst experiencing a sense of alienation the participants are in a state of occupational deprivation. Occupational therapists, have an opportunity, whilst working in a client centered fashion, with a focus on collaborative goals, to aid the client to find avenues to a more socially inclusive life and alleviate occupational deprivation.

The participants in the present study had feelings of guilt when they could not work or were not capable of performing their work tasks up to a meticulous standard. Societal pressures have a huge impact on how occupations are perceived (Velde & Fidler, 2002). In Western culture, for example, work is valued extremely highly. Society places enormous pressure on the general public to value work so highly and not to seek out a balanced lifestyle that will encompass all the different factors a person needs to feel fulfilled. Empirical evidence is readily available that advocates a balanced lifestyle and the many benefits that come with (Matuska & Christiansen, 2008; Wang, 2006; Wilcock et al., 1997; Christensen, 1996; Stamm et al., 2007). However, if this worrying trend continues placing work above a balanced lifestyle, the amount of people suffering from stress-related disorders may continue to rise in the future, just like it has done since the 1980s in Sweden (Socialstyrelsen, 2009).

The results from this study can potentially be used by occupational therapists working with men suffering from an occupational imbalance. Despite the results being similar to previous studies there were subtle differences between the male participants in this study and previous studies involving women. Awareness of these differences could potentially give occupational therapists a better understanding and a more nuanced perspective whilst dealing with male clients.

## **Conclusion**

The four men who have passed the first phase on their recovery from stress-related disorders on a whole experienced a mixture of balance and imbalance in their lives. Overall they tended to prioritise work over other occupations and when this happened it led to an imbalance. They shared a lot of similarities with their use of strategies and had similar difficulties with balance in their day to day lives with women from related studies. Further research with a larger sample group from different geographical regions and cultures would give more reliable evidence and insight in the area of life balance for men who have passed the first stage of recovery from stress-related disorders.



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## **Attachment 1 – Interview questions**

- What does it mean to you to have balance in your everyday life?
- How is your current life balance?
- How do you think you can achieve better balance in your life?
- Have you any strategies for this?
- What do your habits and routines currently look like?
- What is meaningful to you in your life?
- How engaged do you feel in what you are doing?
- How challenged do you feel in what you are doing?
- How competent do you feel in what you are doing?
- Has your identity changed from the time before you got sick? If so, how has it changed?
- Do you feel like you have giving and reciprocal relationships? If so, how are they giving and self affirming?
- How would you describe your physical health?