

# Myocardial infarction: narrations by afflicted women and their partners of lived experiences in daily life following an acute myocardial infarction

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**Myocardial infarction: narrations by afflicted women and their partners of lived experiences in daily life following an acute myocardial infarction**

**Background.** The review of the literature showed that many people and their family members share feelings of distress after an acute myocardial infarction. Therefore, it is important to show how the illness affects the relationship in the couple's daily life when the closest relatives involved are men.

**Aim.** The aim was to illuminate the meaning of lived experiences in daily life after an acute myocardial infarction, as narrated by afflicted women and their partners.

**Methods.** Nine women and their partners narrated their experiences three and 12 months after an infarction. The interview texts were then interpreted, using a phenomenological hermeneutic method, inspired by the philosophy of Ricoeur. The text was divided into meaning units that were condensed and abstracted. Two themes and eight sub-themes were then extracted from the text.

**Results.** The first theme was 'living in a changed life situation' with the sub-themes: 'showing consideration', 'taking responsibility', 'living side by side' and 'desiring what to do'. The second theme was 'looking to the future' with the sub-themes: 'feeling uncertain', 'feeling powerless', 'feeling limited' and 'feeling hope'.

**Conclusions.** The results revealed that couples lived in a changed life situation, somewhat in 'discordance', and showed consideration to each other in order to protect the partner. There seemed to be a lack of verbal communication, but both women and their partners revealed that they sensed how their partners felt without verbal communication. In this 'discordance', couples may experience loneliness, in that they may not share feelings about the event and the situation it causes.

**Relevance to clinical practice.** Women and their partner have specific needs in daily living following an acute myocardial infarction. Therefore, nurses should acknowledge the specific needs for the female patient and the partner more clearly.

**Key words:** communication, couple, discordance, loneliness, phenomenological hermeneutic, relationship

## Introduction

Acute myocardial infarction (AMI) significantly influences the quality of life for the patients and their family, and is a dramatic

example of a major life crisis for all involved. Family relationships, particularly with the partner, are most profoundly affected by such a crisis. Earlier research has shown that the family's attitude may also have effect on the patient's

reaction and her/his emotional adaptation to the illness and to rehabilitation (Thompson, 1990; Svedlund & Axelsson, 2000). Knowing that the heart, the core of life, is malfunctioning must be a threatening experience for those who are affected. The illness and its symptoms increase feelings of anxiety (Lane *et al.*, 2001; Smith, 2001). Mishel (1984) states that a patient experiencing uncertainty in illness, feels isolated from others and separated from the family.

The AMI patients and their next of kin usually experience several problems during the patient's recovery, including psychological reactions related to the illness (Dixon *et al.*, 2000), family problems such as disturbance of the balance in the daily life brought about by the illness, and family member's lack of support to the patient (Svedlund *et al.*, 1999a). Guiry *et al.* (1987) state that people experiencing AMI are faced with two psychological tasks: coping with the immediate traumatic situation and dealing with a long-term threat to their health and sense of well-being. Mayou *et al.* (2000) found that patients with AMI who are distressed during a stay in hospital are at great risk of developing adverse psychological and quality of life outcomes during the ensuing year. Stewart *et al.* (2000) found that survivors and spouses reported inadequate informational support from health professionals.

Earlier findings have been published concerning the acute phase of AMI, from patients' and partners' perspectives (Svedlund *et al.*, 1999a, 2001), and different views of caring for AMI inpatients disclosed from the nurses' narratives (Svedlund *et al.*, 1999b). Findings concerning the partners' narratives revealed a disturbance in the balance of their daily life, and showed how men felt they were powerless and adapted passively to whatever happened. A lack of communication between the couples appeared as early as during the women's stay in hospital (Svedlund *et al.*, 1999a, 2001). During the period of recovery/rehabilitation from AMI, the women conceded that they were distressed and vulnerable, and struggled against the fear the illness gave rise to. The partner's role appeared to be one of trying to adapt to the women's experiences of the illness (Svedlund & Axelsson, 2000).

Focus in earlier studies has usually been on men as patients (Ford, 1989; Thompson, 1990) and women as partners after an AMI (Thompson *et al.*, 1995; Arefjord *et al.*, 1998), but women as patients and men as partners in daily life is poorly understood.

## The study

The aim of this study was to illuminate the meaning of lived experiences in daily life after an AMI, as narrated by afflicted women and their partners.

## Method

### Participants

Interviews for this study were performed at a county hospital, in a sparsely populated area of central Sweden that serves approximately 134,000 inhabitants. The coronary care unit (CCU) cares for about 1,600 patients per year, of whom 450 have been diagnosed with AMI (140 of them are women). The following criteria were used to select participants for the study: (i) employed women under 60 years, (ii) living with a male partner, (iii) with the diagnosis of AMI made on the basis of symptoms and electrocardiographic changes and/or confirmed by an abnormal elevation of cardiac enzyme levels, (iv) physical and mental ability to participate in the study, (v) cared for in the hospital's CCU, (vi) residing within the hospital catchment area, and (vii) that both the women and their partners gave their permission to participate in writing.

Nine women were included to the study according to the criteria above. The women were between 47 and 57 years of age (median = 52). For eight of the women it was their first AMI and for the ninth it was the second. Four couples lived in the city within the vicinity of the hospital and five within a distance of 100–200 km from the hospital. At the time they were diagnosed with AMI all the women worked, except for one who was sick-listed after an accident. Eight of the women's partners also worked at the time and one had been retired for 2 years.

### Ethics

The Ethics Committee of the Medical Faculty, Umeå University (§ 96-023), approved the study. The selected women and their partners gave their informed consent, and were guaranteed confidentiality and anonymity.

### Interviews

Personal narrative interviews (Mishler, 1986) with the afflicted women and separately with their partners were held in the couple's home, or in a private room at the university, at 3 and 12 months, respectively, after discharge. A total of 36 interviews were conducted. The interviewees were encouraged to narrate their lived experiences after an AMI, with the help of open questions about the couple's daily life, and to initiate a dialogue. Clarifying questions were asked, such as: 'What happened? So, then what?' Thirty-four interviews, lasting between 25–80 minutes, were tape-recorded after permission from the interviewee was granted. One woman did not want to be tape-recorded, so notes of the two interviews were taken, each interview lasted about 45–50 minutes in this case. The first author (MS) carried out

the interviews, which were transcribed verbatim. The reason for combining these interviews is that the interpretation showed there were no variations in the experiences of the women and their partner at 3 and 12 months.

*Procedure of interpretation*

The text was interpreted using a phenomenological hermeneutic method inspired by Ricoeur's (1976, 1991) philosophy. The authors' intention was to interpret the message conveyed by the text, the utterance meaning, to disclose the reality that opens up and develops in front of the text. This method has been developed in nursing research at Umeå University, Sweden (Rasmussen *et al.*, 1997; Söderberg *et al.*, 1997; Svedlund *et al.*, 1999a,b, 2001; Svedlund & Axelsson, 2000) and at the University of Tromsø, Norway (Lindseth *et al.*, 1994; Talseth *et al.*, 1999). The method includes three steps: naive reading, structural analysis, and interpreted whole/comprehensive understanding:

*Naive reading:* Each interview is read through and reflected upon in order to obtain ideas concerning meaning of the text as a whole.

*Structural analysis:* Meaning units comprising one or several sentences or paragraphs related through their contents are identified. Each meaning unit is condensed to a shorter form. These condensed meaning units are further abstracted and organized to form sub-themes. Themes are formulated arising from the sub-themes and illustrate central abstracted aspects. Each interview is compared with all the other interviews. During this step, a parallel reading between each woman and her partner was conducted to find the connection between their narratives.

*Comprehensive understanding:* The text is considered as a whole again and interpreted to obtain critical understanding. In this step, the pre-understanding of the authors, the naive reading, and the structural analysis are all taken into account, and reflected upon.

Ricoeur's (1976, 1991) theory of interpretation implies a spiral movement between the three phases, employing a dialectic approach to the whole and the parts. It is difficult to highlight this spiral process in the presentation; the method appears more linear than it is.

**Interpretation and results**

**Naive reading**

The narratives given by the women and their partners illuminated their view of the AMI and how it affected their daily living, during rehabilitation, three and 12 months after their stay in hospital. The text illuminates that the couples showed a lot of consideration for each other in their relationship, although they did not talk to each other about their experiences of the illness and how it affected their relationship. They seemed to live 'side by side', yet did not share their experiences with each other. Women were afraid of becoming ill again and felt bad because of the limitations imposed on them by the illness. The couples believed in a future, but some feelings of helplessness appeared because of the insecurity brought about by the illness. The text discloses the meaning of the lived experiences of daily life after an AMI.

**Structural analysis**

It is important to emphasize that the aim of using this method to interpret the text is to get the meaning of the text and what it says, how it can help us understand phenomena. What is to be understood is not the person who has spoken behind the text (or even how many have spoken), but what the text expresses, and the meaning of the world that the text, in different ways, points out, and which develops in front of the text (Ricoeur, 1976).

The structural analysis resulted in sub-themes and themes. An example of structural analysis from meaning unit, condensed meaning unit and sub-theme is shown in Table 1.

A parallel reading of the whole text was made between the interviews of each woman and her partner to find the links between their narratives. The narrations about their experiences of daily life disclosed the key findings in two themes and eight sub-themes. The first theme 'living in a changed life situation' contains four sub-themes: 'showing consideration', 'taking responsibility', 'living side by side', and 'desiring what to do'. The second theme: 'looking to the future' contains four sub-themes: 'feeling uncertain', 'feeling powerless',

Meaning unit	Condensed meaning unit	Sub-theme
...she just doesn't say anything... she probably keeps it to herself... keeps it more or less to herself but one can see when she's in that mood that things aren't good	Keeps feelings to herself, doesn't confide in anyone but her partner probably can tell that things are not as they should be	'living side by side'

**Table 1** Example of meaning unit, condensed meaning unit, and sub-theme, sorted to the theme: 'living in a changed life situation'

**Table 2** The theme 'living in a changed life situation' and its sub-themes with quotations as examples

Sub-theme	Stated by the women	Stated by the partners
'Showing consideration'	...would drive me places and collect me even when it was just a matter of short distances this was consideration from his side but it really felt more of a nuisance...	...I have crept about on tiptoe the whole time so as not to make things worse for her... often after her work she would lie down in another room and pull a blanket over herself... I would be standing in the doorway just looking at her... but as I said I have actually been sneaking about and if I had to go into the room I really did tiptoe
'Taking responsibility'	...he thinks I should just relax but then I get pang of conscience if for example I just sit about for a whole day and read a book or something and do nothing	...I have to tell her to take it easy and not to do this or that work.... She likes to have things in order, looking nice and clean and there is lots to do... so much to be done... everything has to be perfect... even if she doesn't say anything I feel that I must do things...
'Living side by side'	...I want to be happy and can't go limping around feeling sorry for myself because I don't want that... I don't want people feeling sorry for me because that doesn't make me feel any better... I have decided that I can manage for a while... I don't tell my relatives how I really feel...	...she just doesn't say anything... she probably keeps it to herself... keeps it more or less to herself but one can see when she's in that mood that things aren't good
'Desiring what to do'	...I have made it clear for them that I don't want to know and they have understood this and I don't want it to be like this – I want to live... there is always somebody there to protect and take care of me and to warn me... I can't live like this... it feels like being enclosed in a shell... I get warnings and they are always checking on me and sniffing to see if I've been smoking or checking to see if I've been cleaning... it gets you thinking you'll be ill again and then I think about who they worry for themselves or me... but I have to live my life	...I find that I have to adapt to suit her more and more... one gets to the point one doesn't like to say too much... it's only to check that she doesn't work too hard... but I can't go there and nag her either

'feeling limited' and 'feeling hope'. The organization of themes and sub-themes with quotations is shown in Tables 2 and 3.

#### *Living in a changed life situation*

The text discloses couple's consideration for each other, and how they felt personally responsible in the struggle to make daily living as normal as possible. It also reveals that neither the women nor their partners shared their experiences with each other. The women sometimes felt over protected by their partner and would like to have done what they themselves wanted to do (e.g. housework).

*Showing consideration.* The women's narratives show how they tried to be considerate, and did not discuss the lived experiences with their partners for fear of worrying them. For example, they even kept their chest pain to themselves. However, it also appears that the women said that they were

fed-up with their partners showing kindness all the time, and therefore did not explain their feelings. They believed that by remaining silent they were showing some form of emotional consideration for their partner.

It appears that the partners understood that the women were trying to show consideration, in turn they did not discuss their feelings with the women and held their temper and kept their feelings to themselves so as not to upset their women's feelings. The partners did not discuss the illness much because they did not want to bother their women, because that could remind about the illness and the emotional distress it was causing.

*Taking responsibility.* The narratives disclose that women received more support from their partner after their AMI and that the men took more responsibility for the housework. The women still wanted to organize the housework and thought a lot about what needed doing, which made it difficult to 'sit and

**Table 3** The theme 'looking to the future' and its sub-themes with quotations as examples

Sub-theme	Stated by the women	Stated by the partners
'Feeling uncertain'	...when I get the pain... that I haven't fixed things like I should before something happens – because I understand that it will happen one day this I am sure of... feel very insecure but I try to not show that I feel this way... so I am grateful for every day I can get out of bed, I really am	...one is anxious all the time but I have the telephone so I call... one doesn't know what the future will bring when something like this happens
'Feeling powerless'	...when I got an explanation of what it was it felt like... a little pain doesn't matter because I can handle this myself... it is more sort of being frightened and not being able to handle this... I think about my heart... there may be many setbacks ahead and it is difficult to make plans	...instinctively I keep an eye on her to check how she's feeling and waken during the night to listen and check on her... I would prefer to be ill myself... of course I wish that I could do something when she feels bad... I would say that she feels tied by her hands and feet
'Feeling limited'	...nothing happens that I would like to happen... I would like to do something sensible and work a little... yes it has bothered me and I felt useless feel like it is a waste of time because life is too short and I do nothing and it feels meaningless to let the days just pass by	...it's only to sort of check that she doesn't work too hard... but one can't keep nagging her either... she has to be allowed to feel that she still lives anyway
'Feeling hope'	...now I think that there are only positive things to cope with... there is no reason to look back... it has opened my eyes and I realise that one should not take things for granted... it is easier to be grateful for things	...she sees life in a different way now and says it is important to survive... we have talked a lot about this... if something happens... there are many ifs... but I have realised that life must go on even if it is like this... it is important for both my wife and I to look at our existence in other ways

do nothing'. Sometimes they did the housework 'on the sly' because they wanted to manage it by themselves. The women found it difficult not being 'the strongest in the family' anymore, in the sense that they were used to being head person, and did not want to be a burden to their loved ones. Support from family members was adapted to what the woman wanted to do, or to what she could manage for the moment. The women felt that they had to point out what must be done in the way of housekeeping because their partner 'does not know and cannot see' what needs to be done.

The text also reveals that the couples became closer to each other than earlier. The narratives show that partners took more responsibility and had to support their women more in day-to-day living during rehabilitation. However, it appears that the women still had to plan the work. This means that some men felt a lack of freedom because they had to support the housework, while others felt satisfied when they became more involved in what was happening. Partners found that they checked up on their women to make sure they did not do things they 'ought not to' such as heavy housework. In any case, the partners narrated that they did know that their women wanted to feel as strong as she had been before.

*Living side by side.* The women's narratives contain details, which illuminate that they did not share their

experiences of being an ill person with their partners. They kept their feelings and symptoms to themselves because they did not want to affect the family. They did not want to worry their relatives nor be known as a 'whining person'. The partners were not always allowed to become involved and felt that they were not being told everything. Sometimes the partners found that the illness had left their women rather ill tempered. The text discloses that couples were aware of this 'not telling each other', and of living 'side by side'.

*Desiring what to do.* Women's narratives reveal that they experienced demands, for example, having to tell their partners what they had done during the day, and sometimes they felt overprotected. The partners did not want their women doing the housework, as they would have liked, but instead directed them as to how they should carry out their day to day living. However, the women wanted to make their own decisions. The women felt that their partner should support them and not behave in a demanding or overprotective way, like directing their day-to-day life.

Partner's narratives disclose that they did not want their women to do much housework and sometimes admonished them not too. They were afraid that their women might get a chest pain or suffer another AMI if they worked too hard, and some became angry when their women did not listen to them.

*Looking to the future*

A parallel reading of the text discloses that although both women and their partners believed in a future, feelings of insecurity arose about what would happen and they experienced feelings of powerlessness. However, although the future might have its limitations, the couples still felt hopeful.

*Feeling uncertain.* The narratives show that because of their insight into the illness, the women knew that it was a mortally dangerous disease and feared a new AMI. The women did not plan as much for the future as they would have liked, because they did not know how they would feel the following day or the day after that. Living with a constant feeling of dread and fear of death made life very uncertain.

It appears that partners tried to deny uncertainty about the future because they found the situation difficult to accept. Some of the partners had encountered their women in tears because of the fear of what the future might present. This led to many partners calling home frequently from their work when their women were alone. As one man mentioned, he would much rather be ill himself than have his wife ill.

*Feeling powerless.* The narratives reveal that women sometimes experienced a sense of powerlessness because they were not sure how they would be able to manage the situation, and they saw being 'an ill person' as a failure. They also believed that the illness would have a negative influence on their relationship. Some women concluded that they were not the same person as before and that life was not worth living. The text reveals that the partners experienced a sense of powerlessness because of the women's ill health and the fact that they did not know how their women would feel tomorrow or in the coming months. They also narrated how they felt about their women being physically weaker and how they were tired 'of all this illness'.

*Feeling limited.* The narratives disclose that some of the women accepted that they were no longer as strong as they used to be and let their health determine how much housework they did. It appears that they were more careful and have found new values in their day-to-day life. The partner's narratives show that they accepted that their women would not regain their former strength and understood that the illness meant a quieter life. Couple's narratives show that there were limitations in daily living, consequently, all members of the family were affected by the illness.

*Feeling hope.* The narratives reveal that the women and their partners wanted to plan for the future and look to the future with confidence. In both interviews, at 3 and 12 months, the participants had striven for normalization and believed that things would improve in the future. It seems that couples had learnt by their experiences and some of them had been brought closer together.

**Comprehensive understanding****Comprehension**

A comprehensive understanding was obtained when the themes were further interpreted in relation to each other. This highlighted living with AMI and how it affected the relationship between the women and their partners in their daily living during the year after discharge from hospital. The text was considered as a whole again, taking into account the author's pre-understanding, the naive reading and the structural analysis, and reflected upon to gain a critical understanding.

The study shows couples living somewhat in 'discordance' in order to protect each other, and being considerate of their partner's feelings. A lack of verbal communication arose but a non-verbal communication was noted. The narratives disclosed that both the women and their partners knew how their next of kin felt without verbal communication. Feelings of loneliness between the couples appeared. The partners were not allowed to share the course of events as they took place, because the women preferred to handle this alone. The event had changed the couples' daily living and affected their relationship, mainly due to anxiety for another AMI and fear of death.

**Discussion**

The present study shows that these women with AMI do not have control over their emotional life, which implies that they have to change the image they have of themselves as a controlled, happy person with positive feelings. In addition, the study discloses that the illness changed the life the women had hoped to live. The women found it strange to discover that they had undergone a physical change, but despite the change, their desire was to live in the same manner as before. A person who has suffered an AMI can feel that she or he has been 'the ill person'. Patients have often felt that the experience was unreal and seemed as though it had not really happened to them (Cowie, 1976; Svedlund *et al.*, 2001), thus they denied it (Faller, 1990; Scherck, 1992; Sutherland & Jensen, 2000). The diagnosis of AMI could act as a reminder of what life is all about (Kacen, 1999).

Merleau-Ponty (1983) states that a human being is aware of the fact that she/he is going to die, but always thinks that this will happen in the future. The future is distant, in other words, one's future is not right now. Experiencing serious illness is often a threat to people's existence and brings them face to face with the real conditions of existence, of human life and daily living. People must learn to live with both their restrictions and possibilities.

Dhooper (1990) reports that, while most families move from a crisis through a transition to recovery, some end up in a chronic state of inadequacy when affected with AMI. Kettunen *et al.* (1999) show that spouses reported dysfunction, emotional distress and vulnerability. Bedsworth and Molen (1982) have found that the most common fear in connection with early diagnosed AMI was the threat of losing a mate or the threat of losing a healthy mate. The fear of losing the next of kin may be the reason why a partner becomes overprotective during convalescence (Svedlund *et al.*, 1999a, 2001; Svedlund & Axelsson, 2000). In the present study, these findings were seen even in daily life during recovery/rehabilitation. Close relatives often experience anxiety and the first year may be difficult (Svedlund & Axelsson, 2000), which may lead to the afflicted person receiving less support from a distressed partner (Helgeson, 1993).

Our study shows that the couples did not share their experiences of the situation with each other. Stewart *et al.* (2000) and Santavirta *et al.* (2001) emphasize the spouses' need of social support in the early stage after an AMI. Other studies have indicated that communication in families is the most important attribute for good recovery after a diagnosed heart disease, and that openness in family communication is central for a successful recovery/rehabilitation (Ruberman *et al.*, 1983; Helgeson, 1991).

In this study, the couples lived somewhat in 'discordance' and there seemed to be a kind of loneliness. The couples lived emotionally apart, while at the same time they wanted to share the event with each other. A lack of verbal communication appeared between the afflicted women and their partners. The study revealed that, in order to protect their partner, women did not talk about their thoughts concerning the illness and its course. The women did not discuss their illness and feelings of uncertainty the situation causes, because they preferred to handle it alone and did not want to upset their partner. This may account for their experience of loneliness. According to Moustakas (1972), 'loneliness' is a way back to oneself as well as back to others. Maybe this period was necessary in order to deal with the event and find out what it means for their relationship.

Moustakas' (1972) definition refers to loneliness as a result of being ill, or being affected as a partner. A person who had suffered an AMI could experience an existential loneliness, as well as their partner, when having to face the tragedy, changes and threats brought about by the illness. An existential loneliness could result when life is suddenly altered by illness and crisis that brings about personal changes, and also changes the way one lives, their relationships and work habits. This is a most unsettling experience and leaves the afflicted person in a turbulent state, needing to

find new energies and resources in order to come to terms with life and how best to live it. By allowing this experience to take its course, the person may be able to achieve harmony and unity and regain a new lease on life (Moustakas, 1972). As Moustakas (1972) states loneliness involves 'a confrontation or an encounter with oneself' (p. 20).

The future is experienced as being uncertain and the meaning of life may be threatened because the women could have another AMI. Physical limitations become obvious when a person is struck by illness (Bogg *et al.*, 2000; Sutherland & Jensen, 2000; Brink *et al.*, 2002). Jackson *et al.* (2000) state that after an AMI women experienced the recovery as a complex process, initially characterized by fear and uncertainty, but over time, these feelings were replaced with a more positive outlook, and a sense of confidence in the future.

The experience of having 'survived' an AMI can also mean that the person gets 'a second chance', and that life takes on a new dimension. When a person is exposed to a threat, then she/he can become more conscious of the values and meaning of life (Rustöen, 1993). This could be seen in the present study where the couples' view of the future was hopeful and some of them had become closer to each other.

### Implications for nursing practice

Women and their partners have specific needs in daily living following an AMI. Therefore, nurses should acknowledge the specific needs for the patient and the partner more clearly, and possibly also the specific needs of female AMI patients' partners. To reduce uncertainty and fear for couples living in a changed life situation, the information must fully cover the patient's illness, what it is, how to cope with it and care for it, as well as how to best prevent recurrence. It is important that the couple is given a realistic picture of the patient's possible physical and psychosocial reactions immediately, to prevent undue anxiety caused by wondering about the possibility of these occurring. This may help to prevent the situation where couples live in 'discordance' and are unable to discuss the illness or their feelings because of their fear of worrying each other. However, it is also important for nurses to meet the couples 'where they are in this recovering process' in order to establish better support to them. The nurses has to be a good listener and 'keep an open ear' when the couple wishes to discuss the various aspects of the illness and how it affects their daily living. Care planning for women with AMI must also include the psychosocial aspect of overlapping roles, work responsibilities, and family support. Women's social roles have changed and are continuing to change; the nurse must incorporate these changes for each individual. Therefore there is a need to develop teaching strategies, such as

personalized teaching instructions, in order to achieve a successful rehabilitation for the person afflicted with AMI.

### Critical considerations

The interpretation presented in this study is one of several possibilities (Ricoeur, 1976). The participants were selected due to their experiences of the phenomenon being investigated so that they might relate their experiences. The women were selected according to the criteria mentioned, which was based on having experienced an AMI and living with a partner who also was prepared to participate. Narratives from both the women and their partners ought to strengthen the credibility in this study. We have not discussed the meaning of lived experiences as a general phenomenon, but in relation to the couples studied. The couples' lived experiences can therefore be transferred to similar situations. Nurses could make use of this knowledge when reflecting upon the care they are delivering in other situations when an acute illness strikes, which entails a long recovery/rehabilitation period. One example of this is care of people who have experienced a stroke.

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### Contributions

Study design: MS; data analysis: MS, ED; manuscript preparation and literature review: MS, ED.

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