

LOVE DYNAMICS IN PARETIC PATIENTS AFTER STROKE

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Thesis
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Chalermkwan Singhwee

LOVE DYNAMICS IN PARETIC PATIENTS AFTER STROKE

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THESIS ADVISORY COMMITTEE: VEENA SIRISOOK, Dr.P.H.,
SUREE KANJANAWONG, Ph.D., PENCHAN SHERER, Ph.D.**ABSTRACT**

This qualitative study aimed to explore the dynamic meanings of love, dynamic components of love and factors affecting the love dynamic model, as well as to find out other interesting components and factors affecting love dynamic model among paretic patients and their spouses in Thai social-cultural contexts. The participants were 10 paretic patients who had previously suffered a stroke and their spouses were their caregivers. The study sites were the areas for which Klong Yong 2 Health Center, Phuttamonthon, Nakornpathom province is responsible. Data collection was from conducted narrative interviews, in-depth interviews and observation.

The results demonstrated that meanings of love were dynamic and could be classified into three stages. First, during the stage of acquaintance and initial attraction, love meant “chob” or “chob por kan”. Love meant attraction to physical appearance, behaviors, manners, and even partners’ socioeconomic status. This attraction led to flirting and courting until marriage. Second, for the stage of marriage and cohabitation, love meant dwelling together as a couples. Love meant “happy couple life”, “love and sharing”, “living well without conflict” and “love children, wife and family”. Third, for the stage of stroke and its recovery, love meant “compassion and sympathy”, “responsibility and dedication in caring patients”, and “love was prolonged care until end of life”. The findings found that all components of love based on Sternberg’s triangular theory were dynamic also. Passion was initiated in the attraction stage. Informants felt strongly attracted and interested in partners’ physical appearance, manners and their status. These led to flirting and courting in order to get close and intimate; however, due to the Thai cultural context, passion and intimacy was forbidden. After a few years of marriage life, passion and sexual desire increased, together with intimacy and commitment as husband and wife. All three components of love peaked. All the couples were happy and satisfied with their lives. Over period of time, passion declined, but intimacy and commitment were prolonged. After the stroke, passion collapsed. On the other hand, their spouses felt more compassion and sympathy. The spouses would take responsibility and dedicate themselves to take care of their patients. As for the affecting factors of love dynamics, the findings confirmed the three factors of Rinaldi’s love model- instinct, return and oblivion. The instincts responded to physical appearance, manners and socioeconomic status. The return would be salient when doing good and receiving it back. The oblivion was shown by forgetting previous experience after separating. However, some partners who separated after the stroke came back to take care of the patient for the reason that he was “father of their children”. In the Thai cultural context, the findings showed interesting factors, among them was the fact that the family bonded as “parents of children” and it was the Buddhist religious value of compassion that led them to continuously provide and take care of the paretic patients after stroke. Moreover, Buddhist religion and Thai culture were valuable contributors in prolonging the couple love relations.

**KEY WORDS: LOVE MEANINGS/ LOVE COMPONENTS/ LOVE DYNAMICS/
PARETIC PATIENTS**

252 pages

การเปลี่ยนแปลงของความรักในผู้ป่วยอัมพาตจากโรคหลอดเลือดสมอง

LOVE DYNAMICS IN PARETIC PATIENTS AFTER STROKE

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บทคัดย่อ

การวิจัยเชิงคุณภาพนี้มีวัตถุประสงค์เพื่อศึกษาการเปลี่ยนแปลงของความหมายความรัก องค์ประกอบของความรัก และปัจจัยที่เกี่ยวข้องกับการเปลี่ยนแปลงของความรักของผู้ป่วยโรคหลอดเลือดสมองและคู่สมรส รวมทั้งศึกษาปัจจัยเกี่ยวข้องที่ น่าสนใจภายใต้บริบทของสังคมวัฒนธรรมไทย โดยศึกษาจากผู้ป่วยโรคหลอดเลือดสมองที่มีคู่สมรสให้การดูแลทั้งหมด 10 คู่ในพื้นที่ ความรับผิดชอบของสถานีอนามัยคลองโยง 2 อำเภอพุทธมณฑล จังหวัดนครปฐม การเก็บข้อมูลได้ใช้การเล่าเรื่องประวัติชีวิต การ สัมภาษณ์เชิงลึก และการสังเกต

ผลการศึกษาพบว่า ความรักมีการเปลี่ยนแปลงความหมายในสามช่วงเวลาหลักคือ (1)ช่วงเริ่มทำความรู้จักและสาน ความสัมพันธ์ ความหมายของความรักคือความ “ชอบ” หรือ “ชอบพอกัน” เป็นความดึงดูดใจและความประทับใจด้านกายภาพ พฤติกรรม และกริยาท่าทาง รวมทั้งฐานะเศรษฐกิจและสังคมของอีกฝ่าย จากจุดเริ่มต้นนี้นำไปสู่การสานความสัมพันธ์จนกระทั่ง แต่งงานกัน (2)ช่วงหลังการแต่งงาน ความหมายของความรักเปลี่ยนไปเป็นความสัมพันธ์ที่ลึกซึ้งและความรับผิดชอบร่วมกัน ความ รักหมายถึง “ความสุขและความสมหวังในชีวิตคู่” “การดูแลเอาใจใส่ช่วยเหลือกัน” “การร่วมทุกข์ร่วมสุขกัน” “รักกันดีไม่ทะเลาะ เบาะแว้ง” “รักลูก รักเมีย รักครอบครัว” (3)ช่วงการเจ็บป่วยและหลังการเจ็บป่วย ความรักหมายถึง “ความห่วงใย ความสงสาร ความเห็นอกเห็นใจต่อผู้ป่วย” “ความรักคือการผูกมัดรับผิดชอบที่จะดูแลผู้ป่วย” “ความรักคือการดูแลไปตลอดชีวิต” การศึกษา ยังพบว่าองค์ประกอบของความรักภายใต้ทฤษฎีความรักของ Sternberg ก็เปลี่ยนแปลงไปด้วย โดยในช่วงแรกเกิด “ความเสน่หา” (passion) ต่อความดึงดูดใจด้านกายภาพ พฤติกรรมและกริยาท่าทาง จะเริ่มขึ้นก่อน นำไปสู่พฤติกรรมความสัมพันธ์การจีบและการ เกี่ยวพาราสีทำให้เกิด “ความใกล้ชิด” (intimacy) อย่างไรก็ตามในบริบทของสังคมวัฒนธรรมไทยในยุคนั้นความรักและการ แสดงออกของความรักและการใกล้ชิดกันก่อนการแต่งงานเป็นสิ่งที่ไม่เหมาะสม ทำให้ชายหญิงมีโอกาสน้อยมากที่จะใกล้ชิดสนิท สนิมกัน ภายหลังจากแต่งงานในช่วงสองสามปีแรก “ความเสน่หา”ทางด้านเพศจะเพิ่มขึ้นอย่างมาก ประกอบกับ “ความใกล้ชิด” และ “ความผูกมัดรับผิดชอบ” (commitment) ในฐานะสามีภรรยาที่ค่อยๆเพิ่มขึ้นด้วย ทำให้เกิดความรักที่สมบูรณ์แบบขึ้น ส่งผลให้คู่รักมี ความสุขและพึงพอใจในชีวิตสมรส ระยะเวลาต่อมา “ความเสน่หา” ด้านเพศจะลดลง แต่ “ความใกล้ชิด” และ “ความผูกมัด รับผิดชอบ” ยังคงมีอยู่ ภายหลังจากการเจ็บป่วย “ความเสน่หา” ทางด้านเพศลดลงอย่างมาก แต่ความรู้สึกลงสงสารเห็นอกเห็นใจ และ “ความผูกมัดรับผิดชอบ” ต่อตัวผู้ป่วยกลับเพิ่มมากขึ้นทำให้คู่สมรสอุทิศตัวในการดูแลผู้ป่วยอย่างใกล้ชิด ส่วนปัจจัยที่ส่งผลต่อการ เปลี่ยนแปลงของความรักจากการศึกษาพบว่า ปัจจัยภายใต้แนวคิดพลวัตความรักของ Rinaldi สามปัจจัย คือ สัญชาตญาณ, ผลตอบกลับ และ การลืม สามารถอธิบายพลวัตของความรักได้ ดังนี้ ปัจจัย “สัญชาตญาณ” (instinct) นั้นตอบสนองต่อความดึงดูดใจ (appeal) ด้าน รูปร่างหน้าตา พฤติกรรม รวมทั้งฐานะทางเศรษฐกิจสังคมส่วนปัจจัย “ผลตอบกลับ” (return) นั้น บุคคลที่ให้ความรักก็จะได้รับความรัก ตอบกลับคืน สำหรับปัจจัย “การลืม” (oblivion) หลังการยุติความสัมพันธ์ “การเป็นพ่อแม่ของคุณ” ทำให้คู่สมรสยังคงดำรงความสัมพันธ์ ไว้ นอกจากนั้นยังพบปัจจัยที่น่าสนใจภายใต้สังคมวัฒนธรรมไทย คือ ความผูกพันของครอบครัวในฐานะ “พ่อแม่ของคุณ” “ความสงสาร ลูกที่จะไม่มีพ่อ” และ ค่านิยมของศาสนาพุทธอันทำให้เกิด “ความสงสารในตัวผู้ป่วยมีส่วนช่วยให้เกิดการดูแลผู้ป่วย อัมพฤกษ์ อัมพาต และมีส่วนอย่างมากในการดำรงความรักและสัมพันธ์ภาพที่ดีของคู่สมรสให้ยาวนานต่อไป

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CHAPTER I

INTRODUCTION

1.1 Background and Rationale of the Study

Emotion is one of the most importance psychological constructs, and it influences, both directly and indirectly, human behavior and subjective well-being. In the past, negative emotions, such as fear, anxiety, depression, etc., have been examined for healing and repairing psychological problems, while positive emotional states were largely ignored (Frederickson & Branigan, 2001). Martin E.P. Seligman, who had been a president of the American Psychological Association, was a pioneer of a positive psychology movement. He proposed positive psychology perspectives that aim to encourage a change in psychology from a preoccupation only with repairing the worst things in life to positively building strength to overcome crises and promote the best qualities of life (Seligman, 2002). As a result, positive emotions, like happiness, pleasure or joy, currently have been observed and need to be examined. And one of the most interesting affections is known as “love”.

Love is a very complex construct. Not all psychologists agree that love is only an emotion although they do agree that emotion is one of the major components of love. Love is very important for mankind because human beings are loving creatures as shown by feelings between man and woman and then parental attachment love for their babies. Love is a basic human need, which Maslow, a famous humanistic psychologist, described as the third stage of basic needs after people have fulfilled their physical and safety needs. The love and belonging need is the basic social or affiliation motive that drives people to hunger for affection and search for contact with others in order to build satisfying relations with someone and place themselves in some group (Maslow, 1943). Consequently, humans need love to survive and pass on their genetic lineage. Harlow (1958) conducted on an experimental research on isolated rearing infant monkeys that were fed from surrogate mothers consisting of

wire frames or cloth pads. He found that babies showed strong attachment to the cloth pads rather than the wire frame mothers with milk. He explained that comfortable contact was an important basic affection of love, and love was an emotion that would need not only to be bottle- or spoon-fed, but also soft and comfort contact that could provide a haven of safety for the infant at times of fear and danger (Harlow, 1958).

Erikson, a neo-Freudian psychologist, described love through human life development by using constructs, such as trust and attachment with their parent in the infant stage, love and close relations among groups of friends, love and intimacy in the young adult, and the need to assist the younger generation during mid-life crises. Basically “love” is a foundation of self-identities of people in interacting with others in society and environment through all developmental crisis stages until the final stage of human life. If people develop and meet all crises with love, they will easily deal with their crises and their self-identities will grow strong throughout their life span (Friedman & Schustack, 1999; Boeree, 2009).

From those developmental perspectives of love, love is needed and vital to survive, and also an influence on adult relationships. Besides, love appears to be a nearly universal phenomenon, appearing in every culture and in every historical era (Aron, Fisher & Strong, 2002). Though, love is a universal phenomenon, love is a unique and dynamically subjective experience. In other words, love is an individual dynamic through the developmental life span and the relationship stages of life. Regarding the dynamics of love, from the biological perspective love is dynamic on the basis of biological neurotransmitters and secretions. Based on social and cultural perspectives, love is dynamics and varies depending on roles, positions, statuses, societies and cultures. From the mathematic view, according to the Rinaldi dynamical model, love is changeable through time with relationships, reaction between partners, instinct attracting on physical, psychological and social appeal, as well as finally oblivion or forgetting (Rinaldi, 1998). Sternberg, a famous psychologist studying love, has proposed triangular components of love (intimacy, passion and commitment), and he has also provided the theory of love as a story in order to understand the inner love experience of both dyadic partners through their ideal love stories and current love relationships (Sternberg, 1996). Interestingly, Sternberg’s view is a way for

understanding not only love dynamics and subjective inner experiences, but also for understanding social and cultural contexts that influence love relationships.

In general, love relationships make people's lives meaningful and contribute to their happiness. Fincham and Beach (2002), who have studied relationship satisfaction, have illustrated that marriage is portrayed as providing lifelong companionship, romance, support, sexual fulfillment and commitment. As well, a study by Perlman and Vangelisti (2002) concluded that relationships are a key to both objective and subjective well-beings, and close relationships are indeed vital to various indicators of well-being, including happiness, mental health, physical health, and even longevity.

Prager & Roberts (2004) have suggested that an intimate interaction is distinguished from other kinds of interaction as it is due to three conditions: self-revealing behaviors, positive involvement with others, and shared understandings. **Self-revealing** behaviors of a couple are to reveal personal, private aspects of the self to another, or to invite another into a zone of privacy of both verbal and nonverbal behaviors. Being self-revealing implies a willingness to drop defenses, especially as deeply self-revealing behavior usually involves the expression of "vulnerable emotion", such as guilt, hurt, or sadness, that exposes the inmost self. A state of **positive involvement** with one another refers to the partner's intentional focus on the unfolding interaction that is communicated through nonverbal cues and verbal cues, especially involving intimate interactions: both the soaring feelings of love, and negative feelings, such as remorse or sadness. Finally, **shared understandings** of one another's self occurs when both partners experience a sense of knowing or understanding some aspect of the other's inner experience—from private thoughts, feeling or beliefs, to characteristic rhythms, habits, or routines, to private sexual fantasies and preferences (Prager & Roberts, 2004). In summary, love is shared, mutually depended, and fulfilled life meaning; as a result, love is related to health, illness, and also human-well-being.

Love as related to health and chronic illness was one of the most challenging issues. There were a number of studies indicated that love brought people happiness, health, and well-being. Esch and Stefano (2005) proposed that love should promote health, and they found that the consequences of love were health status and

well-being. Engaging in joyful activities, such as love, may activate areas in the brain responsible for emotion, attention, motivation and memory (i.e., limbic structures), and it may further serve to control the autonomic nervous system (i.e., stress reduction). The effects of pleasurable experiences may occur by promoting an inhibitory tone in specific areas of brain. Thus, love and pleasure clearly are capable of stimulating health, well-being and (re)productivity. Regarding a cross-cultural study of Kim and Hatfield (2004), they examined love types and subjective well-being. They found that two love types were related to subjective well-being in a different way; life satisfaction was more strongly predicted by companionate love, whereas positive and negative emotions were more accounted by passionate love. However, love supporting chronic illness has long been struggling to be understood. Lander and Graham-Pole (2008) proposed a love medicine in palliative care, and they investigated the love medicine between the dying and their caregivers. They revealed that love medicine would co-create giving and receiving of care between the dying, their familial (spouses) and professional care givers. McIntyre and Cole (2008) studied love stories about care-giving and Alzheimer's disease. They found that loving care brought the persons with dementia opportunities for attachment, identity, inclusion, occupation and comfort. In summary, love as related to health and chronic illness was a challenging issue, especially in crisis stroke and burdened paralysis. Consequently, there might be a member of research that study about caregiver role; however, for stroke patients and their spouses, love and positive issues are rarely studied.

As previously mentioned, love partly is a positive emotion, and also deeply dyadic support between couple. Therefore, love is important for supporting chronically ill patients; however, love has various meanings in and for relationships and for a wide range of intense emotional relationships. Moreover, love is not a stable structural construct, but it is constantly changing and dynamic depending on context and environment. According to the theory of love as described by Sternberg, love is a dynamic experienced story all over human life, especially when people face severe crisis situations, like chronic illness with stroke; this situation will also affect love relationships. Couples can narrate their ideal love stories along their current situations in order to be aware of what they really want; they may also recognize that there are some problems with the current relationships, and then they therefore adjust their actual experience.

Consequently, narrative love stories should be a very significant way to observe the effects of stroke on paretic patients with different types of hemiplegic and hemiparesis paralysis. Paralysis are severe and long-term disabilities that affect individual patients and their partners, as well as their love relationships. The illness has effects on direct outcomes - physical, psychological, and social relationships. These partial paralysis are a sudden loss of capacity that causes severe distress to the individuals and their couples, friends, and families (Fawcus, 1997). Generally, each member of the couple attempts to manage their problems and adjust their relationships, even though they do not really understand the phenomena. Therefore, this study aims to explain the effects of paretic illness on their dynamic love relationships. Though the study will mainly use the basic concepts of love in Sternberg's triangular theory (passion, intimacy, commitment), and Rinaldi's dynamic model of love (time, reaction, instinct and oblivion) as a framework for interpreting components of love interaction and dynamics, this study will be open to observing other interesting components in the Thai contexts. As a result, narrative love stories that emphasize love experiences, interaction of personal lives, together with environment contexts should also be open to other theories to describe love relationships. It is expected that the findings will facilitate those who are involved in improving paretic patients' well-being to understand meanings of love of paretic patients, and also to find some means for supporting the paretic patients in adjustment of their love and lives.

1.2 Research questions

This study is designed to answer three major questions as the followings:

1. How are the meanings of love given by paretic patients and their spouses changed through the processes of time and the crisis processes of illness with stroke and paralysis?)
2. Regarding Sternberg's Triangular theory of love (passion, intimacy and commitment) and Rinaldi's dynamic model of love (reaction, instinct and oblivion), how do these components and the model change throughout time and stroke- paralysis crisis processes?

3. Within Thai socio-cultural contexts, what could be other interesting components or factors associated with love dynamics throughout time and stroke-paralysis crisis processes?

1.3 Research objectives

The objectives of the study are viewed from the perspectives of paretic patients and their spouses, and the objectives are:

1. To explore the dynamic meanings of love through the processes of time and the crisis process of illness with stroke and paralysis.
2. To examine the dynamics of Sternberg's love components (passion, intimacy, commitment) through the process of time and the crisis process of illness with stroke and paralysis.
3. To explore affecting factors of the dynamic model of love based on Rinaldi's dynamic model of love (reaction, instinct and oblivion) through the process of time and the crisis process of illness with stroke and paralysis.
4. To find out other interesting components and factors affecting dynamic model of love regarding paretic patients after stroke in Thai contexts.

1.4 The scope of the study

The data collection method of the study was a narrative in-depth interview, which should allow the researcher to access to any interesting love components and factors affecting them, Sternberg's triangular theory of love and Rinaldi's dynamic model of love were still scoped for in-depth investigation in this study

As well, the study collected data from all couples which ones have got stroke or hemiplegia or hemiparesis at the primary health care unit of Khlong Yong 2, Phutthamonthon district, Nakhon Pathom Province. The external validity of the study therefore will be scoped for the particular socio-cultural context of Nakhon Pathom Province which is located in the central part of Thailand and is a neighboring province of Bangkok. People in this area are Buddhists, and generally their occupations are orchard men, and laborers, as well as a small portion of rice and lotus farmers.

1.5 Definitions of the study terms

1.5.1 Love

Love refers to the positive and complex emotion, as well as other kinds of behavior, that may cause feeling or intense emotion (such as passionate love) and cause the couple or partners to have some certain behaviors, such as care and commitment.

1.5.2 Meanings of love

Meanings of love refer to words, symbols, metaphors and explanation on a construct called “love” given by parietic patients and their spouses.

1.5.3 Sternberg’s triangular love components

Based on Sternberg’s triangular theory of love, triangular love components refer to some complex working parts of love between man and woman, which are composed of three components: passion, intimacy and commitment.

- **Passion** refers to a state of intense emotion, and encompasses a very strong feeling that hardly be controlled. Passion includes drives that lead to romance, physical attraction, and sexual consummation.

- **Intimacy** refers to feelings of warmth, closeness, connectedness, and bondedness. The intimacy component lays attention on close personal relationships which can be physical closeness, but is a less intense emotion than the passion that may lead to sexual relationship.

- **Commitment** refers to the decision to remain with another. In the long term, commitment refers to sharing a plan with the partner to maintain their love relationships. This component is emphasized on cognitive processes for planning or managing of something in order to maintain the relationships, together with some responsibilities for the partner’s well-being.

The concept of triangular love components is applied to analyzing and interpreting qualitative data.

This research employed a narrative qualitative research for studying love and its components in order to understand patients and spouses' love experiences through their love stories. Such qualitative views need to be open and flexible in order to understand revealed phenomena and any new interesting love components in Thai contexts; therefore, the narrative method will open the way to reveal other components of love.

1.5.4 Love Dynamics

Love dynamics refer to changes of love emotion and its components associated with various factors throughout time and processes of illness with stroke and paralysis. Love may be dynamic at various times of life span, especially in the crisis of stroke illness.

1.5.5 Rinaldi's dynamic model of love

Rinaldi's dynamic model of love refers to a predictive model accounting for love dynamics as the forgetting process, the pleasure of being loved, and the reaction to the appeal of the partner. From Rinaldi's dynamic model, there are principally three factors influences on dynamics of love: return, instinct and oblivion.

Return refers to perception of partner reaction in order to compare between their reaction investment and reaction from partners. Rinaldi unusually uses term "loves to be loved" and "hates to be hated" to explain return between partners.

Instinct in the equation is described as the reaction of individual to the partner's appeal. Appeals are various; they include physical attractiveness, psychological or personality attractiveness, education status, social status appeals, or economic resources, etc.

Oblivion refers to remembering past experiences of individuals. When individuals have lost their partner; however, they still remember their relationships. According to Rinaldi, this can be measured by the forgetting coefficient, which measures the time needed to forget the partner after separation.

In crisis of stroke illness, this illness affects physical disability that might influence the dynamics of love; therefore this concept is applied to interpreting interaction and dynamics in Thai contexts.

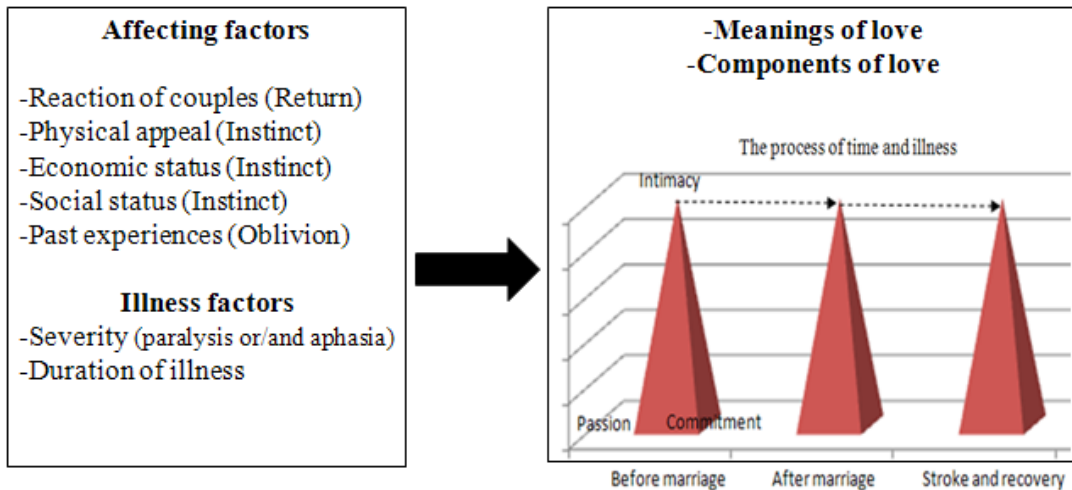
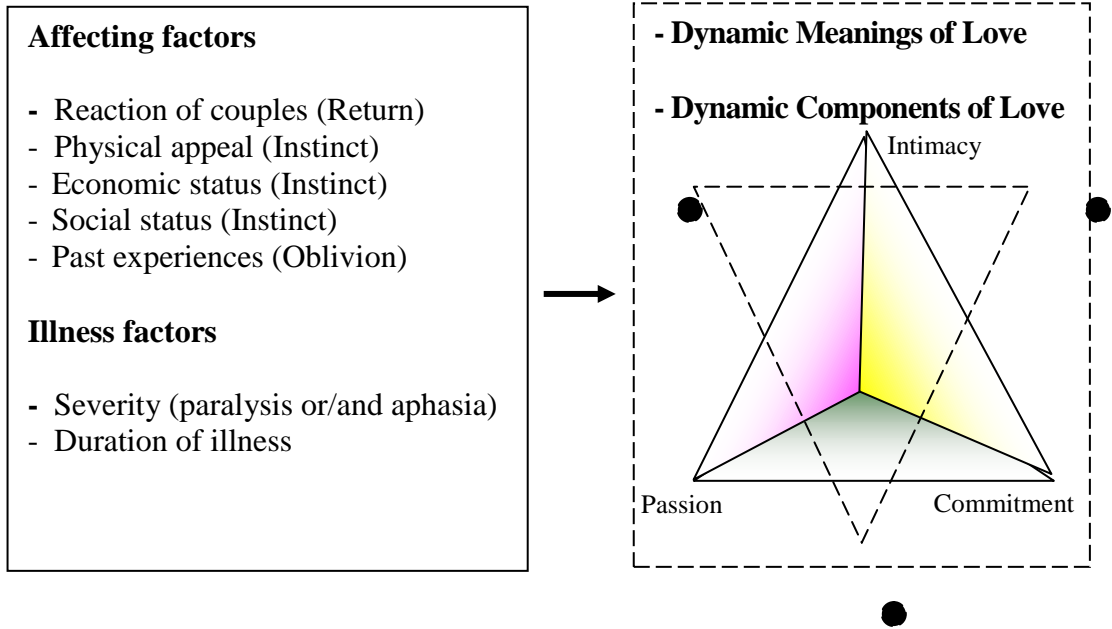
1.5.6 Couple (a paretic patient and his/her spouse)

Couple refers to a pair of two marriage persons; one person has received a wife role, and the other person has got a husband role.

Paretic patients in this study are defined as people who have been affected with stroke or neurological deficits that impact on one side of the body disabilities as hemeplegic (complete paralysis) or hemiparesis (weakness), or people who used to have disabilities but are currently recovering.

Paretic patient's spouses refer to wives or husbands of the paretic patients, who love and take care of patients. The paretic patients may be married or cohabiting, with or without registration.

Conceptual framework of the study



The above conceptual framework is illustrated according to the research questions and the objectives. This study has aimed to explore the dynamic meanings of love given by paretic patients and has also examined their spouses, and dynamic components of love based on Sternberg's triangular theory of love (passion, intimacy and commitment). Based on Rinaldi's dynamic model of love, reaction, instinct and oblivion have been purposed for exploring factors that may influence on dynamic model of love in which are return, instinct and oblivion. This study also tries to purpose many factors that should motivate the love changes, such as physical appearance, social and economic status. Moreover, the study tries to find out other interesting components and factors affecting love dynamic model among paretic patients and their spouses in Thai social-cultural contexts.

CHAPTER II

LITERATURE REVIEW

The reviews in this study mostly describe love and paralysis care, and this chapter therefore is presented in three parts. The first part is about love and is organized into three subparts: (1) definitions of love according to several perspectives are reviewed; (2) Theories of love, dynamical models of love and related theories are illustrated in order to bring in a better understanding of love formation and its development, and (3) reviews of factors influencing love are demonstrated. In the second part, the reviews will provide some understand regarding association among love and health, as well as illness. The final part in this chapter will present some knowledge on stroke, treatment and care in paretic patients affected by stroke in order to gain some understanding about the important of love in stroke problems.

2.1 Concepts of Love

The concepts of love in this part are described with definitions of love from several perspectives together with the types and components of love. Then theories and related theories of love, and finally dynamical models of love will be addressed.

2.1.1 Definitions of Love

The construct called “love” basically is a type of emotion that motivates human creative behavior, such as arts (literature, music, dance, and drama), religion, philosophy, including psychology (Long, 1987). Especially in philosophy, “love” is defined as a basic emotion leading to searching for knowledge since the word “*philosophy*” is derived from an Ancient Greek word origin “*φιλοσοφία* (*philosophía*)”; ‘(*philo-*) means love of’, and ‘(*sophia*) means ‘knowledge’. Thus, philosophy means “love of knowledge” or “love of wisdom” (Parkinson, 1988). The

wide use of love in many perspectives in everyday life has made “love” one of the most familiar and popular terms; however, it is controversial and difficult to define. Different disciplines have different definitions for describing love.

In philosophical perspectives, although love is the basic emotion leading to the study of knowledge; many philosophers variously depicted meanings and types of love. For Plato, “love” had been equivalent to “eros”. He defined “eros” as a desire for vision of true good and true beauty. His metaphysical philosophy oriented the desire toward a transcendent reality where good and beauty hold eternal sway. In describing love, people start loving the beauty attached to a particular body, and then, as soon as the beauty is seen in this world, people should be reminded of true beauty (Outka, 1992). On the other hand, Aristotle elaborated an account of love that was distinct from Plato’s. He emphasized that people could have love for persons and not for things. It is love as an interpersonal relationship arising from reciprocity. Love, in Aristotle’s view, was defined as a matter of the fondness and liking of *philia*, in contrast with the desire and longing of *eros*. *Philia* is a reciprocal friendship (Outka, 1992). Gregory, who is a scholar of ancient philosophy, distinguished between *philia* and *eros* in three respects: *eros* “is more intense, more passionate”; “it is more heavily weighted on the side of desire than of affection,” and *eros* is tied more closely to the sexual drive (Outka, 1992).

There are diverse and complex definitions of love among philosophy, ethics, and religions. In the encyclopedia of religion, Long (1987) defined love as a “motivation force in the shaping of culture within both ideological and behavioral dimensions of life”. The idea of love has left a wider permanent imprint on human culture. Love has been a universally creative and active potency for a diverse range of constructs. It binds human groupings (family, clan, tribe, state, and nation) with a basis for social coherence, and it motivates the creation of towering religions, as well as social and religious hierarchical systems (Long, 1987). Although “love” is defined as a motivation force of human activities and is common among religions, there are, however, still differences in concepts of love among them.

Christians believe that God manifested His love by coming as a man and being sacrificed for the sins of mankind. Therefore, Christians define love as the very heart of things and believe that God, Father, Son and Holy Spirit, must be understood

in terms of love, as love must also be understood in terms of God; thus ‘God is love’ (Woodhead, 1996). The Greek word predominated in the books of the New Testament. Therefore, Greek has been influential upon Christian thinkers testifying their love to God. Saint Augustine, who was a philosopher, theologian and a Latin Church father, was radically influenced by Platonism. Augustine revised the idea of Platonic unsatisfied “eros” and summarized it as a Neoplatonic desire for union with God. Moreover, Saint Thomas Aquinas, who was an Italian Catholic priest as well as a philosopher and theologian, said that the treatment of charity is involved with mutual communication and a friendship between God and individuals. In sum, Christians have an essential interest in, and positive views about, the love between God and people (Outka, 1992).

According to Buddhism, “love” is elaborated as self-abnegating or self-sacrificing. From the history of the *Bodhisattva* (พระโพธิสัตว์) in Mahayana Buddhism, he had infinite compassion (*mahakaruna-มหากรุณา*) by vowing to save human-beings through attainment of nirvana or enlightenment. The Bodhisattva had the perfect personification of unconditional love from compassion, charity, and selflessness to help people through salvation (Long, 1987). On the other view of Theravada or Hinayana Buddhism, love is defined as a feeling and an emotion that has to be understood (Piyasilo, 1990). Moreover regarding the Buddha, love alone is not enough, but love needs wisdom (*prajna-ปัญญา*). “Love without wisdom is like a cut flower” and “wisdom without loving is like a spoon that holds soup but does not taste it”. Consequently, the combination or union of loving and wisdom would be analogous to “a beautiful plant with flowers” that soon will turn into seeds to flower ever more. Therefore the Buddha’s love needs wisdom and compassion, and the positive emotion of love is the fourfold brahma-viharas(พรหมวิหาร 4) composed of loving-kindness (*Metta-เมตตา*), compassion (*Karuna-กรุณา*), altruistic joy (*Mudita-มุทิตา*) and equanimity (*Upekkha-อุเบกขา*) or mental equilibrium (Piyasilo,1990).

Islam is a monotheistic Abrahamic religion originating with the teachings of the Islamic prophet Muhammad (wikipedia, 2008(a)). The word *Islam* in Arabic means “submission”, or the total commitment to the will of God (Voll, 2004). Islamism does not believe that “God is love” because total submission to God is

thought to be beyond the frontier of love. However, amongst the 99 names of God (Allah), there is the name *Al-Wadud* or ‘the Loving One’, which is found in Surah (11:90), as well as Surah 85:14 (cited in Shafaat, 2008). It refers to God as being “full of loving kindness”. Ahmad Shafaat is a mathematician, but interested in and a contributor to various Islamic topics. He mentions that the Qur'an uses several words for the term “love” with different shades of meaning, which he divides into two categories: *universal manifestation* of divine love and a *special love* reserved for the righteous. First, God's love in its *universal manifestation* is commonly referred to in the Qur'an under the terms *rafah* and *rahmah*. *Rafah* can be translated as compassion, kindness or pity, while *rahmah* is usually rendered as grace, love, blessing or mercy that encompasses *all* things. Second, *God's special love* in Islam is *to hub, mahabbah and wudda*. *Mahabbah* of God was operative love, for example in the safe upbringing of Moses among his enemies, while *Hub* and *Wudda* are available to the faithful condition. These are available to those, who repent; who do good; who are just; who put their trust in Him and so on, but they are not available to the arrogant, the harmful disturbers of peace, the unjust, the transgressors and so on (Shafaat, 2008). In sum, there are two kinds of God's love. The universal type of divine love (*rafah, rahmah*) embraces generally everything and available to all throughout the world. The other love, in contrast, is an essential concept for the distinction between good and evil, the warmer type of love (*hub, mahabbah and wudda*) that God gives to faithful people who are chosen to receive this warmest love.

In the macro view of behavioral science, sociology and anthropology describe love as a range of complex sentiments, emotions and behaviors; however they analyze love in social and cultural units. In the Encyclopedia of Sociology, Berardo (1992) said that love could be a subjective wide range of individual emotions; nevertheless, cultures and societies also influence love relations. Therefore, conceptions of love have varied from one culture to another, from one historical era to another. Societies, families or clans can control falling in love with specific types of people through internalization, and program cultural norms of courtship and mate selection. Love in this view is different and varies according to practical relations between cultures and societies. Similarly, cultural anthropologists study cross-cultural perspectives of romantic love, and they conclude that romantic love is a human

universal; however, the degrees of frequency and intensity with which individuals from different cultures experience romantic passion vary among cultural contexts. In addition according to the view of social constructionism, “love” is defined as a social construction, varying across times and cultures (Levinson and Ember, 1996).

Since this study has drawn special attention to psychological perspectives, some details of psychological theories which are related to love concepts will be sketched in the following paragraphs. With respect to the individual psychological views, “love” mostly is defined as a range of emotion. In the Encyclopedia of Psychology, Hatfield (1994) reviewed types and measurement of love and illustrated that love came in different forms. The form of passionate love shows intense emotion whereas companionate love shows less emotion; therefore love is a complex array of feelings. On the other hand, Banerjee (1994), in the Encyclopedic Dictionary of Psychological terms, defined love as sentiment and sex-emotion. This means that love sentiment is a tender emotion; moreover, the sentiment of sex love is intrinsically associated with the mating and companionship instincts, especially in romantic love (Banerjee, 1994).

Similarly, from the psychoanalytic point of view, Freud’s theory also interpreted love as a derivative of instinct. He dealt with love by postulating the concept of the libido, described as sexual drive and life-sustaining drives. Thus, love is the product of relieving libidinal strivings, and all attachments in life have this common origin (Harlow, 1968). The genesis of love comes from stimulation of the erogenous zone of human developmental stages, such as oral, anal and phallic satisfactions. In conclusion, the psychoanalytic view bases the ability to love and be loved normally on the development of sexual drive and developmental stages (Sedat, 2005). Another psychoanalyst and developmental psychologist, Erik Erikson (1978) (cited in Friedman & Schustack, 1999) accepted the libido concept of Freud and proposed the theory of psychosocial developmental stage. There emphasizes the self as it struggles to cope with ego crises on the inside and demands of others on the outside for the formation of self-identity through eight stages of a life span. He described love on the sixth stage called intimacy versus isolation period, where young adults are learning to interact on a deeper intimate basis with others in order to practice love skill and meet these crises. He has suggested that people must resolve their identity crisis

and know who they are on the early stage before they are ready to start working on the intimacy stage; however, those who unable to form deep, intimate relations become loners and have only superficial relations with others (Friedman & Schustack, 1999; Baumeister & Bushman, 2008).

Two more famous psychologists, William James (1890) and William McDougall (1908) (cited in Harlow, 1968), conducted modern research on emotions. They recognized the existence of love as an emotion or sentiment, and accepted it as instinctually based, that may not imply conscious understanding of its goals. Therefore, people have conducted little investigation of “love” excepting that they are aware of its emergence and its observable expression (Harlow, 1968; Beck, 2004).

On the other hand a pioneer of behaviorist, John B. Watson (1924) (cited in Harlow, 1968), who investigated in a laboratory, reported that three primary emotions—love, fear, and rage—were arousable in the studied newborn infant. Thus, the behavioral view defined love as a basic emotion. When mother cares for the infant, the mother became a condition love stimulus. Another well-known radical behavioral psychologist, B.F. Skinner (1948) (cited in Friedman & Schustack, 1999) developed principles called **operant conditioning**, and believed that an objective child was a function of environmentally reinforced consequences. Although Skinner was aware of human emotions and the thinking processes, he disregarded them. He invented the Skinner box to experiment reinforcement control. Reinforcement like reward is increasing action of enforcing something again; however, there are positive and negative reinforcements. According to Skinner’s view, “love” is similar to a positive reinforcement that can produce positive results and remove negative effects, and increase response behavior to the love stimulus (Friedman & Schustack, 1999; Beck, 2004.)

Humanistic psychology, a third force, gives priority to human experience. Maslow and Roger were influential psychologists among the founders of the humanistic approach. They were optimistic about human nature, and proposed self-actualization. Roger (1961) focused on self-actualization, which is the innate process by which a person tends to grow spiritually and realize his or her potential. Generally, the self-actualization process implies the cultivation of one’s talents to become a better person. Roger mainly mentioned unconditional love, but he did not directly describe

love because he thought that people needed to receive unconditional love before they were ready to reach self-actualization. Therefore, unconditional love can fulfill self-actualization, and this concept is the basis of nondirective counseling called “client-center therapy” (Smith, 1994; Friedman & Schustack, 1999; Baumeister & Bushman, 2008). Moreover, Maslow (1968) developed a theory of human motivation as five stages’ hierarchy of basic needs, and described love and belongingness needs as the third stage. The love needs will be initiated after both the physiological and the safety needs are gratified. The love and belonging need stage is the basic social or affiliation motive, which drives people to seek contact with others and to build satisfying relations with them. At this stage, people will be hungry for affectionate relations with people to belong and place them into groups, and they will strive with great intensity to achieve this goal. Fulfillment of belongingness needs triggers the emergence of the esteem need, and then progress to the next stage (Maslow, 1943; Francis Heylighen, 1992; Smith, 1994; Friedman & Schustack, 1999; Baumeister & Bushman, 2008).

Another humanistic psychologist, Erich Fromm (1956) was an author of the classic book entitled “The Art of Loving”. This book was recapitulated and complemented the theoretical principles of human nature found in *Escape from Freedom*. In this work love was presented as a skill that could be taught as the capacity to experience real love, but could not be analyzed and explained as a science. He defined love as an active power that broke through the walls that separated people from each other. The active character of true love consisted of the basic elements: care, responsibility, respect, and knowledge. He discussed several kinds of love, including brotherly and maternal love. Brotherly love is characterized by friendship and companionship with affection. Maternal love is characterized by an unselfish interest in your partner’s needs. Fromm suggested that a person need to be loved in order to lose feelings of separateness and aloneness, and gain a feeling of unitedness and completeness (Fromm, 1956; Cox, 1990).

In conclusion, love can be summarized as a complex sentiment together with sexual sentiment and tender emotion, so that it can motivate variety a wide of behaviors, and effects on human and society in everyday life. There are many theories describing love and related theories, as well as classification types, styles and components of love that will be described below.

2.1.2 Theories of love and Related Theories

Behavioral and social scientists, especially psychologists, have recognized the vital role of love in human life, so that they have theorized about it. However theories of love have been described differently depending on types of love, such as romantic love and companionate love. Therefore, classification of love will be described in this sub-section.

2.1.2.1 Evolution and Biology Approaches

2.1.2.1.1 Evolution and Biology of love

According to evolutionary and biology, there are various possible behavioral precursors of love, such as animal "love", empathy, group feeling, sexuality, the mother/infant bond; however, human love is emphasized in this study. On the evolution and biology views, love is described as a basic human relation on the range of development and nervous-behavioral functions. These approaches help in describing linkages between body and mind together with human emotion that are related to human behavior and health. Basically, studies of evolution and biology regarding love are scopes, such as breeding, mate selection and child rearing. Allott (1992) pointed out that love evolved as the outcome of interaction between the genetic basis for mother/infant attachment and other capabilities of the evolving human, manifested in and made possible by the increase in human brain-size that brought about enlarged human cognitive capacity, improved communication abilities and the evolution of language. The capacity for language led to the emergence of the conscious self, and with this the capability to recognize the selfhood of others.

Generally, a human being is created from parent bonding and needs to connect with others to survive because the deepening of the mother and infant attachment love plays an essential role in the transmission of culture from one generation to the next and in making possible the cohesion of the human group. Mellen (1981) (cited in Snyder & Lopez, 2002) mentioned that the survival of the human species necessitated an emotional bond between breeding pairs of partners and then both partners would attend to their helpless infants. Therefore, when babies lack intensive caregiving from both adults the result can be higher infant mortality. Thus, primitive emotional bonding was hypothesized to be the beginning of love (Snyder & Lopez, 2002).

Furthermore, “love” as a long-term relation is described on the psychological mechanism of euphoria experience. When people are in love, they experience a psychological state close to euphoria. Fisher and her colleague’s research (2005) have shown that dopamine is activated during feelings of romantic love. In sum, love has been linked to dopamine and norepinephrine, which have both been implicated in euphoria. Helen Fisher (1998) proposed that mammals have exhibited three primary emotion categories for mating and reproduction. Firstly, the *sex drive*, libido or lust, characterized by craving for sexual gratification. That is associated primarily with the estrogens and androgens, and evolved to motivate individuals to seek sexual union. Secondly, *attraction* is characterized by increased energy and focused attention on one or more potential mate accompanied in humans by feeling of exhilaration, “intrusive thinking” about a mate, and craving for emotional union with the mate or potential mate. The attraction system is associated with the catecholamines. The most abundant catecholamines are epinephrine (adrenaline), norepinephrine (noradrenaline) and dopamine. These evolve to facilitate mate choice, enabling individuals to focus their mating effort on preferred partners, and finally, *attachment* is characterized by the maintenance of close social contact in mammals, accompanied in humans by feelings of calm, comfort and emotional union with their mate. Attachment system is associated primary with vasopressin and oxytocin, which motivate individuals to engage in positive social behaviors and assume species-specific parent duties.

In addition to Fisher, Michael & Liebowitz divided human romantic love into two basic stages: attraction and attachment. He concludes that attraction is associated with phenylethylamine (PEA), and with the action of the monoamine neurotransmitters--norepinephrine, dopamine and serotonin in the limbic system. At the second stage of romantic love, attachment is associated with peptide neurotransmitters--oxytocin and vasopressin--that play central roles in human attachment, male-female bonding, group bonding and mother-infant bonding (Fisher, 1994). The stage of romantic love does not last forever. Like neurotransmitters, after peaks of endorphins, oxytocin and vasopressin, neurochemicals may become desensitized to detachment (Fisher, 1994). However, the physiology of detachment has not been explored, but it can be understood as birds abandoning their nests or human

divorce. Fisher (1994) illustrated that the divorce rate should peak around the fourth year of marriage. Detachment also could have evolved to direct the ebb and flow of physiological systems. Nevertheless, marriage and divorce could be influenced by culture and social influences. Fisher (1994) concluded that although humans function neuro-biologically, individual love is affected by group cultural forces playing a powerful role in directing behavior, such as choice of partner, the time and process of courting. Therefore, romantic love is a complex mixture of environment and heredity.

2.1.2.1.2 Attachment Theory

This theory was developed out of the work of John Bowlby (1969), who is a developmental psychologist. He observed infants' emotional attachments to their caregivers. He considered that the infant has a need for a secure relationship with adult caregivers; without a secure relationship normal social and emotional development will not occur. As a result, different relationship experiences can lead to different developmental outcomes. Thus, his theory like previous evolutionary and biological concepts defines attachment as the primary motivation of survival and security by depending on and bonding with other people. Mary Ainsworth explored this observation extensively and reinforced Bowlby's theory by formulating the concepts of maternal sensitivity to infant signals and its role in the development of infant-mother attachment patterns. Her studies identified three attachment patterns: secure, avoidant and anxious/ambivalent, in order to describe child-mother separation reactions (Bretherton, 1992; Shaver & Mikulincer, 2005).

For further understanding of adult relationships, Hazan and Shaver (1987) applied infant attachment patterns to adult love relation patterns. They pointed out that adults, who described themselves as secure, avoidant, or anxious/ ambivalent with respect to romantic relationships, reported differing patterns of parent-child relationships in their families of origin. From Hazan and Shaver's research (1987), they analyzed data from 620 people who responded to a survey in the *Rocky Mountain News* Attachment Style. It indicated that secure pattern was 56%; avoidant pattern was 25%, and anxious/ambivalent pattern was 19%, but love patterns were 43%; 35%; 22% respectively. For secure adults, relationships tended to endure longer with an average of 10 years; for avoidant adults, it was 6 years; and for anxious/ambivalent adults, it was only 5 years. They summarized that these attachment patterns would be

reflected in adult love. **Secure** adults are easy to become friendly or intimate with. They may depend on others or let others depend on them, and they often do not worry about being neglected. On the other hand, **avoidant** adults are uneasy with being close to other people and also distrust the partner. They are always nervous when others become too friendly or intimate, and strive to maintain self-reliance and emotional distance from their partner. **Anxious/ambivalent** adults feel that others are not as intimate as they would like. They are anxious that their partners do not really love or will not be available in times of need. They want closer connection with their lovers, which sometimes has the opposite effect, and they are afraid of their lovers leaving them. In summary, the early life of children and their degree of attachment to caregivers influence the health of their love relationships in adulthood (Hazan & Shaver, 1987; Shaver & Mikulincer, 2005).

Attachment theory, together with evolutionary and biological concepts describe love as survival instincts, involving mate selection, reproductive instincts and physiological functions, such as hormones. However, these theories basically explain the physical function of romantic love stages; there are other perspectives and influences on psychological, social, economic and cultural concepts that can be used to describe love.

2.1.2.2 Prototypes of Love

2.1.2.2.1 The Triangular Theory of Love

A famous psychologist who is cited concerning the study of love is Robert J. Sternberg. *Sternberg* (1986) is the author of a book entitled "A Triangular Theory of Love." He believes that classification is important so that love can be understood as multiplicity units rather than a unitary phenomenon. He defines the basic three components of love that occur in varying degrees within relationships and shows the combination of categories. He has conceptualized love in terms of three basic components which he places on the points of a triangle: intimacy (**I**), passion (**P**), and commitment (**C**) (Sternberg 1996; Regan, 2002).

Regarding the triangular theory of love, intimacy (**I**) encompasses feelings of warmth, closeness, connectedness, and bondedness. The intimacy component lays attention on a close personal relationship which is a less intense emotion and affective,

including sexual relationship. Passion (**P**), it is a state of being affected by a powerful emotion, such as, hate, rage and love: passion therefore is a very strong feeling that can hardly be controlled. Passion includes drives that lead to romance, physical attraction, and sexual consummation. In the love phenomena, commitment (**C**) also seems to be an important component. Generally, when someone has commitment to another person, he/she mostly promises to do something for her/him, and also have some responsibilities for the well-being of the other. In the short term, commitment is the decision to remain with another, and in the long term, commitment refers to the shared achievements and plans made with other to maintain their love. In other words, this component is largely cognitive and involves a decision process to plan or manage of something in order to maintain the relationship. (See figure 2.1)

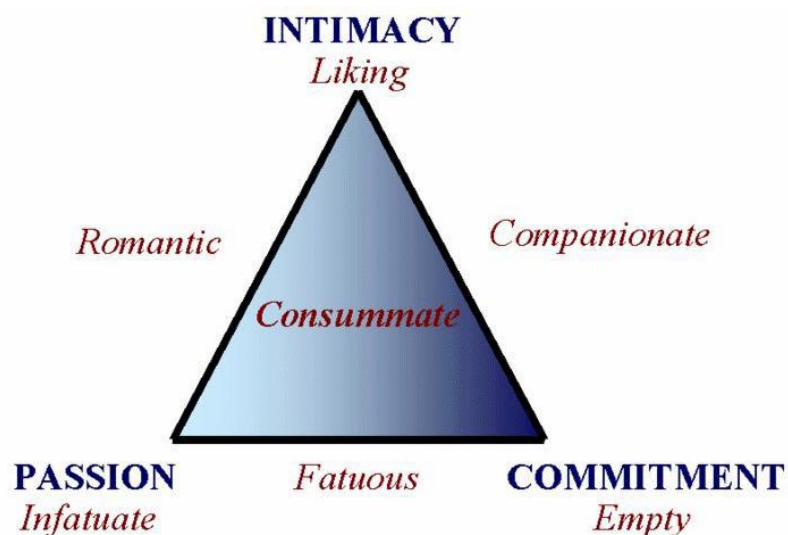


Figure 2.1 The Triangular Theory of Love and classification types of love

Source: Sternberg, R.J.(1988) (cited in Regan, 2002).

According to Sternberg, these three basic components can be mixed and become eight types of love. First, **Non love** (no intimacy, passion, or commitment) describes casual interactions that are absent of all three love components, and therefore, Sternberg did not talk much about it. Second, **Liking (I)**, containing Intimacy only, is characterized as mostly true friendship, closeness, warmth, and other positive emotional experience, but this feeling does not have intense passion or long-term commitment. Third, **Companionate Love (I and C)**, combining Intimacy and

Commitment, is found in a long-term friendship or love in marriage that has lost physical attraction or is lacking in passion, and this type of love is often seen in “best friendships” that are nonsexual relationships, or between family members. This love is stronger than friendship because of the extra element of commitment. Fourth, **Empty Love (C)**, committing to love without intimacy(I) or passion(P), is a stagnant relationship, and this type of love somewhat arise from arranged marriages, with lack of intimate emotional connection and passionate attraction. Sometimes, a stronger love can deteriorate into empty love, in which the commitment remains, but the intimacy and passion have gone. Fifth, **Fatuous Love (P+C)**, mixing of Passion and Commitment, is the “whirlwind courtship and marriage.” Regarding this type of love, commitment is made on the basis of passion, without the stabilizing element of intimate involvement. Sixth, **Infatuation Love (P)**, consisting of Passion alone, is felt as “love at first sight,” and obsessive love experience. This type of love is characterized by extreme attraction and arousal in the absence of any real emotional intimacy and commitment. Thus infatuated love may disappear easily. Seventh, **Romantic Love (I+P)**, comprising of Intimacy and Passion, it is a feeling of closeness and connection between a couple with strong physical attraction. Romantic lovers are bonded emotionally and physically through closely passionate arousal. Lastly, “**Consummate love**” (I+P+C) results from the combination of all three components. However, Sternberg cautions that maintaining a consummate love may be even harder than achieving it because over time, passion can be reduced, and then it may be changed into companionate love (Carl & Hatfield, 1992; Sternberg 1996; Hendrick & Hendrick, 2002; Regan, 2002)

Though Sternberg proposed the Triangular Theory of love combining among passion, intimacy and commitment, he was also aware of the changeable nature of love over time. Therefore, in this study, maintained love is more important than success in attaining love.

2.1.2.2.2 The Color Model of Love

In a book entitled *The Colors of Love*, sociologist, John Lee, (1973) (cited in Wagner, 2008) proposed six styles of love and compared the love styles to colors. Lee used the metaphor of the color wheel on which to place his many colors of love. Each variety of love is likened to a primary or secondary

color. Like color, they are primary and secondary love styles. He proposed that, just as the primary colors can be combined to create complementary colors, there are three primary styles of love that can be combined to create different secondary love styles (Regan, 2002). He developed the types of love from the Greek concepts, and used Greek names for love types (Hatfield, 1994). He named the three primary styles of love as Eros, Ludus, and Storge, and there were another three secondary styles of love named Mania, Pragma, and Agape. (Regan, 2002)

The first primary color of love, *eros*, from the platonic love, is the love of beauty or loving an ideal person. Eros is a romantic and sexual love with a highly sexual style of love. The erotic lovers have a strong sexual component. People who are classified in this type desire the beloved sexually, and get pleasure from expressing affection through sexual contact. They are more likely to say they fell in love at first sight with a stranger than those of other love styles. Those of other love styles may see erotic lovers as unrealistic or trapped in a fantasy, and subject to the inevitability of the decay in attraction, and it may bring some danger of living in a fantasy world. In sum, erotic love is an intensely strong emotion involving sexual attraction to the beloved (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

The second primary color of love, *ludus* is a self-centered, game-playing love. This love is treated as a game to be won. The ludic lovers view love as a game to be played with skill, together with several partners. They are more interested in quantity than quality of relationships. They choose their partners by playing in the field, and quickly recover from break-ups. They generally view marriage as a trap. This is the most likely of the love styles to commit disloyalty. Ludic lovers regard sex as a triumph or a sport, and they engage in relationships because they see them as a challenge and an opportunity for pleasure rather than for intense emotional bonding.. Extremely ludic love is unstable and easily expresses itself in indiscriminate sexual behaviors (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

Storge, which is the third primary color of love, is a companionate love, and a solid peaceful love between close friends. Storgic love develops gradually out of friendship, and in the friendship that can endure beyond the breakup of the relationship. Storgic lovers want their significant other to be their best friend and treat their partner as an old friend. They place much importance on commitment, and their

motivation to avoid committing infidelity lies in their wish to preserve the trust between the partners. Sex is of lesser importance than intimacy between the partners. They are shy about sex and tend to illustrate their affection in nonsexual ways. In short, storgic love is a less intense emotion or physical attraction with partner, and also is stable and based on a solid foundation of trust, respect, sharing and friendship (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

Like color, the primary love styles can be combined to form secondary styles of love. Although the three secondary styles are (pragma, mania, agape) contain the characters of the primary love styles, they all show their own unique characteristics. **Pragma** is a realistic, practical and logical love from the combination of storge and ludus. Pragmatic lovers think rationally and realistically about their expectations of a partner, and select them through comparison shopping or by going through a shopping-list for a suitable mate. Pragmatic lovers want to find value in their partners, and ultimately want to work with their partner to reach a common goal. They select their mates based on the degree to which they fulfill individual requirements. They will avoid infidelity in order to avoid adverse consequences, and carefully weigh the costs and rewards of a relationship (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

Another secondary love style, **mania**, is an obsessive and demanding love mixing eros and ludus. Manic lovers often go together with pain and anxiety because their need for attention from the other is insatiable. Manic lovers often have the low self-esteem associated with eros, and the lack of emotional self-control associated with ludus. This obsessive, jealous love style is characterized by placing too much importance on loving, self-defeating emotion, desperate attempts to force affection from the beloved, and inability to trust the beloved. Manic lovers easily fall in love and are easily loved; however they are distrustful and extremely possessive of their partners. They arrange their partners to be extremely possessive and needed. They often worry at their partner's ignorance; therefore they are anxious or insecure, and these bring about extreme jealousy. In sum, this love type is irrational, extremely jealous, obsessive, and often unhappy (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

The last secondary color of love, **agape**, selfless love or altruism, is a combination of eros and storge. Agape is a saintly “thou”-centered love, always patient, forgiving, kind, self-sacrificing; it is an all-encompassing love. Agapic lovers are often spiritual or religious people. The sense of agapic lover believes that everyone is worthy of love and that loving others is a duty of the mature person. The agapic lovers will unselfishly devote themselves to their partners, and will remain trustful to their partners to avoid causing them pain. Agapic love believes itself to be unconditional; consequently, they may be suffering from inattention to their own needs (Strong, DeVault & Sayad, 2001; Regan, 2002; Westheimer & Lopater, 2005).

The triangular theory of love and color of love describes love as primary factors that can combine to be secondary mixed love styles. From prototypes of love they try to categorize different types of love; however, love can also be seen in terms of cognitive and social relationships.

2.1.2.3 Cognitive Consistency Theories of Love

2.1.2.3.1 Balance theory

Balance theory was developed by a Fritz Heider (1946), a famous social psychologist; he was the first person to use the concept of cognitive inconsistency or imbalance in social psychology theories (cited in Shaw & Costanzo, 1982). Generally, in this view, inconsistent cognition leads a person to engage in behaviors directed toward the achievement of consistency. Sentiments also play an important role in the cognitive process of interpersonal relations, such as the feelings of: liking, loving, hating, gratitude, anger, trust, etc. These feelings strongly influence behavior toward others. Heider proposed p-o-x to describe sentiments in variety situations. This system consists of two people: sentiment of person (p) and other (o), and some third object (x). This third object could be anything may be a situation, an event, an idea, or a thing, such as a political party, a rock group, a country, or another person (Heider, 1946; Shaw & Costanzo, 1982). (See figure 2.2);

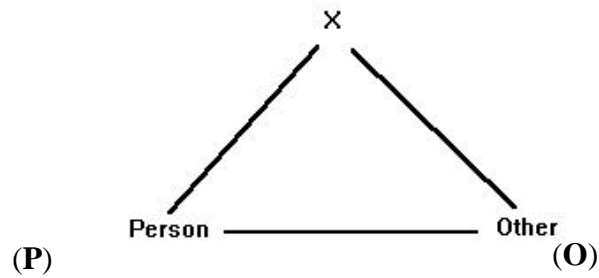


Figure 2.2 The p-o-x system [the sentiment of a person (p), toward another person (o) and an impersonal object (x)]

Regarding the relations between p, o, x, there are two types of relation in the system: unit relation and sentiment relation. The unit relation will be written U or not U; that is, two or more elements are seen either as belonging together (U) or as not belonging together (not U or \sim U). For unit relation, examples are similarity, proximity, causality, membership, possession, or belonging. Therefore, pUx can mean, for instance, p owns x, or p made x; $p \sim Ux$ means p does not own x, etc (Heider, 1946). *Sentiment relation* refers to a person's evaluation of something. It includes such relation as liking, loving, admiring, approving, rejecting, disliking, condemning, worshipping, adoring and similar evaluative reactions. Like unit relations, sentiment relation may be either positive (designated L) or negative (designated DL or \sim L). It is easy to classify sentiment relations. For examples, pLo means p likes, loves, or values o, or, expressed differently, o is positive for p (Heider, 1946).

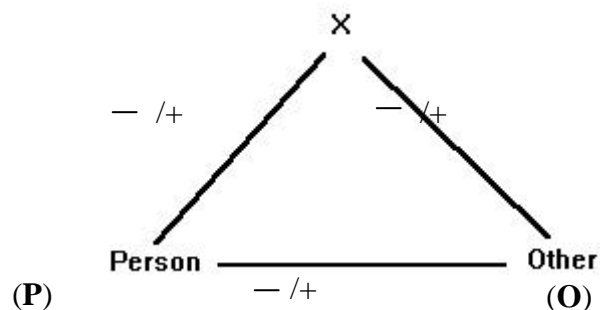


Figure 2.3 The p-o-x system with the positive or negative directed psychological construct (such as an attitude)

Following this assumption, the direction of unit relation and sentiment force can be understood by using a construct called “attitude”, together with the positive or negative relationship of a person *p* to another person *o* or to an impersonal entity *x*. Therefore, unit relation and sentiment relation may be summarized as a positive or negative attitude, and each line represents an attitude, and those attitudes can be either positive (e.g. likes, loves, or values) or negative (e.g. dislikes, hates, and disapproves, and so on) (See figure 2.3).

Relations of the p-o-x may lead to balanced and imbalanced states of system. Heider defined a balanced state as a situation in which the relations between the entities fit together harmoniously and in which there is no pressure to change. His basic assumption was that unit relations and sentiment relations tend toward a balanced state. Ordinarily, dyads are balanced when the relations between the two elements are all positive or all negative. Imbalance arises when one relation is positive and the other is negative (Shaw & Costanzo, 1982) (See figure 2.4).

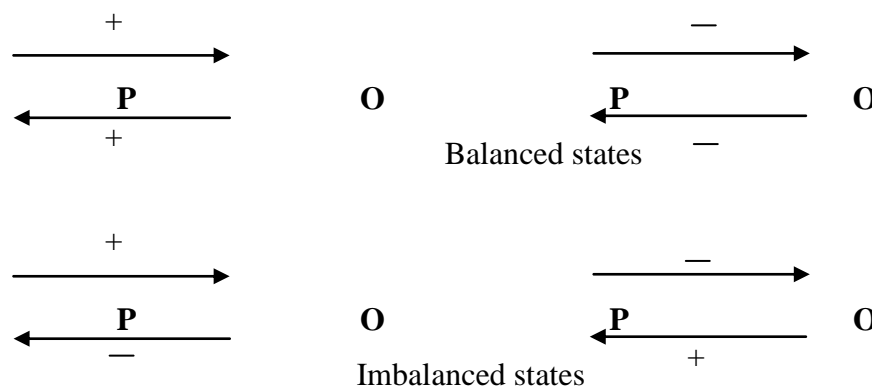


Figure 2.4 Balanced and imbalanced states of dyad relations

Additionally, triads are balanced when all three relations are positive or when two of the relations are negative and one is positive. Imbalance results when one relation is negative and two are positive. When all three elements are negative, the situation is ambiguous. From triad relation, there are eight possible configurations (Shaw & Costanzo, 1982) (See figure 2.5).

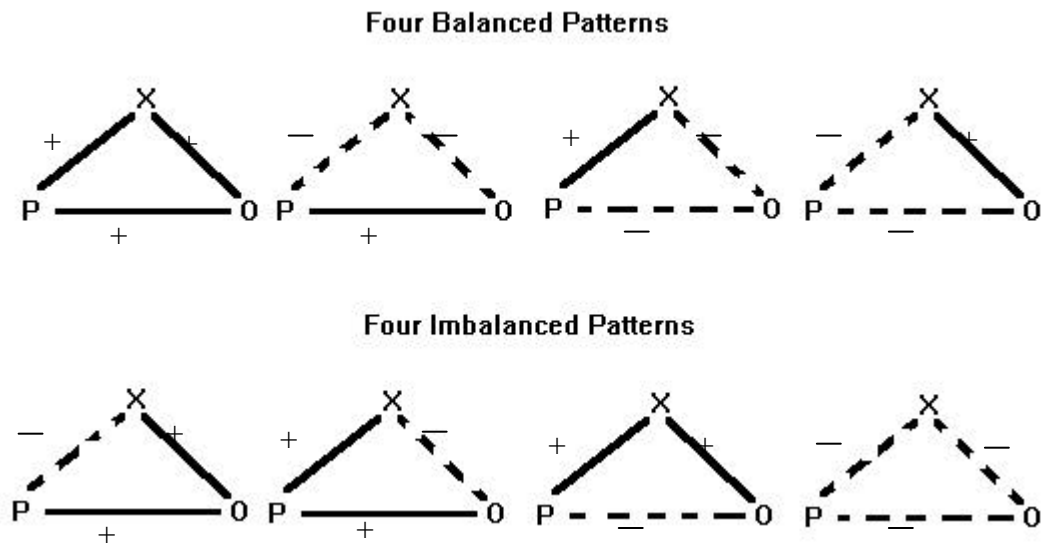


Figure 2.5 Balanced and imbalanced states of triad relations

According to Heider's theory, the unstable patterns should turn into the stable patterns. For consistency, stable “balanced” patterns have in common is that people who like each other mostly agree with each other whereas the opposite applies for those who dislike each other. Agreement reinforces liking, and disagreement reinforces disliking, so everything is cool. On the other hand in the four “imbalanced” patterns, two people who like each other but disagree with x or two people who dislike each other, but agree with x. Therefore, disagreement can produce disliking and agreement can produce attraction, so these situations are unstable. If an imbalanced or unstable state exists, then forces towards this state will arise. Either the dynamic sentimental characters will change, or the unit relations will be changed through action or through cognitive reorganization. If a change is not possible, the state of imbalance will produce tension (Heider, 1946).

Heider's most important working hypothesis is a tendency toward balanced states in human relationships (cited in Woodside & Chebat, 2001). Therefore, he proposed three kinds of effects resulting from tendency toward a balanced state--preference for balanced states, induction of relations, and change of imbalanced to balanced states. Generally, *balanced states are preferred* over imbalanced states. When the situation is imbalanced, the cognitions seem to be pulling in different directions and give the person a disturbed feeling. Thus, the tendency

toward balance *induces other relations* in order to result in a balanced state, such that if a person dislikes another, he/she will tend to see the other person as dissimilar. In contrast, if a person like another, he/she will be likely to look similarity with the other. The major consequence of *the tendency toward balanced states* is that imbalanced states arouse pressure to change cognitive relations. In most cases, balance can be achieved by a change in either sentiment relation or unit relations. (Shaw & Costanzo, 1982).

In short, this theory describes love relation in terms of a balancing state within a couple in personal feelings and attitudes toward the other or a third object that will bring conflict configuration between two persons. The theory also suggests that love relations need to have consistency or balance; however if they meet an imbalance, the couple need to be changeable or to make some adjustment in cognition or behavior in order to be balanced and recover a homeostatic state.

2.1.2.3.2 Cognitive Dissonance Theory

Another significant theory of cognitive consistency that can be used to describe love relationships is **the cognitive dissonance theory** developed by Leon Festinger (1957). This theory is similar to Heider's balance theory in the essential principle, that is, a tendency toward consistency or balance. However, a different point of interest from balance theory is that cognitive dissonance theory plays a vital role in attitude change by communication and social influences, especially in imbalanced or dissonant cognitive states arising from choices of attitudes and behaviors that are contradictory. For example, when a person possesses two conflicting cognitive elements or pieces of information about himself or his environment that dissonance arouses tension and motivates individuals to seek ways of reducing the dissonance, and therefore attitudes can be changed (Festinger & Carlsmith, 1957; Shaw & Costanzo, 1982).

The existence of dissonance, which is psychologically uncomfortable, will motivate the person to try to reduce the dissonance and achieve consonance. Festinger also tried to identify the determinants of the strength of dissonant relations between the two elements, so that he proposed the magnitude of dissonance results from the importance of the elements to the individual. The more important the cognitions are,

the greater the magnitude of the dissonance. Also, the greater the magnitude of the existing dissonance, the greater is the motivation to reduce dissonance (Festinger & Carlsmith, 1957; Shaw & Costanzo, 1982).

Moreover, Festinger describes the ways for reducing dissonance as the processes of decision, forced compliance, and exposure to information. The **decision** is important to affect dissonance because it brings about a conflict situation. If people decide between good and bad alternative situations, that is a decision to make. However, they may make a decision between two completely positive or negative choices or two alternatives having both positive and negative aspects. If the two alternatives are equally attractive that tends to create the greatest dissonance. Nevertheless, dissonance can be eliminated by reducing the importance of the conflicting beliefs, adding evidence for justifying the decision, removing the conflicting attitude or behavior, acquiring new beliefs that change the balance, changing the attitude about the act, and changing behavior (Shaw & Costanzo, 1982).

Public **forced compliance** limits people's behaviors without an accompanying change of private opinion. Public rule may control people through either threats of punishment or promises of reward. People are aware of they conflict between public compliance and private acceptance, but they mostly still comply with the social aspect. Festinger and Carlsmith (1957) considered a person who privately held opinion "X", but had publicly stated that he believed "not X". So this person has two opposite cognitions, and exists in the conflict dissonance between private belief and public statement that motivates the individual to decrease it. They found that the magnitude of dissonance was maximum. If the smaller punishment or reward was offered, it would bring about the greater dissonance. Festinger's theory countered intuitive conventional wisdom which explained inner attitude and value insight affecting outward behavior. On the other hand, his hypothesis suggests that the best way to stimulate long-term behavior is by offering enough reward or punishment to elicit overt complied behavior, and then individuals will change their attitude. Therefore, minimal rewards and punishments induce a shift in attitude. In addition, this fundamental characteristic of actions can also influence subsequent beliefs and attitudes, which engenders another group of theories, called **action-opinion theories** (Festinger & Carlsmith, 1957; Shaw & Costanzo, 1982).

When dissonance is present, as well as attempting to reduce it, the person will actively avoid situations and information which would likely increase the dissonance. The way to reduce dissonance is to manage perception about information, such as selective **exposure to information**, avoiding dissonance information, or distorting the information. Festinger claimed that people would avoid information likely to increase dissonance by selecting reading materials and television programs in order to support their consistency beliefs (Shaw & Costanzo, 1982).

This theory can be also used to describe attitude and behavioral consonance and dissonance in love relations between couples. The dissonance state will motivate the couple to try to reduce the dissonance and accomplish a balanced state. The way to adjust dissonance is for couples to be sensitive to inconsistencies between actions and beliefs. After their recognition of this inconsistency, they will motivate themselves to resolve the dissonance. Dissonance will be resolved in one of three basic ways by *changing beliefs or attitudes* in the decision process, *changing behavior* leading to an attitude change and recovery of balance, and finally *changing perception* of information and action in order to fulfill a consonance situation. In sum, the cognitive dissonance theory describes not logical inconsistency, but psychological inconsistency, and people are not rational animals; however, we are rationalizing animals who want to appear reasonable to ourselves.

2.1.2.3.3 Self-Expansion Model

Arthur Aron had done research on self-expansion model of motivation and cognition in personal relationships, and he engaged in a research program with Elaine Aron who had been interested in the “highly sensitive person”. Aron and Aron (1996) therefore set out a central human motivation as a self-expansion model of love. The model was developed out of a combination of attraction and arousal in motivation theory, and the social psychology of personal relationships and eastern psychology. In the Eastern traditions, especially in the *Upanishads* (คัมภีร์อุปนิษัต), love is the basis of life, and all love is directed toward the self. Therefore, this model treats love as arising from a desire to expand the self by including that other in the self, as well as by associating expansion with the particular other. There are two key components of self-expansion; **the self-expansion motivation** and **including**

each other in each other's self (Aron and Aron; 1996; Aron, Aron & Norman, 2004; Aron, Fisher & Strong, 2006).

According to the model, **love as the self-expansion motivation** is a central human motivation that influences the energy and direction of human behavior. Basically, people seek to expand not only their *physical influence*, such as territoriality, power relationships, possessions, etc., but also their *cognitive complexity*, for example knowledge and insight, as well as *their social and bodily identity*, including as part of themselves, other individuals, whole groups, such as family or nation, and nonhumans ranging from animals to gods. As well, *their awareness of their position in the universe*, such as that unique human interest in metaphysics, the meaning of life, ritual, religion, mythology, etc. should also be included. Most of the time, this self-expansion motivation serves the cause of individual exploration, competence, and efficacy. Generally, people seek to expand the self in the sense that they aspire to enhance their potential efficacy by increasing their physical and social resources, perspectives, and identities that facilitate achievement of their goals. Expansion motivation is not an actual goal, but it is motivation to attain the resources to be able to achieve goals. Therefore, "love" is something about passion, excitement, and a hunger to "lose the self" or "achieve union." Self expansion can be developed from love relation; therefore, Aron and Aron proved the concepts by measuring self-efficacy and self-esteem every two and a half weeks from 529 participants, and found a significantly greater increase of self from before to after falling in love. This finding indicated the expansion of the self after falling in love (Aron and Aron; 1996; Aron, Aron & Norman, 2004).

For another component, **love as including each other in each other's self**, the self is expanded through the process of becoming reciprocal and mutual relationships, so that each person will include the other in his or her self. Thus, people seek relationships in order to gain what they anticipate. Person will be in a process of an escalating reciprocity of self-disclosure, and then each individual feels his or her deepest personal self validated, understood, and cared for by the other. After entering the process, the effect of including each other in each other's self is an overlapping of selves, and a larger self is created. This relationship is consistent with a wide variety of social psychological ideas about relationships, such as "unit relation" in Heider's

balance theory concept, “intersubjectivity” idea of Ickes and his colleagues, and the “double being” description of a close relationship by Merleau-Ponty. Additionally, “love” is described as a collection of behaviors, cognitions and emotions, and these processes can be included in their various aspects, such as physical influence, cognitive complexity, social and identity, as well as their status and position that lead people to expand, overlap and mutual self between couple (Aron and Aron; 1996; Aron, Aron & Norman, 2004).

The intricate self-expansion model can be summarized to the core of the model in three basic principles. Firstly, *people seek to expand the self*. One way they seek to do so is by *attempting to include others in the self*; the second principle, through close relationships. Finally, people seek situations and experiences that have become associated with *experiences of expansion of the self*. The self-expansion model can be understood through love relationships, especially in the choice of object for falling in love by beginning with the principles that others are chosen because they are perceived to have the greatest potential for expanding the self and to include other in their experience; however, people are attracted to a specific other that should be determined by two main factors. In the first place, people are attracted by a *perceived degree of potential expansion* of self through a close relationship with the specific person. This shows desirability to love someone through whom they can expand their self, and have mutual relationships with others. For another, people are impelled by the *perceived probability* of actually achieving the expansion with the other, that is probability that one can actually form and maintain a close relationship with the specific other. These two factors are correlated with achieving reward value. The model makes explicit the important contribution of specific self-expansion rewards that are considered indispensable for a potential relationship (Aron and Aron; 1996; Aron, Aron & Norman, 2004).

According to the model, the self-expansion motivation, together with another within the self, is a basic need on the love relation that people want to extend or overlap selves with other. This can describe helping and altruistic behavior to beloved ones or others because people include beloved to the self, or being the part of the self; so that helping others is helping themselves. In sum, this model of the

interrelation between self and other is based on assumptions of motivation and cognition driving human behavior in social settings.

Other perspectives will be described interpersonal love relations after marriages in terms of economic and exchange theories. There are important views that describe people as rationally comparing benefit and cost before changing their behavior.

2.1.2.4 Social Exchange and Equity Approaches for Describing Love after Marriages

Love relations after marriages and cohabitations are mostly full of reasons to commit and to maintain their couples' lives. Therefore, couples' rationalization for making decision and comparing between benefits and costs is quite apparent to describe their love relations. There are four important models and theories- social exchange and equity model, interdependence theory, cohesiveness model or marital cohesiveness model and finally investment model- which will be described in the followings.

2.1.2.4.1 Social Exchange and Equity Model

Social exchange theory and equity theory are broadly important in describing human relationships. Basically, theory-based concepts of social exchange theory are behaviorist (Ritzer, 2000). However, the theoretical background of social exchange theory originated in several disciplines, such as social psychology, economics, sociology and anthropology (Sprecher, 1998). From the different theoretical approaches, social psychological models of exchange have special relevance to human relations because of their focus on exchange between the two members of a dyad, especially in mate selection, relationship formation, and the prediction of relationship dissolution (Sprecher, 1998).

Most social exchange models share the following basic assumptions: (a) social behavior is a series of exchanges; (b) individuals attempt to maximize their rewards and minimize their costs, and (c) when individuals receive rewards from others, they feel obligated to reciprocate. These assumptions refer to all interpersonal transactions (Sprecher, 1998). In sum, the essence of these propositions is that people are motivated to gain reward and avoid punishment and cost (Harvey & Wenzel, 2006). Rewards and costs are two key concepts include in the social exchange

framework. Therefore, relationship with another person involves benefit and cost. Positive attraction occurs when one gains rewards or benefits rather than costs or punishments. Conversely, avoidance occurs when the costs exceed the benefits (Beck, 2004). In other words, the theory focuses on the exchange of resources between or among people. Rewards are defined as exchanged resources that are pleasurable and gratifying, and so costs also include foregone opportunities because of being in the particular relationship or interpersonal transaction. Rewards minus costs equal outcomes. Reciprocity is another key concept of social exchange and refers to the notion that individuals give something back to those who have given to them (Gouldner cited in Sprecher, 1998).

Besides the concepts of reward, cost and reciprocity, some exchange theorists also consider the fairness or equity of the exchange in rewards and costs for both partners. This leads to another theory, called equity theory. Consistent with social exchange theory, equity theory holds that people attempt to maximize their rewards and reduce their costs; however, equity theory also holds that people seek rewards in a fair manner and they attempt to restore equity when the balance of rewards and cost has become inequitable (Canary & Dainton, 2006). This theory can be used for understanding of a couple's maintenance behavior for a long time, while physiology or neurotransmitters are in decline. Equity theory was developed from earlier exchange approaches. (Hatfield, Walster & Piliavin, 1978; Sprecher, 1998).

Like social exchange theory, equity theory is a strikingly simple theory, which also contains four propositions:

Proposition 1: Individuals will try to maximize their outcomes (where outcomes equal rewards minus costs).

Proposition 2: Groups, including couples, can maximize collective reward by evolving accepted systems for equitably apportioning resources among members. Thus, members will evolve such systems of equity and will attempt to induce members to accept and adhere to these systems. Also, couples or groups will generally reward members who treat others equitably and generally punish (increase the costs for) members who treat others inequitably.

Proposition 3: When individuals find themselves participating in inequitable relationships, they will become distressed. The more inequitable the relationship, the more distress individuals feel.

Proposition 4: Individuals who discover they are in an inequitable relationships attempt to eliminate their distress by restoring equity. The greater the inequity that exists, the more distress they feel and the harder they try to restore equity (Austin, Hatfield & Utne, 1976; Walster, Berscheid & Walster, 1976; Hatfield, Walster & Piliavin, 1978; Hatfield & Sprecher, 1983; Sprecher, 1998).

From Proposition 1 and 2, therefore; individuals will try to maximize their outcomes; groups or couples can reward members by creating collective equity systems. Groups, as well as couple, can distribute the rewards/benefits and costs/punishments of the penalty system to the group's members or between the couple. As a result, this system constructs "equitable relationships" between/among participants. The following equation can describe equal relative gains from the relationship.

$$\frac{\text{Outcomes}_A - \text{Inputs}_A}{(1 \text{ Inputs}_A 1)^k_A} = \frac{\text{Outcomes}_B - \text{Inputs}_B}{(1 \text{ Inputs}_B 1)^k_B}$$

Inputs are defined as the participant's positive and negative contributions to the exchange that enable him or her to gain reward or punishment. **Outcomes** are defined as the rewards and punishments the participant receives in the relationship. Total outcomes are defined as rewards minus punishments. Equity is evaluated by comparing the ratios of inputs and outcomes of each person within the relationship. An equitable relationship exists when the person evaluating the relationship decides that all participants are receiving equal relative gains from the relationship. An individual will consider that he is treated in a balanced or fair way if he perceives the ratio of his inputs to his outcomes to be equivalent to these of others. If such equivalence is not perceived, inequity can be perceived. Two types of inequity can be experienced: underbenefiting inequity and overbenefiting inequity. Individuals' perceptions of the equity/inequity will depend on how much they value various inputs and outcomes in the exchange relationship, so that two members of a dyad may reach different

conclusions about the equity in a relationship (Hatfield, Walster & Piliavin, 1978; Hatfield & Sprecher, 1983; Sprecher, 1998).

According to proposition 3 of equity theory, persons who find themselves in inequitable relationships will become distressed. Individuals who are exploited or overbenefited may feel guilt, shame, dissonance, empathy or fear of retaliation. In addition, the victims or underbenefited persons become distressed leading to anger, shame, humiliation, dissonance or conditioned anxiety. Therefore, inequity relationships bring about distress individuals' experience; however, the victims are expected to experience more distress than exploiters (Hatfield, Walster & Piliavin, 1978; Sprecher, 1998).

Proposition 4 states that individuals who discover they are in an inequitable relationship attempt to eliminate their distress by restoring equity in order to reduce their distress experiences. Equity can be restored to the relationship in two possible ways: restoration of actual equity and restoration of psychological equity. Individuals may engage in *actual equity restoration* by changing their contributions or convincing their partner to change his/her exploited and victim role for seeking restitution. On the other hand, *psychological equity restoration* involves convincing oneself that inequity does not exist by distorting reality. If neither psychological nor actual equity restoration is effective in restoring equity to the relationship, the final option available to the individual is to "leave the field" or end the relationship (Hatfield, Walster & Piliavin, 1978; Sprecher, 1998).

According to the equity theory, there is a great deal of rational weight on psychological interpersonal relationships. Equity not only considers equality as a distributive justice norm, but also focuses on the balance between the partners' outcomes. A relationship is considered to be equal if both partners are receiving the same level of outcomes from the relationship; however, they may contribute differently to the relationship. Although in this context, the theory has been used to explain relationships in romantic love, equity theory can also describe human relations from various perspectives and has been used to analyze rational compensated behavior, as well as helping explain altruism between givers and receivers (Hatfield, Walster & Piliavin, 1978; Sprecher, 1998).

Social exchange and equity approaches have been applied to understand love in many of its aspects, especially in commitment or maintenance behavior. Other theories derived from social exchange and equity concepts are the interdependence model, cohesiveness model and investment model. Thibaut and Kelley's interdependence model describes comparison level (CL) and comparison level for alternatives (CLalt) in order to compare expectations with outcomes. Based on the concepts, Levinger's cohesiveness model also proposes that present attractions, alternative attractions and barriers should influence relationships. As well, Rusbult's investment model is also developed from the concepts of satisfaction level, quality of alternatives and investment size between partners. Generally, these theories describe love as decisions or constraints to continuing relationships, however unsatisfying they may be.

2.1.2.4.2 Interdependence theory

Interdependence theory is derived from the exchange theory and focuses on the interaction between partners and how those interactions influence each partner's outcomes. John Thibaut and Harold Kelley's (1959) *Interdependence Theory* suggests that two people involved in a relationship are interdependent with respect to the outcomes of their behavior, and that influences his or her own outcomes as well as those of his or her partner (Regan, 2008).

The interdependence is the central analytical feature of Thibaut and Kelley's theory for understanding of persistence in a relationship. They propose that in relationship, partners depend upon two standards when evaluating the outcomes they are receiving from a relationship. The first, *comparison level* (CL) is the standard against which a partner evaluates the attractiveness of a relationship. The comparison level is determined by the individual's expectations about the level of outcomes that the relationship ought to provide, and it is influenced by personal experience. If the outcomes the person actually experiences in the current relationship meet or exceed what is expected (outcomes \geq CL), he or she is likely to view the relationship as attractive and to be satisfied. The second standard upon which partners rely when they evaluate their interpersonal outcomes is called *comparison level for alternatives* (CLalt). CLalt is the standard that the partners use in determining whether or not to remain in the relationship, and it reflects the outcomes the partners feel that they could obtain from available alternatives to the present relationship. If a person's current

outcomes meet or exceed his or her expected outcomes in alternative relationships (outcomes \geq CLalt), then the relationship is likely to continue. If current outcomes fall below perceived alternative outcomes (outcomes $<$ CLalt), the relationship will be unstable and may dissolve. Thus, an unhappy relationship may persist if there are no other acceptable alternatives, and a pleasurable union may dissolve in the face of a particularly appealing alternative. (Sprecher, 1998, Rusbult, Coolsen, Kirchner, & Clarke, 2006; Regan, 2008). By comparing outcomes, CL and CLalt affect satisfaction, stability and dependency. Theory predicts that relationships will endure to the extent that the partners are highly dependent on each other and the relationship for desirable outcomes. Thus, both internal satisfaction and external quality and quantity of alternatives will determine whether a relationship will continue or dissolve.

2.1.2.4.3 Cohesiveness Model or Marital

Cohesiveness Model

Cohesiveness model is extended from *Interdependence Theory* for describing marital love relationships. George Levinger's (1976) *Marital Cohesiveness Model* is based in part on the field theory concept of restraining force, so that it posits the strength of the bond between partners which is a function of two basic forces: the various inducements to remain in the relationship and the inducements to leave it (Rusbult, et.al, 2006). His model highlights three types of force: ***present attractions***, or the forces that draw individuals to their relationships, ***alternative attraction***, or the forces that pull individuals away from their relationships, and ***barriers***, or the forces that prevent individuals from leaving their relationships. *Inducements to remain* include all of the sources of *attractions* to the marriage and the spouse. *Inducements to leave* include the various alternative attractions or rewards inducing to leave the relationship, and the *barriers* that can bring it to dissolution. Essentially, this model proposes that "marital strength is a function of bars as well as bonds" (Levinger, 1965). Thus, the bond between two people is likely to be cohesive (strong and stable) to the extent that they not only experience high attraction in the relationship, but also many barriers against terminating the relationship, as well as low attraction to alternative relationships. In explaining present and alternative attractions, Levinger defined three categories of attractive forces: *material attractions*, such as income and home ownership; *symbolic attractions*, such as educational achievement

or career status; and *affectional attractions*, such as companionship and sexual fulfillment. On the barrier forces, he delineated three categories of barriers: *material barriers*, including the loss of income associated with separation and the expenses incurred in divorce; *symbolic barriers*, such as concern about social disapproval or religious convictions regarding the indissolubility of marriage; and *affectional barriers*, such as the presence of dependent children that can help to remain present relationships by serving as preventions to ending the relationships (Levinger, 1965; Levinger, 1976; Rusbult, Coolsen, Kirchner, & Clarke, 2006; Regan, 2008).

Like Interdependence Theory, the Marital Cohesiveness Model proposes that both internal and external factors determine whether a relationship will thrive over time. Highly cohesive relationships are the most likely to last. Cohesiveness, which is the strength of the relational bond between partners, is determined by the level of rewards and costs experienced in the relationship. In other words, the number and amount of costs associated with terminating the relationship, or barriers; and the presence or absence of acceptable alternatives can prolong or terminate the relationship (Regan, 2008).

2.1.2.4.4 Investment Model

The Investment Model has emerged out of Interdependence Theory and has built interdependence constructs in order to analyze the tendency of persisting in a relationship. *Investment Model* was proposed by Caryl Rusbult (1983). Her *Investment Model* proposes that commitment, defined as the individual's feelings of attachment to the partner and his or her intention and desire to remain in the relationship, is a function of three factors: firstly, the person's level of *satisfaction* with the relationship, which is a function of rewards and costs and comparison level; secondly, the perceived *quality of alternatives* to the relationship, or the degree to which the individual believes that important needs could be met outside the relationship, and finally, the size of the person's *investment* in the relationship, which refers to the ways he or she is connected to the partner and bound to the relationship. These factors can be described as direct resources, such as time, emotional energy, personal sacrifice; and indirect resources, such as mutual friends, children, shared memories, shared material possessions that become attached to a relationship. Thus, this model proposes that people will feel committed to their

relationship to the extents that: they feel satisfied, they believe that they have few and poor-quality alternatives, and they have invested important resources in the relationship. All these serve as powerful inducements for its continuation (Rusbult, 1983 ; Rusbult, Coolson, Kirchner, & Clarke, 2006).

The Investment Model extends Interdependence Theory (Rusbult, 1980a, 1983). In explanation, the Investment Model argues that satisfaction level and alternative quality do not fully explain dependence, and then Rusbult suggests that some relationships survive even when an attractive alternative is available, and even when a relationship is not very gratifying. Therefore, he proposes *investment size* in order to describe the magnitude and importance of the resources that are attached to relationship-resources between partners. Invested resources presumably enhance commitment because the act of investment increases the costs of ending a relationship, and it also serves as a powerful psychological inducement to persist. In short, the Investment Model extends Interdependence Theory by suggesting that feelings of commitment emerge as a result of increasing dependence (Rusbult, Coolson, Kirchner, & Clarke, 2006).

Like Interdependence Theory and the Cohesiveness Model, the Investment Model recognizes that the outcomes which an individual obtains from his or her relationship, as well as the perceived quality of alternatives to that relationship, are important to stability of the relationship. In addition, this model proposes that people will feel committed to their relationships to the extent that they feel satisfied, believe that they have few good alternatives, and have invested important resources in the relationship.

2.1.2.5 Dynamical Processes of Love and Dynamical Love

The human love relationship is not a stable construct, but it is constantly changing and progressing since “love” is a dynamic process. Many theorists from various academic disciplines try to conceptualize and describe it. Sociologist Ira Reiss proposed concept of development and maintenance called “Wheel theory of love” to explain love dynamics. From the psychology viewpoint, Oliver C.S. Tzeng, explained the dynamic of love in terms of development, maintenance, and dissolution between two persons. Many mathematicians and scientists are also interested in

describing love relations as dynamical models of love by applying differential equations in order to make more realistic dynamical love models. Theory of love as a story of Sternberg is another form of love dynamic in which he sees love as a social construction; love varies across time and cultures. Individuals create personal forms of love and living in it.

2.1.2.5.1 Wheel Theory of Love

The wheel theory was proposed by a sociologist, Ira Reiss (1960) who described heterosexual love relation as developmental and maintainable processes that unfold over time. Based on cultural and social perspectives, his **Wheel Theory of Love** suggests four stages or processes of love: *rapport*, *self-revelation*, *mutual dependency*, and *intimacy need fulfillment* (Figure 2.6).



Figure 2.6 Reiss's wheel theory: four stages of love

Source: Ira Reiss (1960) (cited in William, Sawyer & Wahlstrom, 2006).

The first process, **rapport** refers to a connection or bond a person feels toward another person. When a person first meets someone, he/she may quickly establish *rapport*. The feeling of ease makes him/her feels comfortable with each other. Most often, people establish rapport with someone who is similar to them in their cultural background, social class, religious beliefs, educational background, or upbringing. These similarities allow them to pursue their initial interests in another person. Therefore, cultural background has an important role in rapport relationships. Different cultural backgrounds, especially values, are involved sharply in interpersonal

communication and incompatibility between the couple (Reiss, 1960; Borland, 1975; William, Sawyer & Wahlstrom, 2006; Welch, 2007).

Then, rapport leads to *self-revelation*. People, who communicate easily, and feel comfortable with each other, will be more likely to reveal intimate aspects of their existence. They want to know each other, and it makes them more comfortable to discuss their personal hopes, dreams, fears, goals, and ambitions. Personal disclosure may also lead to sexual activities. Demographic and social similarities may affect their willing to disclose personal information, since they tend to distrust people that are different from themselves. In short, self-revelation refers to self-disclosure that deepens a couple's relationship (Reiss, 1960; Borland, 1975; William, Sawyer & Wahlstrom, 2006; Welch, 2007).

After a couple practices self-disclosure and intimacy, their relationship will deepen. Moreover, self-revelation leads to *mutual dependency*, developed from the sharing of pleasures, ideas, humors, and sexual desires. The couples would like to do activities together rather than alone. Finally, each becomes dependent on the other person to fulfill one's own habits. Their social and cultural backgrounds, age, values, and the like are also important for their habit expectations, since these affect the kind of mutual behaviors. In essence, mutual dependency refers to the couple's reliance on each other to fulfill habit expectations (Reiss, 1960; Borland, 1975; William, Sawyer & Wahlstrom, 2006; Welch, 2007).

In the final stage the couple will establish a pattern of mutual exchanges of support, sympathy and decision-making that Reiss categorized as *personality need fulfillment*. However, each person also tries to satisfy a partner's deeper needs, such as emotional needs and sexual needs. Beside helping each other to satisfy deeper needs they also reinforce each other's goals, offer sympathy, support, and make mutual deeper needs. That is, the relationship now has developed into a consistent pattern of mutual dependence and exchange of needs (Reiss, 1960; Borland, 1975; William, Sawyer & Wahlstrom, 2006; Welch, 2007). Similar to a rolling wheel, all these stages may be repeated many times. Then, the process will produce a deepening relationship, and the love continues its development. Nevertheless, the wheel may stop, as in a short relationship.

2.1.2.5.2 Octagonal Stage Model

Octagonal Stage Model was proposed by Oliver C.S. Tzeng who is a professor of the Osgood Laboratory for Cross-Cultural Research. He described the processes of love from development, maintenance, and dissolution between two persons. Tzeng (1991) has operationally classified love phenomena into eight developmental and dissolution stages. This octagonal stage model illustrates development and decline of love relation. Tzeng points out the existence of four bipolar dimensions of love on the octagon and shows a hierarchical differential range in relationship intensity from minimal to maximal positive emotion of love, or the negative decline from maximum to minimum of love. This model shows the wide range of development, maintenance and dissolution of love (Tzeng, 1993). (See Figure 2.7).

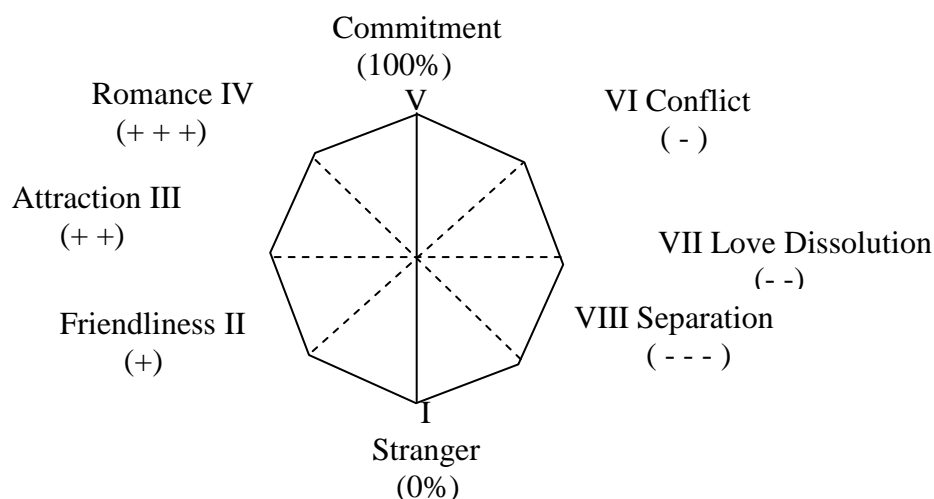


Figure 2.7 Octagonal Process of Love Development and Dissolution

Source: Tzeng, O.C.S. (1993, pp. 62)

Firstly, the **stranger stage** starts on the first meeting between persons. Two individuals are 'neutral' to each other; they are unaware of being interested in each other. Neither any emotional, physiological stimulation, nor personality characteristics are shown to in the presence of the other to any significant degree. This stage is minimum or frigid degree of love. Therefore, degree of love in this stage is minimum and frigid. Nevertheless, they may develop their relationships, and then continue to the second stage, friendliness (Tzeng, 1993).

At the **friendliness stage**, after individuals know someone, they will develop their relation from neutral to positive feeling and being friendly. During the stage, two individuals generally get familiar with another. Each person has a positive disposition to engage in further communications. Consequently, positive feelings and emotions between two people, such as pleasure and enjoyment continue and increase. The highest emotional level of this stage is the demonstration of positive attitudes toward the target person, even though both may not acknowledge or even pursue friendship, but it can turn to be a further stage, called attraction (Tzeng, 1993).

An **attraction stage** or stage of falling in love is not a balance of reciprocal relations between two persons because only one individual may become aware of an attraction, when he or she is physiologically aroused by the presence of the target person. Attraction may be attributed to various factors, such as appearance, personality, and shared interests. At this stage, Tzeng often describes the relationship as a one-sided relation because, even though the target person may sense the other's emotional state, there is usually either no, or unequal, reciprocation. In short, the major characteristic of this emotional state is the idealistic projection of the love emotion expressed as "falling in love" (Tzeng, 1993).

However, the un-reciprocal stage attraction, can develop to an equal reciprocal involvement of two individuals. At this stage, each individual identifies with the other and interacts extensively through various means of communication. The behavioral demonstrations of two individuals show romantic kisses, sexual behavior, self-disclosure, intimacy, and absorption. In term of physical and emotional communications, love at this stage is called the "peak of involvement". Although this state is a peak of positive emotional level, such as happiness and excitement, it is quite difficult to maintain **romantic love**, especially when the relationship does not have an understanding of shared goals. This romantic process of love is generally temporary in nature. It must either advance to deeper, long-term commitment or retreat to a previous friendship or stranger stage (Tzeng, 1993).

At the **commitment stage**, the continuation of romantic relationship usually leads to commitment of two individuals who form a long-term bond, such as marriage or cohabitation. This relation relies on individual decisions to create long-term bonding; with society and culture exerting influence on defining the roles, duties

and function of members, especially in family institutions. Thus, the commitment of the couple includes 'rights' and 'responsibilities' as social functions. Some conflicts may also occur since they would like to retain their individuality, while they develop commonalities in physical and psychological maintenance aspects of daily life, such as concerns of children, property, in laws, friends, and leisure activities (Tzeng, 1993).

At the **conflict stage** or love-declining stage, after two individuals have to live with each other, they will know all aspects of each other's life. Although similarity in personality, interested value and life goal is important to develop love relations at the early stage, after they have been at the commitment stage for a long time, various circumstances in daily interactions may shift their similarities to dissimilarities leading to conflict between the couple. This conflict challenges adjustment of couple's family life to either continue or collapse. Even though the dissimilarities may not be outwardly apparent and may not reflect the couple's true priority differences, the growing awareness of much small dissimilarity may lead to adjustment problems between the two. Consequently, much minor dissimilarity may result in conflict, anger, hostility, and barriers to a continuing love relationship (Tzeng, 1993).

Then, the **love dissolution stage**, resulting from the conflict stage may emerge. Some couples can cope with their conflict, but some couples cannot manage it. These problems, therefore, develop to love dissolution stage. This stage represents the true decay of the love bond in the previous commitment stage. Many causes may lead to the abandonment of love. In some cases, these represent internal and external conflict that may weaken the function and intensity of various love components, such as commitment and intimacy. At this stage, love is no longer existent or pure, even though the couple may be physically together. In essence, the previous positive emotions at the attraction and romance stage may be replaced by negative emotions, distance, and emptiness. Unless a successful intervention is fulfilled, the dissolution of love may lead the couple to physical separation and legal divorce (Tzeng, 1993).

Finally, if a couple cannot cope with problems at the dissolution stage, it may lead to **separation and divorce stage**. The dissolution of the committed relationship represents the abandonment of shared energy and goals. This stage is usually unwanted and unexpected, bringing about stressful situations and negative

emotions, such as anger, disdain, contempt and hate. These emotions become more powerful anesthetics to the positive love emotions that previously existed. The partners can no longer share the positive emotions that might sustain the relationship. Thus, the partners may undergo physical separation and legal divorce, which represents the withdrawal of commitment. Separation and divorce officially terminate the love between two individuals; however, emotional and psychological scars may have a long-term negative impact on partners, especially when children are involved (Tzeng, 1993).

2.1.2.5.3 Dynamical Model of Love

The wheel theory and octagonal stages of love have presented “love” as dynamic and changeable through its process of development and dissolution. Many mathematicians have also tried to develop models to account for the dynamics of love by using differential equations. This differential calculus was introduced by Newton to describe and predict dynamic phenomena in physics, biology and all other sciences (Rinaldi, 1998). A differential equation is a mathematical equation for an unknown function of one or several variables that relates the values of the function itself and of its derivatives of various orders or as a function of time. Differential equations are a deterministic relationship involving some continuously changing quantities of function models and their rates of change expressed as derivatives. Thus, the general differential equation is written, such as

$$\frac{dx_i}{dt} \text{ or } \frac{dx_i(t)}{dt} = A_i + B_i .$$

Steven H. Strogatz (1994), who is a professor of applied mathematics in the Department of Mathematics at Cornell University, presented a one-page paper entitled “Love Affairs and Differential Equation” through analyzing the love affairs of Romeo and Juliet (Rinaldi, 1998; Wauer and colleagues, 2006).

Strogatz's linear model described romantic love relationships between Romeo and Juliet as the following equations (cited in Sprott, 2004);

$$\frac{dR(t)}{dt} = aR + bJ$$

$$\frac{dJ(t)}{dt} = cR + dJ$$

$R(t)$ = Romeo's love/hate for Juliet at time t

$J(t)$ = Juliet's love/hate for Romeo at time t .

a , b , c and d are parameters:

a = Romeo is encouraged by his own feelings

b = Romeo is encouraged by Juliet's feelings

c = Juliet is encouraged by her own feelings

d = Juliet is encouraged by Romeo's feelings

According to Strogatz equations, positive values of R and J signify love, negative values signify hate. From the Romeo view, there are four romantic styles which are exhibited from the signs of a and b . These romantic styles are adapted from Strogatz (1994) and his students (Sprott, 2004):

1) *Eager beaver*: $a > 0$, $b > 0$ (Romeo is encouraged by his own feelings as well as Juliet's.)

2) *Narcissistic nerd*: $a > 0$, $b < 0$ (Romeo wants more of what he feels but retreats from Juliet's feelings.)

3) *Cautious (or secure) lover*: $a < 0$, $b > 0$ (Romeo retreats from his own feelings but is encouraged by Juliet's.)

4) *Hermit*: $a < 0$, $b < 0$ (Romeo retreats from his own feelings as well as Juliet's.)

Although Strogatz was a pioneer mathematician who adapted differential equation accounting for love relationships, other mathematicians, scientists and physicians have also argued and developed their mathematical theories.

Another famous mathematician interested in love dynamics, Sergio Rinaldi, who is a professor in System Theory at the Department of Electronics and Information (DEI) of the Politecnico di Milano in Italy, has proposed differential equations to describe love as a dynamic model which is rarely applied. Interestingly, in his model, he analyzed and captured the emotional ups-and-downs of the unrequited love of the Petrarch through poems which he sent to Laura, a beautiful but married lady of Avignon, France. Petrarch's collections of 366 poems were sent to Laura over 21 years. The poems were eventually published as the *Canzoniere* (Rinaldi and Gragnani, 1998).

Rinaldi has developed Strogatz's equations to describe Laura and Petrarch's love relationships. These relationships are now modeled by means of three ordinary differential equations. Laura is described by a single variable $L(t)$, representing her love for the poet at time t . Positive and high values of L mean warm friendship, while negative values are associated with coldness and antagonism. The personality of Petrarch is more complex; its description requires two variables: $P(t)$, love for Laura, and $Z(t)$, poetic inspiration. High values of P indicate ecstatic love, while negative values stand for despair.

$$\begin{aligned}\frac{dL(t)}{dt} &= -\alpha_1 L(t) + R_L(P(t)) + \beta_1 A_P, \\ \frac{dP(t)}{dt} &= -\alpha_2 P(t) + R_P(L(t)) + \beta_2 \frac{A_L}{1 + \delta Z(t)}, \\ \frac{dZ(t)}{dt} &= -\alpha_3 Z(t) + \beta_3 P(t),\end{aligned}$$

where

L = the forgetting process characterizing each individual

$R_L(P)$ = the reaction of Laura to the love of Petrarch

A_P [A_L] = the appeal, such as physical, and social and intellectual of Petrarch/Laura.

Equation (2) is similar to (1) with one relevant exception: the response of Petrarch to the appeal of Laura depends also upon his inspiration Z .

And all greek letters are positive constant parameters.

Using his equations, Rinaldi has also analyzed and exhibited a new time pattern for Petrarch's love as the following graph in figure 2.8

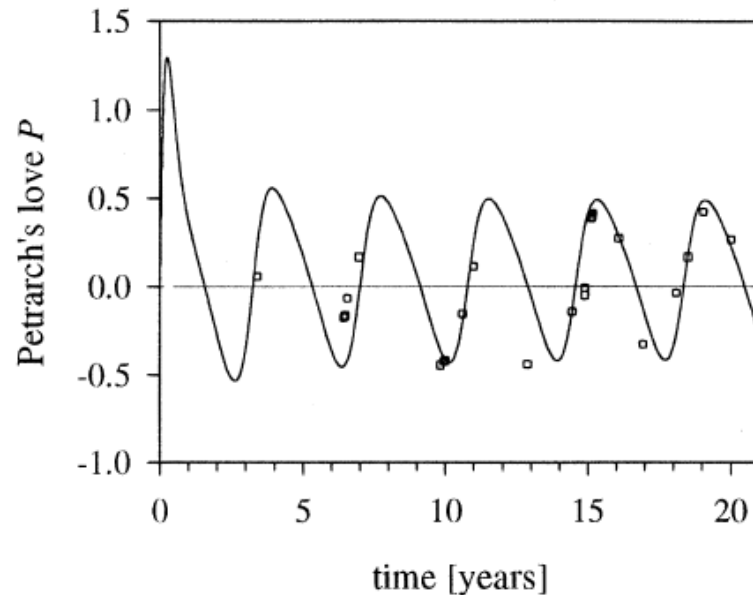


Figure 2.8 Time evolution of Petrarch's love computed by Rinaldi's model

Source: Rinaldi (1998) SIAM J. APPL. MATH. Society for Industrial and Applied Mathematics. Vol. 58, No. 4, pp. 1205-1221 (August 1998)

Rinaldi had argued that Strogatz's model did not explain why two persons who were initially completely indifferent to each other can develop a love affair. Thus, Rinaldi proposed his realistic model to explain three aspects of love dynamics: the forgetting process, the pleasure of being loved, and the reaction to the appeal of the partner. These three factors are assumed to be independent and are modeled by linear functions. The theory of positive linear systems can be applied to this model and gives interesting results. This theory generates results that describe the dynamic process of falling in love, i.e. the transformation of feelings, starting from complete indifference when two persons first meet, and tending toward an area of stability. Other results are concerned with the influence that appeal and individual behavior have on the quality of romantic relationships. Some of these properties are used to identify the

consequences that individual appeal and behavior can have for partner choice (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

Moreover, three basic processes, namely *return* (R_i), *instinct* (I_i) and *oblivion* (O_i) are assumed to be responsible for love dynamics. More precisely, the immediate rate of change $\frac{dx_i(t)}{dt}$ of individual's i love is assumed to be composed of three terms, *i.e.*,

$$\frac{dx_i}{dt} = R_i + I_i + O_i \tag{1}$$

where R_i , I_i , and O_i must be further specified.

The return R_i describes the reaction of individual i to the partner's love and can therefore be assumed to depend upon x_j , $j \neq i$ (x_j is the partner's love). Rinaldi uses term "loves to be loved" and "hates to be hated" to explain reaction between partners. The second term I_i , describes the reaction of individual i to the partner's appeal A_j . Thus, it must be understood that appeal is not mere physical attractiveness, but, in accordance with evolutionary theory, a suitable combination of different characteristics including age, education, earning potential and social position. Finally, the third term O_i can be easily understood by looking at the particular case in which R_i and I_i vanish or an individual has lost the partner; however, they are still remembered in their relationships. This parameter α_i is called forgetting coefficient, and inverse $1/\alpha_i$ of this parameter could be measure of the time needed to forget the partner after separation, but this forgetting is certainly influenced by culture and religion (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

Equation (2) after the R_i and I_i of equation (1) are zero:

$$\frac{dx_i(t)}{dt} = -\alpha_i x_i(t) \tag{2}$$

conditions $X_i(t)$ vanishes exponentially at a rate α_i (forgetting coefficient)

$$O_i = -\alpha_i x_i(t)$$

In the equation, Rinaldi analyzes the model and takes into account properties that describe the dynamics of the feeling on the dyadic romantic relationships. All the properties of love will be described below.

Property 1: *If the feelings are non-negative at a given time, then they are positive at any future time.* He implies that when two individuals first meet they are completely indifferent one to each other, $x_1(0) = x_2(0) = 0$; however, the instantaneous rates of change of the feelings are determined by the appeals. As a result, he states that antagonism can never be present in a couple of secure individuals because the basic reaction of individual to the partner's appeal makes them feel positive and remain positive later on in the relationships.

Property 2: *Couples can be partitioned into robust and fragile couples. As time goes on, the feelings $x_1(t)$ and $x_2(t)$ of the individuals forming a robust couple tends toward two constant positive values no matter what the initial conditions are. By contrast, in fragile couples, the feelings evolve toward two positive values only if the initial conditions are not too negative and toward two negative values, or otherwise.* Rinaldi has accounted for trajectories of individuals are initially cross as positive; however, later relationships could be adjusted to robust or fragile. He calculated and proposed equilibrium point $E^+ = (x_1^+, x_2^+)$ (fig. 2.9(A)) that the robust couples' trajectories tend to intersect. On the other hand, fragile couples have two alternative attractors (E^+ , E^-) (fig. 2.9(B))

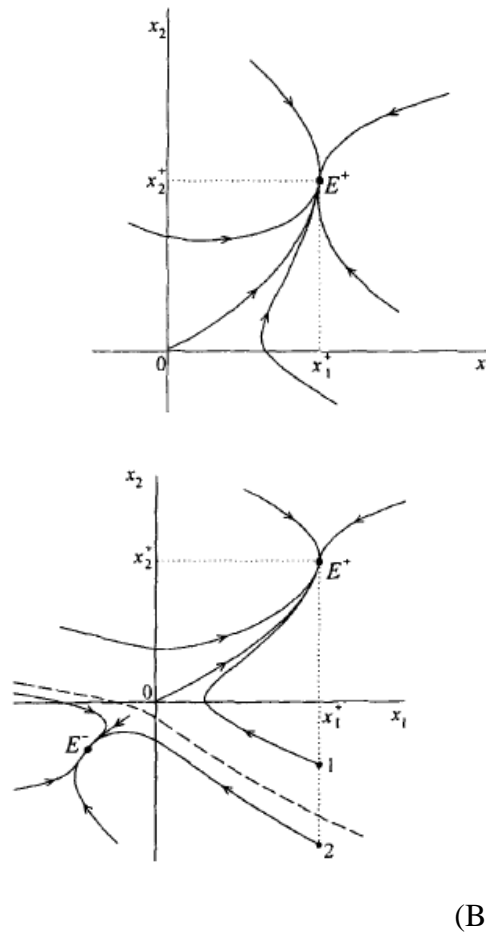


Figure 2.9 Illustrated (A) equilibrium or robust couple (B) inequilibrium or fragile couple

Source: Rinaldi (1998) SIAM J. APPL. MATH. Society for Industrial and Applied Mathematics. Vol. 58, No. 4, pp. 1205-1221

Although the first meeting of the fragile couple is a positive equilibrium as for the robust couple, for some reason the individuals experience a drop in interest for the partners, and cannot recover to their original high quality of romantic relationship after the disturbance has ceased. Consequently, they become antagonistic after any disturbance. In contrast, however, robust couples, when they encounter a disturbance can recover to a high quality romantic relationship.

Property 3: If the reactions I_1 and I_2 to the partner's appeal are sufficiently high, the couple is robust. This property is a basic result from the equation and property 1. It shows that a partner's appeal influences on the quality of romantic relationship. It simply says that very attractive individuals find their way to reconcile.

Figure 2.9(A) shows that the trajectory starting from the origin tends toward the positive equilibrium point E^+ . Therefore, appeal of the partners affects the robustness of relationships.

Property 4: *Two individuals, completely indifferent to one to each other when they first meet, develop a love story characterized by smoothly increasing feelings tending toward two positive values.* This property implies that generally secure individuals can smoothly develop positive values between them till they create high quality romantic relationships. In other words, turbulent relationships of couples characterize non-secure individuals. For example, romantic relationships between Laura and Petrarch were not developed because they were not secure individuals. This property focuses on the influence of individual parameters and behavior on the quality of romantic relationships at equilibrium.

Property 5: *An increase of the appeal A_i of individual i gives rise to an increase of the feelings of both individuals at equilibrium. Moreover, the relative increase is higher for the partner of individual i .* The first part of this property is rather obvious, but this property refocuses attention on appeal in order to understand the way to improve individual appeal. Indeed, it states that there is a touch of altruism in an individual who tries to improve her [his] appeal. Appeal can be analyzed by considering agitations of the behavioral characteristics of the individuals. A positive perturbation of the instinct function of individual i gives rise to a higher value of $I_i(A_j)$, and is therefore equivalent to a corresponding increase of the appeal A_j . Thus, one can state that an increase of the instinct function I_i , of individual i gives rise to an increase of the feelings of both individuals at equilibrium and that the relative improvement is higher for individual i .

Property 6: *An increase of the return function R_i of individual i gives rise to an increase of both feelings at equilibrium, but in relative terms such an improvement is more rewarding for individual i .* This property says that a rise in individual appeal induces positive equilibrium of love relationships. It emphasizes the return function between partners. The return positive reaction of an individual to the partner influences love and dependence between couple that can lead their relation to positive equilibrium. Besides appeal, positive interaction behavior bring about love relation between couple (Rinaldi, 1998; Rinaldi and Gragnani, 1998)

From the dynamical model of love described above, Rinaldi has proposed equations in order to describe complex factors of love. However, he has also said that the model is a simple typical minimal model to express various range of love because firstly, love is a complex mixture of different feelings (esteem, friendship, sexual satisfaction, etc.), and can hardly be captured by a single variable. Secondly, the tensions and emotions of love involved in the social life of a person cannot be summarized in such a simple model. Moreover, in the love dynamic model, only the interactions between the two individuals are modeled, while the rest of the world is disregarded and does not participate explicitly in the formation of love dynamics. Therefore, his theory describes only a few basic factors of love in the equation, but does not explain all the detailed ingredients of love in the real world (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

2.1.2.5.4 Theory of Love as a Story

Robert Sternberg (1996) proposed a triangular theory of love, which comprised of three basic elements: intimacy, passion and commitment. However this theory cannot explain why some couples are successful, while others are failures, especially as some couples with many problems stay together, while some couples appear to have a perfect marriage, but end up separating. Sternberg wanted to understand and describe people's implicit theories of love; therefore, he proposed the theory of love as a story. Love stories are the way to understanding couples' behavior by considering the kind of story each partner has about what love is in their current relationship and about what love ideally should be. The potential couples show that their ideal love stories were close to the stories of their actual relationship they were (Sternberg, 1996).

Generally individuals develop their ideal love stories in order to fulfill their lives. People are more likely to be attracted and then to become intimate with partners who fulfill the roles that they have created in their story. According to theory, each story has two complementary roles, and people tend to be satisfied in relationships when they can match persons to ideal stories. Generally, people's love stories widely differed, not only between couple relationships, but also within dual relationships. When the stories were very different, the partners seemed less satisfied. Consequently, Sternberg has proposed the basic idea is that people tend to fall in love

with people whose stories are the same as or similar to their own. On the other hands, if people fall in love with someone whose stories are quite different, their love relationships are both at risk. When couples face with different stories between them, they really need to do either change their relationship or change their story. In marriage counseling, various failing couples focus only on effects or symptoms, but are not aware of a bad match for their own personal ideal love story that is the key point to the problem (Sternberg, 1996; Sternberg, 1997).

According to love as stories, love is a social construction, which varies across time and cultures, and is also adaptive and dynamic according to time and place. The story gives the relationship meaning in the context of people's lives. Individuals create personal forms of love and living in it. Sometime each partner sees different meaning in the same action or events, because each interprets the actions or events in terms of a different story (Sternberg, 1996; Sternberg, 1997). Therefore, love stories can help in understanding many different personal meanings about love and its components. The theory of love as a story means conducting narrative research to understand subjective experience and meanings in the context.

Each narrative and story is unique, but they do share some patterns. Kluckhohn and Murray (1953) (cited in McAdams, 1985) state that every story is (a) like all other stories, (b) like some other stories, and (c) like no other story. Sternberg says that stories of love have existed for all human; the basic themes and plots of these stories have changed little with day-to-day living; neither has the popularity of some stories compared with others. The stories are each individual's own invention, and draw on elements from their experience of living in the world. Besides, the stories of people are created and recreated according to each couple's experiences and the personal dispositions that they bring to their experiences.

Sternberg's love as story theory proposes that the stories have a beginning, middle, and tentative or realized end. Love stories have plots, themes and characters. **The plot** is a summary account of what is happening in a relationship from the viewpoint of one of its participants, and a plot may have subplots. The characterization of the plot may be very different for the two persons, each of whom may see the relationship differently and sometimes tell a different story. **The themes** are the lessons people believe that they have learned from the relationship, such as the

meaning of love, trust, caring, and so on. But generally, people construct these themes as much as they do the plot. People are largely creating the lessons that they learn from everyday life. On the relationships, themes or lessons are what happen and assume between couple. There are created by couples so as to tell reality of the relationships. **The characters** are “givens” in a physical sense that tell what makes them who they are. The character is colored by the kinds of stories. Two people who have a relationship with a given person may see that person in a totally different light, almost to the point where the only shared features are the physical ones (Sternberg, 1996; Sternberg, 1997).

Love relationships are powerful and transforming. It is not only individuals' love stories that move people to act, but also their partner's love story. The dynamics of love are expressed when people stand in front of the complicated situations or events that will influence on individuals for changing several stories about love. Generally, people have more than one story that they seek to reconcile in their love relationships (Sternberg, 1996; Sternberg, 1997).

The theory of love as a story, it is not only a new theory, but is also a new paradigm for looking at realities; it supplies a new methodology to study love relationships. This love-as-a-story view may come closer to explaining why relationships change over time. That helps to understand the detail of specific case experiences and is flexible enough to allow the use of other theories and concepts to describe complex of human love relationships, especially in this study of love dynamic in the patients after stroke. These cases are complicated and one must be careful to understand the crisis illness and love experiences from each of them; more than that, the researcher hopes that this method would help couples to understand each other and adapt closely their ideals and current stories. Regarding the Sternberg's theory of love as a story, love is a social construction; therefore, socio-cultural context influenced on love dynamics.

Love relationships in Thai socio-cultural contexts

In Thai contexts, Buddhism is the national religion, and it also has a great influence on Thai people's ways of life. Chinwanno (1999) has studied Buddhism and Thai society during the Ratanakosin period, and has found that Buddhism has played a very important role in Thai society. Thai people have been influenced by Buddhism,

especially, in the days before modernization; Buddhism played even more vital roles in Thai society than today. Buddhist temples were the centrality of Thai communities for education, medical care, tradition and spirituality. Thai people went to temples more often than the present generation did. They went to the temples to make merit, such as providing food and alms to monks on the Buddhist Sabbath Days and on various other crucial occasions. This is not to mention that the food was offered to monks every morning by the lay people in front of their homes. Most Thai social activities were conducted in the Buddhist temples. Thai men had an important role to be ordained as Buddhist monks before getting married. The major objective in performing all these religious activities was for all the Thai lay people to gain as much “boon” (merit) as possible. Therefore, the belief about merit-making has been ingrained in the Thais’ mind. It is also in the *Three Worlds* (ไตรภูมิ) that the concepts of boon - karma are discussed in detail. It describes the frightening conditions of hell for those who have committed bad deeds and, in contrast, the wonderful conditions of life in the heaven. Nevertheless, the aim of Buddhism is to get rid of these pains and final hope to bring happiness of the enlightenment (Chinwanno, 2006, Payutto, 2007).

Generally, Buddhist always teaches about suffering. People suffer because they are attached to their desires and material substances, and unable to accept inevitable changes. Love and passion to women or men will also bring suffering jealousy and pain if people will not be aware of the changes like the word “somewhere is love, somewhere is suffering (love is suffering)”. However in Buddhism, there are positive love and relation between people that would bring happiness more than suffering (Janchnong, 2003). The positive emotion of love is the fourfold brahma-viharas (พรหมวิหาร 4) composed of (1) loving-kindness (*Metta-เมตตา*): *good will and amity to help others attain benefit and happiness*, (2) compassion (*Karuna-กรุณา*): *the desire to help others escape from their sufferings, hardships and miseries*, (3) appreciative gladness (*Mudita-มุทิตา*) or altruistic joy: when seeing others happy or success, one feels glad and supportive, and (4) equanimity (*Upekkha-อุเบกขา*) or mental equilibrium: seeing others with the fair and justice mind, and understanding with reasons of equity for all good or bad things that are as a result of their previous actions (Payutto, 2007; Piyasilo, 1990).

For love relationships in Buddhist views, there is the law or the way to maintain one relation called the six directions (ทิศ 6) or six relations as pairing of parent and children, teacher and student, husband and wife, friends, employer and employee, monk and lay people. For this love study, the third direction or rearward direction as husband and wife relationship will be described. As a husband, he should play a major role in honor and support his wife as the followings:

- 1) He honors her in accordance with her status as the wife
- 2) He does not look down on her.
- 3) He is not unfaithful and does not have adultery.
- 4) He gives her control of household concerns.
- 5) He provides her occasional gifts of ornament and clothing.

As a wife should support her husband as the followings:

- 1) She should keep the household tidy.
- 2) She should help and support the relatives and friends of both sides.
- 3) She is not unfaithful and does not have adultery.
- 4) She should save any wealth that has been acquired.
- 5) She should be diligent in all her work.

These are all positive roles and relations that the husband and the wife should practice. These role directions also influence on lay people practice in daily life in Thai socio-cultural context. Understanding these Buddhist role and relations' practices will help to identify with couple love relationships.

2.1.3 Factors Influence on Love

From the definitions, theories and dynamical models of love reviewed above, love relationships are assumed to be dynamic and changeable phenomena; however, there are many factors influencing initially interpersonal attraction and also maintaining a couple's relationships. These factors help to describe why people like or dislike someone, and why couple's bonds remain strong. There are several factors determining love relationships including:

1) Proximity or propinquity simply means nearness. People are more likely to become attracted to and like people they are near to. Proximity is one of the most powerful predictors for two people who are friends because of their sheer proximity to one another. And also proximity is one source of romantic love. Most people marry someone who lives in the same neighborhood, or works at the same job, or sits in the same class (Myers, 1994). Nearness makes the heart grow fonder. Generally friendship and romance often are begun by chance when people are brought together. Proximity enables people to discover commonalities and exchange rewards. Moreland and Beach (1992) studied the frequency of exposure and liking in the class by sending four teacher assistants to a college class, varying their attendance - five times, ten times and fifteen times - and then asked the students to fill out rating scales indicating how much they like each of these four people. Research found that the more times the assistant had been in class, the more she was liked by students. This may be called the repeated exposure effect and it is a more powerful influence on interpersonal attraction than people awareness (Baron & Byrne, 2000). Other numerous investigations have shown consistently that repeated exposure is related to people's responding to one another in a positive way and increasing the level of relationships with acquaintances, friends and spouses. Anticipating interaction stimulates people to perceive the other person as pleasant and compatible, maximizing the chance of rewarding relationships. These phenomena in their lives encouraged them to continue interactions and produce better relationships with each other and make them happier and also to live more productively. Therefore, the more frequently people are exposed to a stimulus the more they tend to like another. (Myers, 1994; Myers, 1996; Baron & Byrne, 2000; Westheimer & Lopater, 2005)

2) Similarity can apply to various forms, such as individual personality and demographic background. From wheel theory of Ira Reiss, at all stages of love, rapport, self-revelation, mutual dependency and personality need fulfillment, the couple similar cultural background, social class, religious beliefs, educational background, or upbringing are all important to enhance the compatibility of love relationships. These similarities make them easy to pursue their initial interests in another person, and maintain their relationships (Reiss, 1960). If two people are similar, they are more likely to be attracted to each other. When husbands and wives

are similar to each other, they are more likely to report marital happiness and are less likely to divorce. It is clearly to describe in term of sorting mating, how people pair off based on the similarities. Demographic variables are the most basic similarities, and also are important in assorting mating, including factors, such as race, religion, ethnic background, age and socioeconomic status, as well as similar attitudes, beliefs, and personality traits. Buss has collected data over thirty years to demonstrate that similarity is more important on assorting mating as well as love relationships. It is true that “birds of a feather flock together”. (Reiss, 1960; Myers, 1996; Westheimer & Lopater, 2005).

Moreover demographic similarity indicates attitude compatibility according to the balance theory of Heider. Similar attitudes in balance theory describe cognitive similarity that brings about balance, congruent and cognitive consonance. He has said that in a balanced state all parts of a unit have the same dynamic character (i.e., all are positive, or all are negative), however if people have different attitudes, an imbalanced state exists. This state produces tension and forces people to change attitude or the unit relations through cognitive reorganization so as to a balance state.

3) Physical attractiveness is the facial and bodily characteristics that people of a given culture regard as visually appealing. Physical attractiveness influences many types of interpersonal evaluations, and is especially attractive for relationships between people of opposite sex. Physical attractiveness probably mostly affects first impressions, and is important for social interaction. For example at a job interview: attractiveness and grooming affect first impressions, and explain the fact that attractive people have more prestigious jobs, make more money, and describe themselves as happier. Attractive people are viewed by others as being happier, more sensitive, more interesting, warmer, more poised, more sociable and as having better character than less attractive people. In addition, there are manufactured physical-attractiveness stereotypes. Children especially lean that “what is beautiful is good”, from such stereotypes as the fairy tale Snow White and Cinderella who are beautiful and kind, while, in contrast, the witch and the step-sisters are ugly and wicked. Cash and Janda studied and summarized the impact of physical attractiveness in the work setting to discover its effect on people view at work. They called the discrimination they found ‘beautyism’ (Lesko, 1991; Myers, 1996; Baron & Byrne, 2000).

Physical attractiveness is attraction between men and women in the process of dating and assorting mating. Men especially consider that beauty is equivalent to youth, and that good health involves attractiveness and fertility, because women have a relatively limited and declining reproduction capacity when they grow older than twenty, whereas males can normally reproduce from puberty into old age. Therefore, men look for young women who have a healthy reproductive capacity; however, the concepts of beauty or physical attractiveness do vary between cultures. Conversely, from the female perspective, women look for older men who are able to physically protect herself and children. Consequently male youthfulness is not a prerequisite for successful reproduction but health, athletic ability, strength, bravery and physical size, are. It is in the woman's best interest to choose a male who has the ability to provide resources and protection for his mate and their children. (Buss, 1999; Baron & Byrne, 2000; Westheimer & Lopater, 2005)

Generally, people both men and women are attracted to a pretty face; however, Singh (1993) has found that men are also sensitive to a woman's waist-to-hip ratio (Baron & Byrne, 2000). Owing to gender differences, therefore, men tend to evaluate potential mates more on the basis of youth, health and beauty, while women tend to pay more attention to earning capacity, ambition and industriousness. These differences in desired qualities exist because men seek women who are best able to produce healthy offspring in order to pass the men's genes on to the next generation, while women seek men who will be best able to care in the long term for them and their children. (Smith & Bond, 1999)

4) Economic resources are often the key criterion deciding women's mate preference. The acquisition of resources is much more heavily weighted by women than men, and is one of the gender differences alluded to above. The evolution of the female preference for males offering resources may be the most ancient and pervasive basis for female choice in the animal kingdom. The evolution of women's preference for a permanent man mate with resources would have required three preconditions. First, resources would have to be accruable, defensible, and controllable by men. Second, resources would have to differ from each other in their holding and their willingness to invest those holding in a woman and her children, because if all men possessed the similar resources and showed an equal willingness to allocate them,

there would be not be distinguishable, and there would be no need for women to develop such a preference for them. Finally, the advantages of being with one man would have to out weight the advantages of being with several men. Differences of men's economic resources affect women's preferences in the mate selection process. Men also differ widely in how willing they are to invest their time and resources in long-term mateships. Generally women value economic resources in mate substantially more than men do. Women worldwide desire financial resources in a marriage partner more than men, because women faced the tremendous burdens of internal fertilization, a nine-month gestation, and nursing the child; they therefore benefit by selecting mates who possess resources. Therefore, women needed cues to signal men's possession of those resources. These might be personality characteristics that signal a man's upward mobility. They might be physical, such as man's athletic ability or health, as well as good financial prospects. In addition, high social status hierarchies or high position in society would indicate ability to control resources; older men, in some cultures, also have better access to resources (Buss, 1999). Therefore, social status and older age show the ability of a man to access and control the resources that women need from men more than men need from women.

5) Complementarity relationship occurs between persons who are different from each other but make a good combination in relationships. Generally people like people who are similar to them. When people perceive dissimilar others, they expect different attitudes, and they may dislike those persons. However, Freud suggested that there is an ego defense mechanism on the unconscious level which copes with anxiety by denying and distorting reality, and adapting itself in order to reduce stress. In close relationships, people may displace or sublimate what they expect to see in others (Sharf, 2008). Therefore, a dissimilar other could be a complement in a love relationship. Sociologist Winch (1958) (cited in Myers, 1996) said that the needs of someone who is outgoing and domineering would be for a complement who is shy and submissive. That can describe in couples whose differences are complementary. Although people seem slight more prone to marry people who are similar, some complementarity may evolve and describe a few love relationships (Myers, 1996).

6) People Liking Those Who Like Them. Generally, people like to be liked and love to be loved. Proximity and attractiveness influence our attraction to someone,

and similarity influences long-term attraction. One person liking another causes the other to return the appreciation. The discovering that an appealing someone really likes you seems to awaken romantic feelings. When others like or admire people they usually feel a reciprocal affection. Like Octagonal stage model of Tzeng, people tend to like those who like them at the friendship stage, and then love those who love them at the romantic stage. He has describe how from the neutral or stranger stage people develop positive feelings as liking and being friendly. This leads to the positive emotion that develop to the attraction stage. This stage is a one-sided relation and is called “falling in love”, and it is not a balance of reciprocal relation between two persons. However, the target person may sense the other’s emotional love state though usually he/she feels no love or there is unequal reciprocation. Sometimes though the unreciprocated attraction stage can develop into an equal reciprocal involvement of two individuals in the romantic stage. At this stage, both individuals love each other, and both individuals have the positive emotion called “love”, involving a peak of positive emotions and happiness and excitement for both (Tzeng, 1993). Research by Berscheid and her colleagues (1969) (cited in Myers, 1996) found that people like the students who have more positive feelings about them than those who are negative and have negative feelings about them. Therefore, people like someone who likes them, and love someone who loves them on the basic of similarity attractiveness (Myers, 1996).

7) Self-disclosure occurs in the intimate and companionate relationships. Close friendships and loving relationships allow others to open and share what are on their minds and in their hearts without fear of criticism or rejection. They show a feeling of unconditional acceptance. Self-disclosure is an important feature of mutually rewarding relationships. People generally feel comfortable with self-disclosure when they are attracted to someone, and then they more easily share their good feelings with a closely intimate person; in contrast, it is very difficult to share those things they do not like about themselves or feel ashamed of with a stranger. Jourard (cited in Westheimer& Lopater, 2005) studied self-disclosure for decades, and found that when people give up their defenses and let themselves be known for who they really are, this enormously facilitates the development of a loving relationship. Intimate relationships will imply growth through the self-disclosure process as people

reveal more of their identity. If people lack the opportunity for intimacy, they will experience the pain of loneliness; self-disclosure is one element of a sense of trust. When people are trusting, they feel free and safe to share about personal lives. It is extremely important in interpersonal attraction (Myers, 1996; Westheimer & Lopater, 2005). As in the attraction and romantic stages of Tzeng's octagonal model, and self-revelation of Reiss' wheel theory of love, mutual self-disclosure and revelation are important to create a love relationship and develop it into an advanced stage of love. Therefore, self-disclosure is one of the best signs of a maturing relationship.

8) Culture and time influence love and attraction. While love is certainly a universal human experience, culture plays a role in how people label their experience, the ways they express experience, and what they expect in love relationships. Diverse cultures express this in different ways. For example, the Japanese describe love as "amae" that is an extremely positive emotional state in which individual is a totally passive love object, indulged and taken care of by the other romantic partner. The Japanese culture is basically collectivist, emphasizing the individual's loyalty to the group and defining him or her through membership in the group. On the other hand, love in the individualistic Western societies is a highly personal experience. When individuals immerse themselves in love with a partner, they may ignore friends and family. The decision about which person an individual will be involved with or marry is a most personal decision (Aronson and colleagues, 1997). Patterns of love and marriage differ between various cultures. In collectivistic cultures, marriages are often by arrangement, or the individual's partner must be accepted by family and other group members. Different cultures affect love and marriage patterns. Gupta and Singh (1982) (cited in Myers, 1996) studied fifty couples in Jaipur, India, who responded to Zick Rubin's Love Scale. They found that people who married for love reported diminishing feeling of love if they had been married more than five years. On the other hand, people in arranged marriages reported more love than when they were newlyweds (Myers, 1996; Aronson and colleagues, 1997).

As well as culture, time influences how passionate love becomes companionate love. Hatfield and Rapson (1994) distinguish between two kinds of love: passionate love and companionate love. Passionate love has been defined as a state of intense longing for union with another. This kind of love is a hot, intense

emotion also labeled obsessive love, puppy love, or being-in-love. In other words, companionate love is a cooler, far less intense emotion, called true love or conjugal love. It combines feeling of deep attachment, commitment, and intimacy. With time passionate love becomes cool and other feelings become more important, such as shared values and greater intimacy. The emotion of passionate love is intense and does not endure with time. It will decline and adapt naturally. If a romantic relationship has been changed into one of mutual intimacy, it becomes deep companionate love. On the other hand, if people are married for along time and lose romantic love, they would be empty. The best, most long-lasting relationships go through the processes of an initial romantic high, which settles to a steadier feeling, and then develops into more affectionate relationships called companionate love (Hatfield and Rapson, 1994; Myers, 1996). However, love is a universal experience; it has many patterns and is expressed in many ways across cultures. Therefore, love is different across cultures and and varies with time.

2.2 Health, Illness and Love

This part will be about love as related to health/illness. It is in three subparts which are: firstly, describing love as a positive emotion that promotes health and well-being; secondly, indicating love at the same time as dyadic coping and managing stress on the various cognitive processes, and finally, relating to loneliness and social isolation that bring about health problems.

2.2.1 Love as Positive Emotion

In most previously mentioned definitions of love and its theories, love is an intense positive emotion. In Fredrickson & Branigan's (2001) explanation there are four phenomenologically positive emotions: joy, interest, contentment and love. However, in past decades, traditional psychology has been interested in negative emotions, such as anger, fear, and sadness or depression, because psychology initially concentrates on psychological problems together with remedies for abnormal people. Therefore, negative emotions have larger theories and literatures than positive emotions. Nevertheless during recent years positive psychology has been emerged. It

studies a variety of positive issues, especially in positive emotional approaches (Fredrickson & Branigan, 2001; Watson, 2002; Fredrickson, 2002).

Although love is one of the positive emotions, love is not a single emotion because people experience varieties of love emotions, such as romantic or passionate love, companionate love, caregiver love and attachment love. Besides, experiences of love are subjective feelings and specific to individuals. Love represents a fusion of other positive emotions, so that love is made up of many positive emotions, including interest, joy and contentment. Ellsworth and Smith (1988b) have mentioned that love triggers the more specific positive emotions of interest, contentment, and joy through behaviors such as exploration, savoring the company and playing with the people they love (Fredrickson & Branigan, 2001).

The function of each positive emotion has been identified as facilitating approach behavior and continued action. Experiences of positive emotions prompt individuals to engage with their environment in ways that help evolutionarily adaptation for the individuals. Thus, individuals, who have love emotion, have a propensity for experiencing mild positive effects frequently, even in neutral contexts. Without love, individuals would most often be unmotivated to engage with their environment. Love works internally to give sensory pleasure, and motivates people to approach and continue considerate behaviors toward the beloved. Therefore, the key function of love is to encourage the approach to others and to prolong the positive emotion of relationships (Fredrickson & Branigan, 2001; Fredrickson, 2002).

While love relationships motivate people to continue activities and the line of thinking, love also affects the physiology of human hormones and neurotransmitters. In love relationships, people experience a psychophysiological state close to euphoria. Fisher and her colleague (2005) have shown that dopamine is activated during feelings of romantic love, implying euphoria. In addition, Fisher (1998) has proposed three primary emotions of love in the processes of mating and reproduction that affect human physiological hormones and neurotransmitters. In the first place, the *sex drive*, this is associated primarily with the estrogens and androgens that motivate people to approach and seek relationships with another. Secondly, *attraction* is associated with the catecholamines, such as epinephrine (adrenaline), norepinephrine (noradrenaline) and dopamine that make individuals focus on preferred

partners, and feel happiness when they interact with beloved, and finally, *attachment* is associated primarily with vasopressin and oxytocin, which motivate individuals to engage in positive social behaviors and continue attachment to others or to take on child-rearing duties (Fisher, 1998; Fisher and her colleague, 2005).

In addition, love affects immune systems. There are the most importance effects of love arising from an improved immune system function. A study by David McClelland concludes that love aids lymphocytes and improves immune functions, based on tests conducted at the Menninger Clinic in Topeka, Kansas. He found that people who were romantically in love had white cells that were significantly more active in fighting infection. As a result, they suffered fewer colds. They also had lower levels of lactic acid in their blood, which means they were less likely to get tired, and they had higher levels of endorphins in their blood, which may contribute to a sense of euphoria that may help reduce pain (Karren, Hafen, Smith & Frandsen, 2002). Another research into love saw love story as a healing process (Mcintyre and Cole (2008)). A love story is a spoken-word performance created from data gathered from family caregivers about their experiences of caring for a loved one with Alzheimer's disease. Research based on a model of dementia care was based on a five-part model of psychological needs of people with dementia centered on the fundamental and universal human yearning for love. Loving care brings to the person with dementia opportunities for attachment, identity, inclusion, occupation and comfort, and also Loving Research has brought these same qualities to readers, viewers and research participants (Mcintyre & Cole, 2008).

According to previous reviews, love is correlated to health in its physical, psychological and spiritual aspects. Basically, love is a projection of one's own good feelings onto other people, that shows willingness to project warmth and affectionate concern. This love brings health benefits and plays an important role in the healing process. People who become more loving are less fearful; therefore they can replace negative thoughts with the positive emotion of love that is often able to achieve physical healing. True love brings about patience, trust, protective feelings, optimism, and kindness, and also has actual physical effects on the body. Bernei S. Siegel, prominent Yale surgeon and oncologist, claims that love and support from an individual or group are an important facet of all healing. From his own observation,

Seigel says, support and love from even a physician can result in noticeable improvement in a patient's condition (Karren, Hafen, Smith & Frandsen, 2002).

2.2.2 Love as the Processes of Coping with Stress

Generally, people know that stress affects loss of productivity and causes health problems including sexual desires and reproductive health. When stressors or stressful life events occur, bodies will mostly have some responses in order to confront the stressors through various body parts and functions. Therefore, the stressor appears to create vulnerability in the body's resistance mechanisms. Basically, normal homeostasis is the optimal balance of hormones, immunity, and nervous system which protects people from the many threats to health that people encounter every day. The stressors make people feel out of control, and then lead to disrupted physiological homeostasis. As a result, people try to cope and return to a balanced stage of physical, emotional and behavioral responses. The process of physiological reaction was discovered by stress pioneer Hans Selye since 1936 (Cited in Karren and colleagues, 2002), and it was called "general adaptation syndrome" (GAS). The GAS is comprised of three stages: the **alarm reaction stage** - getting ready to respond to the stress, the **resistance stage** - for fighting and adapting to prolonged stress, and the **exhaustion stage**. In the exhaustion stage, individuals eventually lose their ability to cope with highly demanding stress. Consequently, exhaustion or unremitting stressors can become a cause of health problems. These processes affect chemical and organism functioning in almost all body systems, and can introduce a number of diseases and malfunctions, such as cardiovascular disease, neuromuscular disorders, respiratory and allergic disorders, immunologic disorders, gastrointestinal disturbances, skin diseases and so on. Stress has strong links to distress and the beginning of diseases. Therefore, unrelieved stress can become a threat to health, especially between married couples. The Holmes-Rahe scale measures and ranks major life events, and it finds that marital problems (for example, death of spouse, divorce and marital separation), are the events that have the severest effect on stress (Karren and colleagues, 2002; Mark and colleagues, 2004).

Traditionally, most research on stressful life events has focused on the impact of negative events on individuals, but ignored the disruptive effects of stressful events

experienced by couple, family members and friends. However, stressful life events frequently affect multiple members of social groups, especially marital couples (Cutrona & Gardner, 2004). Rook, Dooley & Catalano (1991) studied stress transmission regarding the effects of husbands' job stressors on the emotional health of their wives. They found that husbands' stressors were associated with significantly elevated symptom levels in their wives, and affected marital tension, as well as increased role strain. Moreover, dyadic stressors also affected other processes, such as coping and social support. From this point of view, a dyadic understanding is important for studies of stress, health and illness (Rook, Dooley & Catalano, 1991; Cutrona & Gardner, 2004). Couples should confront with stress together on the processes of cognitive appraisal, coping with stress and social support. Cutrona and Gardner (2004) have analyzed dyadic stressors into three processes: dyadic stress, dyadic appraisal and dyadic coping.

The dyadic stress can be generally described as the interpersonal phenomenal experience. Couple and family are the significant others, as well as the first social contexts affecting personal positive and negative experiences. Therefore, when people face problems that affect both members of the couple, they bring out cooperative appraisals, coping activities, and the use of resources in order to manage stressors. The couple may encounter the individual's stress, partner's stress, and couple's stress that affect their emotion, and other aspects of psychological well-being, including health. Windle and Dumenci's (1997) evaluated the influence of parental and occupational stress on depressive symptoms. They found that higher levels of parental and occupational stress are equal predictors of depressive symptoms for both husbands and their wives. In addition, lower marital satisfaction, less family cohesion, and lengthier marriages are also equally predictors of depressive symptoms for both. In short, when one of the couple faces stress the partner will also be affected, and therefore it is called "dyadic stress".

Bodenmann (1995) has distinguished two types of dyadic stress: direct and indirect stress. *Indirect dyadic stress* is a stressful event initially threatening the well-being of only one partner. In one partner, the victim's stress affects the other through crossovers or impacts on emotional and behavioral states. *Direct dyadic stress* affects both partners; for example, insufficient money to pay the rent. As with the direct ones,

the indirect dyadic stress poses multiple threats both to the partner and to the relationship. The stress victim faces direct negative events, such as loss of job, status or assets. In love relationships, the unaffected partner may mostly provide companionship and support. However, some uncommitted partners may be inattentive, irritable, and unsupportive in interactions with the victim's spouse, and may retaliate or withdraw. Ideally, love relationships are essential psychological resources for both partners that helps when one of them faces stress, as well as a means of stress management and coping (Cutrona & Gardner, 2004).

For dyadic appraisal, love on this process is based on the classical model of Lazarus (1966). The fundamental concept in this view is the role of cognitive appraisal to evaluate stressors that affect human well-being. Cognitive appraisal has two different functions: primary and secondary appraisals. In the process of *primary appraisal*, people evaluate the severity of the threatening event whether it is stressful or not. The stress appraisals may be assessed as harm/loss, threat, or challenge. The *secondary appraisal* occurs when people evaluate whether their resources are adequate to confront the threat, as well as the psychological and emotional reaction to the events. During the secondary appraisal process that initiates coping, the individuals usually ask themselves about the ways that they can deal with stressful situations. Successful responses will be influenced by the resources that they bring to deal with the situations. Coping resources include health and energy, positive beliefs, problem-solving skills, social skills that enable individuals to use others as resources, social supports, and material resources (Thoits, 1995). In the couple, primary and secondary appraisals are not made in isolation. They will appraise the disrupted event that is threatening or not, and then in the secondary phase, they will focus on ability and the resources that can be used to manage stress (Cutrona & Gardner, 2004).

For the dyadic appraisal, Bodenmann (1995) has analyzed and proposed three phases of primary and secondary appraisal. In the dyadic appraisal process, couples embed a mutual cognition of their partner into their thought. In the three stages of primary appraisal, firstly, each member of the couple evaluates the stressful event's threat to self, to the partner, and to the relationship. Secondly, one of the couple tries to estimate the partner's view of the event's threat to self, to partner and to the relationship. Finally, both of them compare each other's appraisals and try to reach

a consensus view of the event's threat to each individual and to the relationship. In the secondary appraisal process, they evaluate the resources available to deal with the stressful event. Like three phases of primary appraisal, the secondary appraisal process evaluates from the *individual view*, that is: the individual's resources, the partner's resources and the love relationship resources that can be used to manage stress. In the *partner's imagined perspective*, each member of the couple tries to estimate the partner's view of the resources of individual, partner and love relationship that could be devoted to cope with the problem. Finally, perspectives are compared in an effort to reach a *consensus view* of contributed resources to deal with the trouble. From the primary and secondary dyadic appraisal, if they work together to make an optimal way of handling the situation, it is advantageous for them to reach a consensus on their appraisals of both the threat and the resources that they have been available to deal with the threat (Cutrona & Gardner, 2004). In other words, they are in a dyadic coping process.

Dyadic coping is defined as the process of collaboration and sharing resources in response to a problem that affects both members of the couple, either directly or indirectly. Dyadic coping is distinguished from social support in that both individuals are partially responsible for the threaten stressor through the processes of stressor appraisal and dealing with it. Therefore, couples are generally cooperative and mutually supportive in coping with the stressor. However, the stressor affects the couple directly and indirectly; therefore, the partner may play a role in *supportive coping* when facing an indirect stressor or *dyadic coping* when stressor encounters both of them. Bodenmann (2005) distinguishes between supportive dyadic coping and common dyadic coping. In supportive dyadic coping, one partner is primarily affected by the stressor, and the other partner is affected only indirectly. The spouse who is indirectly affected plays the role of helper to the spouse who is directly affected by the stressor. In contrast, in common dyadic coping, both partners are directly affected by the stressor, and they take on collaborative and relatively equal roles in efforts to solve the problem (Cutrona & Gardner, 2004).

On the dyadic level, the cooperative couple is able to cope with stress mutually. Barbarin, Hughes & Chesler (1985) studied stress, coping, and marital functioning among parents of children with cancer, and found an association between

medical stress, coping strategies of spouses, congruence of the couple's coping patterns, and their assessments of marital functioning. Most parents reported that family cohesion was strengthened by their experiences with childhood cancer, and their spouses were the most important source of social support. Family members were important in responding to stressors not only as individuals but also as part of an interactive network. Moreover, family members' emotional and adaptive responses during the coordinative process was required in order to cope effectively with the illness.

Consequently, the congruence of couples' coping strategies is also related to perceived marital quality and spouse support. The data are convincing in showing that stress goes beyond an individual framework into the dyadic couple and family. The spouse is important as part of an interactive system with shared stresses and interdependent roles to appraisal and coping with stress. From this perspective the link between the stress of illness and outcomes, such as marital functioning, should be mediated by other processes, such as the congruence of parental coping. These processes can help coping with and protecting the long-term survival of the relationship from the effect of a stressor like chronic illness (Cutrona & Gardner, 2004).

2.2.3 Loneliness, Social Isolation and Health

In the reviews above, love has been shown to be related to health and it has been explained that it can help stress alleviation. On the other hand, loneliness is a condition that has been shown to negatively affect both health and life span (Karren, Hafen, Smith & Frandsen, 2002). Perlman and Peplau (1981) defined loneliness as the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively. De Jong Gierveld (1987) defined loneliness as a situation experienced by an individual as being an unpleasant or inadmissible lack of quality or quantity of certain relationships. The quality of relationship is important, especially because people who have superficial, inhibited relationships are much more inclined to feel lonely than those who have deep, intense, intimacy and close friendships with others. The quantity of relationship is the least number of existing relationships or networks that eliminates loneliness. In

sum, loneliness is a subjective and negative experience, and it is the outcome of a cognitive evaluation of the quantity and quality of existing relationships and expected relationships (Karren, Hafen, Smith & Frandsen, 2002; De Jong Gierveld, van Tilburg & Dykstra, 2006).

As mentioned, loneliness is developed from lack of attachment to others. People can feel lonely when surrounded by people if those people don't meet their expectations. The person, who feels lonely is suffering from a sense of low self-esteem (Karren, Hafen, Smith & Frandsen, 2002). Besides, loneliness is characterized by negative emotions, such as sadness, anxiety, boredom, self-deprecation, and feeling of marginality. Generally, lonely people feel sad, and are negative or passive (Murphy & Kupshik, 1992). They feel boredom and try to do some activities in order to alleviate those unpleasant experiences. However, lonely people tend to have fewer social contacts and relationships; therefore feelings of loneliness are the same as the perception of deficiency in the ability of the social environment to provide desired interactions (Karren, Hafen, Smith & Frandsen, 2002; Murphy & Kupshik, 1992)

Murphy and Kupshik (1992) have mentioned that loneliness has been linked very strongly with poor psychological health, and well-being. Many researches have tried to examine relations between loneliness and health. Jame J.Lynch, a psychologist and scientific director of the Psychophysiological Clinic at the University of Maryland Medical School has said that loneliness carries with it a big risk for health problems and is the greatest unrecognized contributor to premature death in the United States. All available data from hundreds of in-depth studies point to several factors, including lack of human companionship, chronic loneliness, and social isolation, as being among the leading causes of premature death. Research by Louise Bernikow has found that loneliness can make people feel sick. For example, heart disease and hypertension are now generally thought of as loneliness diseases, exacerbated by a person's sense of abandonment by the world, and separation from the rest of humanity (Karren, Hafen, Smith & Frandsen, 2002). Research by California Department of Health Services, epidemiologists, Peggy Reynolds and George A. Kaplan, using data from the Alameda County study, found that socially isolated women had a significantly greater chance of developing cancer and dying from it (Murphy & Kupshik, 1992; Karren, Hafen, Smith & Frandsen, 2002).

In a study of loneliness and immune function, researchers have administered a blood test and the UCLA loneliness scale as a psychological test to measure loneliness in a group of first-year medical students and a group of psychiatric in-patients. When researchers measured immune system functions, they found that the lonelier medical students and the lonelier psychiatric patients both had significantly lower levels of natural antibodies, white blood cells, and all activity than those who were not lonely. Significantly, there is a medical reason for the reduction in immune system functioning: lonely people secrete an excessive amount of the hormone cortisol, which suppresses the immune system (Karren, Hafen, Smith & Frandsen, 2002). In a study about loneliness, social network size, and immune response to influenza vaccination in college freshmen, Pressman and colleagues (2005) studied the antibody response to the influenza immunization. It was found that loneliness and small social networks are independently associated with poorer antibody response to the active component of the vaccine. In addition, those with both high levels of loneliness and a small social network had the lowest antibody response. Loneliness was also associated with greater psychological stress and negative affect, poorer sleep efficiency and quality, and elevations in the circulating levels of cortisol. However, only the stress data were consistent with mediation of the loneliness and antibody response relation.

On the other hand, good social support has been linked to a lower risk of depression, heart disease, and alcoholism. People who are not lonely have a better chance of staying healthy or recovering from disease than people who are lonely; especially, love relationships could bring qualitative support and alleviate loneliness. In a study of patients with coronary artery disease, those who were isolated – unmarried, and without a close friend or confidant—had a 50 percent death rate within five years, as compared to only a 17 percent death rate among the heart disease patients who had a spouse, a close friend, or both (Karren, Hafen, Smith & Frandsen, 2002).

The final part in this chapter will present some information about stroke, and the treatment of and care for paretic patients affected by stroke in order to gain some understanding about the dynamics of love in a crisis illness such as stroke.

2.3 Stroke

2.3.1 Stroke Definition and Types

Stroke is a brain attack and the most life-threatening neurologic disease. It is the world's third-biggest killer and the leading cause of adult physical disability. Worldwide, 15 million people suffer a stroke each year; one-third die and one-third are left permanently disabled. Stroke is a major global public health issue that can be devastating at many levels — physical, emotional and economic (Wolfe and Rudd, 2007). In Thailand, there are estimated to be 100,000 to 150,000 initial stroke patients, and 40,000 deaths per annum are attributed to stroke. About 30% of strokes are hemorrhagic and 65–75% are ischemic (Poungvarin, 2007). Stroke is a major cause of disability, requiring long-term care, dependence on others, and surviving stroke patients have impairments and disabilities that affect limitations of activity in daily living (Wolf, 2004). The huge burden of stroke is carried by individuals, couples, families, societies and healthcare systems.

Stroke occurs when the blood supply to part of the brain is suddenly interrupted or damaged. Without an adequate blood supply, the brain cells are starved of oxygen and nutrients and rapidly begin to die (Wolfe & Rudd, 2007). Generally, stroke or cerebrovascular disease is distinguished into two types. The commonest type is caused by a blockage in the blood supply to the brain. This is known as an ischemic stroke and accounts for approximately 85% of all strokes. A less common form is caused by bleeding into the brain from a ruptured blood vessel. This is known as a hemorrhagic stroke and accounts for the remaining 15% of strokes. Both types of stroke have the same effect: to starve the brain of oxygen and nutrients, causing the brain cells to die (Wiebers, Feigin & Brown, 2006; Wolfe & Rudd, 2007). The distinction between hemorrhage and ischemia is seldom difficult, and sometimes the two occur simultaneously as hemorrhagic infarction; however, computer tomography has revolutionized the clinician's ability to distinguish between hemorrhage and infarction. Ischemic lesions appear as normal or as an area of decreased attenuation within the first several hours after the onset of symptoms, whereas hemorrhagic

lesions usually appear immediately as increased attenuation (Wiebers, Feigin & Brown, 2006).

Ischemic stroke is defined as an acute neurological deficit caused by damage to an area in the central nervous system (CNS) as a result of decreased blood flow. The majority of ischemic strokes are arterial in origin, caused by occlusion of a feeding artery by a thromboembolic process. Reduction in tissue perfusion below a certain threshold renders neurons ischemic and dysfunctional, and then, if flow is not restored, the tissue become irreversibly damaged or infarction occurs (Liberato & Krakauer, 2007 (Neurology)). Stroke risk factors are hypertension, blood lipid levels, diabetes, obesity, family history, fibrinogen and other clotting factors, homocysteine level and cardiac disorders. If the problem is ischemic, the clinician first should attempt to define the location of the process within the patient's central nervous system. This involves localizing the neurologic dysfunction to one or more vascular territories and requires some knowledge of neuroanatomy, including the cerebral circulation. (Wiebers, Feigin & Brown, 2006)

Hemorrhage is bleeding in the cranial space. Intracranial hemorrhage (ICH) often results in disastrous consequences for patients. ICH can be classified in terms of location, being either intraparenchymal or within spaces such as the subarachnoid, ventricular, subdural, or extradural space. Bleeding may be spontaneous or traumatic. (Sen, Afinowi, Kinchen & Belli, 2007 (Neurology)). There are many causes of cerebral hemorrhage, such as hypertensive bleeding, abnormal vessels (AVM, aneurysm), anticoagulant treatment, thrombolytic therapy, bleeding disorders, Venous stroke, cerebral amyloid angiopathy and miscellaneous causes-bleeding tumor, mycotic aneurysm, parasitic cause (Poungvarin, 2007). After hemorrhage the clinician must attempt to define the type, location, and cause of the hemorrhage to facilitate proper management. It is important to determine location because this usually helps to define the cause of the hemorrhage. The five commonly defined locations, proceeding from external to internal, are (1) epidural and (2) subdural hematomas, both usually caused by head trauma; (3) subarachnoid hemorrhage, usually caused by aneurysm or arteriovenous malfunction (AVM); and intra cerebral and (5) intraventricular hemorrhage, both often a result of hypertension, AVM, or aneurysm. (Wiebers, Feigin & Brown, 2006). For stroke treatment, there are generally three interventions that are

proven to improve the situation for people with acute ischemic stroke; treatment in a specialist stroke unit, thrombolysis and aspirin. For hemorrhagic stroke, the options are even fewer treatments in a specialist stroke unit and surgery (only for subarachnoid hemorrhage) (Wolfe & Rudd, 2007). Besides treatment of stroke, there have been many studies attempting to identify risk factors for stroke and awareness of the relative importance of each factor. This knowledge should facilitate stroke prevention to manage and control risk factors; for example, controlling high blood pressure, cholesterol and glucose levels, controlling weight, getting exercise and changing health habits such as cigarette smoking. Although primary prevention of risk factors and stroke treatment are important, there are many traumatic survivors affected by stroke who need care and who depend on others (Mohr and colleague, 2004).

2.3.2 Effects and Burden after Stroke and Related Researches

Stroke affects physical, psychological and social well-being, as well as quality of life. On physical effects: stroke affects many significant physiological functions, such as memory, psychomotor speed, executive functions, visual-spatial function, attention, mood, concentration, communication and cognitive function (Mohr and colleague, 2004). Moreover, stroke is the leading cause of permanent adult physical disability as hemiplegia. Depending on the part of the brain affected and how widespread the damage, stroke can affect walking, movement, swallowing, speaking, balance, dressing, co-ordination, feeding, eyesight, bladder and bowel control. These consequences of stroke depend on which part of the brain is affected, how many brain cells die, whether any of the damaged cells can recover, whether healthy parts of the brain can take over the function of the parts that died (Wolfe & Rudd, 2007).

Besides the physical after-effects, depression and mood swings are common. Major depression is a common psychological occurrence after stroke because it is associated with their loss on physical functions, as well as cognitive impairment in hemiplegic's patients (Mohr and colleague, 2004). Patients may show aggression and antisocial behavior. These patients need professional help to adjust; therefore, a physical and psychological rehabilitation team is important to help them. The long-term emotional and cognitive disturbances can lead to impairment of social function. Concerning depression: Masskulpan and colleagues (2008) have studied

anxiety and depressive symptoms after stroke in nine rehabilitation centers in Thailand. They have found that 25.5 % of the patient suffered from anxiety, 37.8% from depressive symptoms, and 17.5% from both. Patients with anxiety and depressive symptoms had lower functional ability and quality of life than patients without symptoms. After the rehabilitation program, patients with or without depression symptoms have improved functional outcomes; however, patients with anxiety and depressive symptoms have lower functional ability and quality of life than patients without symptoms.

As well as the physical and psychological effects, social effects are also important for hemiplegic patients because they will depend on others, especially on their spouses, families and professionals for care and in order to survive. They can suffer serious loss of functions required for daily life activities, such as communication, vocational function, daily life function and sexual function, which are important for survival and affect social relationships with others. For many stroke survivors the outlook is miserable. Speech, movement, co-ordination and cognition can all be affected. There can be long-term disability effects on their relationships with others, especially on love relationships between partners (Mohr and colleague, 2004; Wolfe and Rudd, 2007). The costs of stroke are substantial — the loss to families and friends of a loved one, and the loss to society of the potential contributions of an important and valuable person. In addition, stroke is associated with other emotional disorders, including mood swings, personality changes, anxiety and irritability (Murray and colleague, 2003).

Moreover in economic terms, the costs of stroke are borne by individuals and families, by governments and by nations. The burden of disease is measured in DALYs, which combine years of potential life lost due to premature death with years of productive life lost due to disability. Function disability, which can follow a stroke, is the lack of ability to perform an activity or task in the range considered normal for an individual. It is effect and an important outcome following nonfatal stroke. Disability and long-term dependence on others are a concern for stroke survivors, their spouses, families and health care professionals; therefore, health care units have been created, there are many models of care including that of a complete follow-up for first-ever stroke cases from hospital to community. Handicap is the disadvantage for an

individual resulting from an impairment or disability that limits or prevents the fulfillment of a role depending on age, sex, and social and cultural factors that is normal for that individual. Handicap is an important target for rehabilitation. Physical effects of stroke are important; therefore, there has been much research studying rehabilitation and improvement of physical function of patients so that they can live more independently and impose a lower burden (Mohr and colleague, 2004; Wolfe and Rudd, 2007). Stroke is a major cause of premature death and long-term disability, placing a burden on the individual, on couples, on families and on society.

Although there are many outcomes and impacts after stroke, studies about the effects of love on stroke's patients are less in evidence. The literature gives more attention to treatment and care, as well as social support, but ignores patient's love and dyadic love relationships, because it of its sensitive and subjective nature. But that does not mean it is any less essential. Disabilities to patient's body and mind after stroke will influence the individual's experiences, and the love relationship between patients and their partners. The dynamic of patients' feelings about themselves and love may change as a result of stroke, as well as the feelings of their couples may be dynamics together. As the literature reviewed has shown, love has many factors. According to the triangular theory of love, love implies passion, intimacy and commitment. Therefore, it is important to remember that love is not just the act of sexuality, but a fusing of special feelings of closeness, intimacy, commitment and responsibility. Therefore, this study looks at the dynamics of love following stroke illness through patients' and spouses' narratives of love relationships. It applies qualitative narrative research in order to understanding the meanings of love, dynamics of love, and factors of love in the Thai socio-cultural context.

2.3.3 Stroke illness experience

As shown above, stroke does not only affect the physical, psychological and social well-being of patients, but also imposes a burden on family, society, the economy and the nation. As well as the objective, or professionally defined illness, patients can experience an inner illness. Arthur Kleinman (1988), author of a book named *The Illness Narratives*, has said that:

“Illness is the lived experience of monitoring bodily processes. The illness experience includes categorizing and explaining, in a common-sense way accessible to all lay persons in the social group” (Kleinman, 1988).

The illness experience is studied from many perspectives. From the viewpoint of medical sociology, sociologists have examined illness experience in terms of physician-patient relationships, discourses relating to the illness experience, stigma, illness trajectories, and the patient's role. From the medical anthropological view, illness experience has been researched by exploring the relationship between illness and culture, using explanatory models of illness, health practices, custom, ritual and traditional healing practices (Morse and Johnson, 1991). The psychological view has seen illness experience in terms of stress, coping with illness, depression, compliance behavior, and other issues. Many authors have applied sick roles of Parson (1951) to describe illness experience as a comprehensive illness model. The **first** requirement to understanding the illness experience is understand the entire experience: illness does not begin when the patient comes into contact with the physician or the emergency room. The illness experience is a significant period of decision-making and self-treatment, which is aimed at controlling symptoms and at healing one's self. **Second**, as the course of illness changes dramatically, occasionally even from moment to moment throughout the course of disease, the model needs to allow for changes in the patient's condition, changes in therapy, and changes in care requirements. The needs of a patients at one point in time may not be relevant to the next; consequently the model must permit versatility and flexibility. **Third**, theories of illness must be developed from the patient's perspective rather than from the perspective of the health care provider, social worker, or significant others. Only by eliciting descriptions of the patient's experience of illness can an understanding of the patient's needs be developed and anticipated. The **fourth** requirement of an illness experience model is the need to identify behavioral commonalities inherent in the illness experience. Behavior is patterned and the course of illness follows a distinct path regardless of the underlying pathology. **Fifth**, the model must incorporate a holistic perspective, including the significant others, environmental and sociocultural contextual factors. Generally, the ill person does not exist in isolation, even if the

health care system isolates the patient. The patient has had a life before being institutionalized, interacts with other patients, health care providers and visitors; therefore these factors cannot be ignored in the course of treatment. **Finally**, a model of illness must be developed inductively, without the imposition of another model or theory on the experience; however, similar models or theories may fit the illness experience. Therefore they can extend, clarify, or correct present understanding of the illness experience. Qualitative methods allow for the development of models without losing any of the illness experience. (Morse and Johnson, 1991).

In a stroke illness experience, the symptom and the signs of the stroke will be dependant upon the area of the brain affected. Regardless of the enduring physical effects, the experience of the person is that the stroke is an acute catastrophic event, and it is inevitable that their life will change forever. The stroke event is so catastrophic for some people that they may experience post-traumatic stress. They may be physically affected: with regard to limbs, the person may have difficulty in standing up, and other common problems include faecal or urinary incontinence, and communication difficulties, with some patients rendered unable to speak and others losing the capacity to understand what is being said (Gibbon and Watkins, 2001).

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

The research was employed a qualitative approach for investigating the love dynamics of paretic patients after stroke. This study aimed to understand life experiences of the paretic patients through their love stories that should be affected from their chronic illness. Liebloich and his colleagues, authors of a book named “Narrative Research: Reading, Analysis and Interpretation” (1998) had mentioned that generally, people were story tellers and their stories were provided coherence and continuity along their life experiences. These stories would play a central role in communication with others through verbal accounts and narratives. Narratives and life stories therefore were channels for learning and understanding about the individuals’ inner world. This approach was not only the way to access inner or subjective realities and their experiences, but also helped individuals understand their ideal and their current situations through the processes of constructed and reconstructed stories.

For understanding patients’ love dynamics, the stories were created, told, revised, and retold by the paretic patients and their spouses. These helped to discover and understand themselves and their partners, and also revealed themselves to couples by their stories (Sternberg, 1996). In addition, the narratives and stories were appropriated for studying about love, because “love” was a sensitive issue of couple as various emotions, such as satisfaction, dissatisfaction and conflicts between them. This narrative and histories were vehicles for patients to accomplish their biographical works and love story experiences (Mathieson, 1999). This approach therefore allowed the researcher to access an understanding of data directly gained from the informants, together with the data of their contexts which was important for an understanding of their dynamic of love, and also helped to be deeply empathy for the patients.

3.2 Study Site

Amphoe Phutthamonthon is a district (amphoe) in the east of Nakhon Pathom Province, central Thailand. Phutthamonthon was the minor district (Ging amphoe) founded on April 1, 1991, when three sub-districts (tambon) were split off from Nakhon Chai Si district; therefore, it was upgraded to a full district on December 5, 1996. Phutthamonthon Park is the most important Buddhist site, and the district was named after the park. The district is subdivided into 3 sub-districts (tambon): Salaya, Klong Yong and Mahasawat which are totally subdivided into 18 villages (moo-baan). Each of the tambon is administrated by local government and tambon administrative organization (TAO). Besides a Phuthamonthon Community Hospital, the local public health service in Amphoe Phutthamonthon is subdivided into five Health Centers: Khlong Yong 1, Khlong Yong 2, Mahasawat, Baan Salawan, Wat Suwannaram, which are taking responsibility for providing health care service in the communities.

After field work survey, the Khlong Yong 2 Health Center, which was responsible for a large area of five villages, was selected to be the study site because there were a number of paretic patients, and more convenience to have community visits since it was easily access by local bus services.

3.3 Participants (couple cases)

The participants of this study were the couples which ones have got stroke and their spouses were care-givers, as well as being registered in the responsible care of the KlongYong 2 Health Center, Phutthamonthon, Nakhonpathom.

Regarding the above criteria, the couple cases were purposively selected all available couples; paretic patients and their spouses in the responsible area of the Klong Yong 2 Health Center which covered five villages (Moo 2, 3, 4, 7 and 8). There were presently eleven paretic patients who had spouses. Public health officers helped to classify the causes of paretic patients; therefore, there were inclusive ten paretic patients caused by stroke, and another paretic patient was exclusively caused by accident. Public health officers and village health volunteers took me (as a researcher) to visit and introduced me to all the ten inclusive patients and their spouses.

The paretic patients were purposive selected all the ten cases, and also included their spouses and other key-informants (such as public health personnel, some patients’ relatives and neighbors) in order to verify validity of the study by using triangulation concepts. In the field process, I provided information in details and purposes of the study personally to the patients, their spouses, and other informants before conducting any data collection, and then I asked their willingness to participate and sign on informed consent forms.

Table 3.1 Summary of total participants

Couple cases	Husbands	Wives
	✓*	Patient
	Patient	✓*
	Patient	✓*
	Patient (aphasia) (No interview, only observe)	✓*
	Patient	✓*
	Patient	✓*
	✓*	Patient (aphasia) (No interview, only observe)
	Patient (aphasia) (No interview, only observe)	✓*
	Patient	✓*
	Patient	✓*

*✓ A patient’s spouse

Table 3.2 Summary of key-informants

Informants	Numbers
Health personnel	3
Village health volunteers	4
Relatives	9
Neighbors	2
total	18

3.4 Data collection methods

In this research, love was a sensitive issue for the couples as there were various emotions, such as happiness, satisfaction, conflicts between them; therefore, I, as the researcher, applied multiple methods in order to collect the data- home visits, informal conversation, narrative interview, in-depth interview and observation. Moreover for gaining saturated data, each couple was interviewed 5-6 times, and other key-informants were also interviewed for two times.

For accessing information from the paretic couples, it was quite difficult for me to do this task in the community because I was the outsider of the community. I could not immediately collect the data, but I had to ask permission to collect data from Phutthamonthon public health office by using an official permission letter. Then, I had to contact public health officers at Klong Yong 2 Health Center. However, after I met them, they were kind and supportive to provide data and list all the ten couples which ones had got stroke and their spouses who were care-givers. The public health officers or/and the village health volunteers took me to visit and introduced me to all ten patients together with their spouses. Especially some paretic couple cases, their houses were quite far and separated from the village, the public health officers or the village health volunteers were aware of my safety; therefore, they always went to visit the paretic couple cases with me.

Home visits

I was always aware that love experience of paretic couples was a sensitive issue. More privacy and confidentiality were therefore needed, and also rappers and familiarity with the informants, were required. Due to agriculture work and stroke

illness of the elderly, all patients and their spouses always stayed at home. Therefore, I visited all the couples at their houses; this was important to get closer, to build trust, and to develop rapport. Moreover, love experiences were embedded in daily life; so visiting the informants at their houses or work places were very important for understanding of their contexts. Sometimes, I helped many informants in working, such as making Thai dessert, counting lotus flowers, or growing orchid flowers. These helped me to get closer and sharing the experiences with them.

Informal conversation

Generally, I started to talk to all the couples with informal conversations which helped me to access and understand personal daily life, local languages and sensitivity of love. Besides, informal conversation in general topics made it easy to communicate through other deeper issues, such as unfaithful feeling or behavior. Informal activities with informants were also required in order to prolong relationships and did not interrupt daily informants' activities. Besides, I could update news and events of their families and community activities.

Narrative interview and in-depth interview

I, as the researcher, applied concepts of narrative research in order to understand patients' love experiences. In-depth interview was the key method of data collection, together with an interview guideline. I asked them some initial questions to encourage the respondents to talk freely about their love experience. Regarding narrative in-depth interview, it was a specialized pattern of verbal interaction to initiate a specific purpose and focus on specific content area. During in-depth interview process, I would encourage the informants to share their love stories and their significant goals. In this process, the couples (patients and spouses) took the role of narrators or autobiographers; I took the role of biographer to collect stories. The interviews allowed me to enter into informants' experiences. This technique was opened freely to initiate other questions from the sensitivity of love, and openly accepted all answers of data and reaction of informants in order to understand inner world of the informants deeply.

Observation

During the interviews and the home visits, observation was important to find out covert and overt behaviors. I was aware of the observation in every process of data collection. I could observe actual behavior in daily life and social contexts during the home visits. As mention earlier, love experiences were a sensitive issue; therefore, observation was an important technique to understand love through positive involvement and the care between the patients and their spouses. Besides the behaviors, I could frequently notice couples' emotions and feelings on their faces that would express their love affection. Moreover for the words, I could also observe frequency and intensity of the behaviors and concerning feelings of the spouses, while they were taking care of the paretic patients.

In summary, the informants were interviewed after written or verbal informed consent forms. During the interview process, it was conducted with rapport, and each selected paretic patient and spouse were narrative interviewed of their love experiences before and after stroke, and then in-depth interviewed in specific issues. I interviewed them for many times, and the duration of the study was about 14 months when the data was saturated

3.5 Research instruments

The research instruments were consisted of question guidelines for the in-depth interview and observation. Besides, filed notes, tape recorder and the researcher are very important. On the qualitative approach, researcher was an important instrument to access data information from the informants, especially in interpreting meanings and realities in the contexts; therefore, the researcher was sensitively aware of personal attitude and bias for judging data.

3.6 Validity

On the qualitative perspective, validity of study was accurate or valid when there were representations of reality from specific descriptions of relatively homogeneous informants living in a specifically geographic area of Phutthamonthon

district. Besides, by using narrative interview method, on the process of narrative interview, individual could produce data that were more accurate, truthful, and trustworthy. The patients and their spouses were empowered to provide more concrete and specific details about the topics discussed by using their own vocabulary and conceptual frameworks to describe their life experiences that occurred naturally in wide variety of different contexts. As a result, it led to confidence in the validity of the data (Liebloich and colleagues, 1998; Elliott, 2005).

Moreover, according to the narrative method, the researcher was also important in collecting, interpreting and presenting stories; therefore, sometimes the researcher may influence on interaction and construction of realities in the patient's social world. In order to verify data validity, reflexivity or self consciousness was required to verify distorted perception from phenomenon.

Besides, triangulation was applied by using sources of data and methods. Different of data sources were collected from different time, space, and persons. Different informants were required, such as patients, their spouses, patient's friends or relatives, and also nurses or public health officers in order to check the consistency of different data sources within the same method. Method triangulation of data collection was conducted, such as home visits, conversations, observations, narrative interviews and in-depth interviews in order to gain finding consistency from different data collection methods. Furthermore, theory triangulation method was used different theories, assumptions and propositions on findings and interpretations since there were a number of perspectives or theories that had tried to explain and interpret "love" phenomena (Patton, 2002).

3.7 Data analysis

The narrative data from narrative interviews and in-dept interviews was transcribed from the tape recorder, field notes and observation into chronological written forms. The researcher checked the mistakes, and then data was categorized and coded. According to Sternberg (1997) theory of love, the love stories had plots, themes and characters. Elliott (2005) mentioned that data analyses should be focused on the form or structure of narratives that stories shaped what were conveyed and were the

contents of stories telling about people's lives. For general analyses, a pattern of narrative and imagery about love were understood as a providing framework that was culturally shared; therefore all events and past experiences were meaningful in their lives. The second analysis focused on the development of the plot over time that will show the dynamics of love development, both progressive and regressive narratives. In the progressive narrative, the focus of the story was on advancement, achievement and success. In the regressive narrative was on evidence of either lost or decline (Liebloich and colleagues, 1998; Elliott, 2005).

3.8 Ethical consideration

The study about love and traumatic illness experiences was seem to be sensitive and vulnerable to the patients-informants; therefore the data collection process should be more concerned. The researcher provided information in details and purposes of the study personally to the patients before conducting any data collection. Asking informants for being readiness and willingness to give information was also necessitated, and informed consent forms were required. Rapport and empathy were essentials in the relationships between interviewer and informants. On the interview process, if the informants were inconvenience or exhausted, the interview process would be stopped. The privacy and confidentiality were important; therefore, anonymity was needed, and also informants were not more detailed. The researcher was care for informants' comfort and safety, as well as aware of personal bias.

CHAPTER IV

STUDY SITE AND COUPLE CASES

4.1 The Study Site

Klong Yong sub-district, which is the largest sub-district of Phutthamonthon district, is located in Nakhonpathom Province. Phutthamonthon district is a vicinity of Bangkok Metropolis; therefore, it is influenced by rapid enlargement of urbanization and industrialization with new areas for residence and factories. However, rice fields, fruit and vegetable gardeners, together with lotus ponds can still be seen in Klong Yong. The sub-district is composed of eight villages in the areas of 19,728 rais or 31.630 kilometer squares.

Regarding, physical environment backgrounds of Klong Yong sub-district, there is a low land surrounding with many canals (Klong). Narapirom canal is at in the east of the area; the canal separates Nakhonpathom from Nonthaburi Province. Besides, Klong Yong canal, having the same name as the sub-district, is laid in the south, and it shapes the boundary of Klong Yong sub-district. Chaiyakan canal is another one in the west; it divides Phutthamonthon district from Nakornchaisri district. Narapirom and Klong Yong canals are connected to Thacheen River. From these main canals, there are a number of branch canals (Klong Soi) which are constructed. The three main canals (Narapirom, Chaiyakan and Klong Yong canals) are boundary of Klong Yong sub-district area. In the past, these canals were sources of water supply for people consumption and agriculture, as well as waterway transportation. Currently, though canals are still important; water in these canals has been polluted. People cannot consume water from these canals. Villagers only use water for agriculture while they consume water from artesian wells. In 1973 (2516 the Buddhist Era), a main road, Salaya-Bangpasee, was constructed paralleling with Narapirom canal. As a result, road transportation is presently the main communication route by using local public bus services and personal cars. The roads bring about wax and wane transformations. They

bring industrial affairs, people and modern life to the villages, whereas they bring out farmers to be labors and take spirit of the community to be estranged.

For the villagers' occupations, since it is the advantage of plentifully low land in Klong Yong, the water shades are suitable for agriculturist. Mainly, they are rice and lotus farmers; others are parsley, fruit and orchid gardeners, and minors are labors. Sometimes, the rice farmers and orchardists will swap to be parsley gardeners depending on the price of the products.

In the past, rice farmers were majority in this area. Therefore, rice cultivation has played a central role in Klong Yong economics and culture, and also shaped people life. Being a farmer was not only an occupation, but it also was a way of life for villagers. Relations between people and rice initiated rituals, customs and culture in the society.

Socio-cultural backgrounds and ways of life would also influence on villagers' relationships. There are many custom and culture about rice growing. On the Thai eighth month, villagers always collected one's strength (Aou rang - ๑๐๗๑๕๓) to transplant paddy sprouts in the field. On Thai eleventh and twelfth month, villagers also collected one's strength (Aou rang) in harvest time and then they helped threshing rice. Gathering and exchange labors made young people have a chance for meeting and helping each others. These make them to be generous and initiative their social and love relation.

Generally, the villagers in Klong Yong mostly are Buddhists. There are many temples nearby Klong Yong sub-district that people like to visit, such as Wat Makluea, Wat Narapirom, Wat Thepnimit, Wat Mongkolpracharam, Wat Phuthathummarungsee, Wat Suwannaram and Wat Salawan. People always go to make merit on the Buddhist holy days. In the past, the temples were center and important to create temple fairs. Among the villagers, Wat Suwannanram would have a pilgrimage to the Buddha's foot-print festival on the Thai third month, and Wat Makluea would have a pilgrimage to the Buddha's foot-print festival on the Thai fourth month. These temple fairs also had entertainment, such as "Like", a song-and-dance drama, which is story mostly about kings and queens. The temple fairs are also pooled up the villagers, and also provide opportunities to initiate relationships among teenagers.

In summary, the community, occupations and way of life of people influence upon social relation and love relation of each couple. Occupation, in the rice fields, and religious customs, in the temples and fairs, provide the youngs at that time to have a chance to meet and see each other and continue to love.

Regarding public health perspectives, Klong Yong sub-district is the largest area of Phutthamonthon district; therefore, there are subdivided the area into two health centers, named Klong Yong 1 Health Center and Klong Yong 2 Health Center, which have responsibility for providing health care services for the whole community of Klong Yong. Due to budget and time limitation of this study, after a preliminary field work, the researcher decided to select the area of the Klong Yong 2 health center as the study site because it is responsible for the larger area of five villages, and there are a number of paretic patients after stroke. The study cases were purposively selected all ten paretic patients and their spouses.



Figure 4.1 The responsible areas of the Klong Yong 2 Health Center

The responsible area of the Klong Yong 2 Health Center covered five villages (Moo 2, 3, 4, 7 and 8). For **Moo 2**, Baan Klong Chaiyakan (บ้านคลองชัยจันทร์), most of the lands belong to Ministry of Justice for the children detention camps and Kantana Movie Town. After Kantana Movie Town came to occupy the land, most of the villagers had moved from Moo 2 area to Moo 3. For **Moo 3**, Baan Lan Hai (บ้านเลนหาย), most of the land also belonged to a group of landlords that had parceled out the land into many plots of lands which were sold out for those who were not villagers. They therefore did not stay in the land and not even cultivate. However they only grow some trees and leave behind, such as, pine, teak etc; hence, this area is seemed to be huge, quiet and shady wild. Nevertheless there is still an area Moo 3 that is belonged to an abandoned temple so called “Wat Rang” (วัดร้าง), villagers therefore could rent some land in this area. **Moo 4**, Baan Wat Makluea (บ้านวัดมะเกลือ) was named from Makluea temple. There is a main road named Salaya- Bangpasee (ศาลายา-บางภาษี), passing through the village; thus, this area is a new area for residence and commercial buildings. For the villagers whose ancestors had lived in the village for more than two or three generations, their houses were mostly built solitarily closing to their rice fields and the canals. However, some villagers had just lived there without their own land; they have to rent from Wat Makluea. **Moo 7**, Baan Klong Soi (บ้านคลองซอย) is divided from the north part of Moo 4. The areas of Moo 7 are also mostly belonged to rich people outside the villages. There are large areas of orchid gardens and lots of factories. For **Moo 8**, Baan Sahakorn (บ้านสหกรณ์), all of the area is the property of the cooperative department of Ministry of Agriculture and Cooperative; therefore, all the villagers have to rent the lands for agriculture.

4.2 The Couple Cases

This study was interested in love dynamic between stroke patients and their spouses. There were ten couples that researcher interviewed with question guide line and observation. There were ten stroke patients; nine men and two women. After collecting data, the life histories of ten couple cases would be described as the following.

Couple Cases 1; Uncle Yai and Aunty Tim

Uncle Yai and Aunty Tim's house was down to the farmland and adjacent to Klong Soi Lao canal. Although it could not be seen from the road, it was not far away from Klong Yong 2 Health Center. I, as a researcher, could ride a motorcycle through the rice field and the coconut garden to their house within fifty minutes. The house seemed to stand in a chump; however there were a few relatives as their neighbors. On the left side of Uncle Yai's house, there was a two-storey house made of wood. This house was built fifty years ago. It was the couple's old house, but presently Uncle Yai and Aunty Tim let their relatives live in. Uncle Yai told me that their relatives also took good care of them. On the right side of Uncle Yai's house, there were two houses of their cousin's son and daughter. In front of Uncle Yai's house, there were another two houses of their neighbors. The relatives and neighbors always helped them a lot, such as buying some food and necessary things. Uncle Yai said that "*they were good relatives and neighbors in helping us a lot.*"

Currently, Uncle Yai and Aunty Tim lived in a new one-storey house made of cement on the filled high land. There was a terrace in front of the house. The couple used the right side of this terrace for cooking and having meals. At the left side of the terrace, Uncle Yai always sat on a bamboo bench, listened to radio, watched television and felt relax, while nearby Aunty Tim always sat or rested on a bedding chair.

Uncle Yai mostly wore black Chinese style pants without shirt. He looked clean and smart with his glasses, although his hair was turned to silver gray. In sum, he was a fair tall old man. Aunty Tim wore dark blue pants and a sheer white blouse every time of my interviews. Aunty Tim, a fair tall aging woman, looked clean and calm in the blouse. Though her husband, Uncle Yai, was rather talkative, she mostly kept her words. She was tall with fair complexion and short curly dark hair.

Every time when I visited them, they usually stayed quietly at their places. However, Uncle Yai was interested in talking and giving information; thus, Uncle Yai would suddenly wear his shirt and then greeted me, while Aunty Tim kept silent or had less talk. Consequently, I interviewed Uncle Yai and Aunty Tim together at the terrace of their house.

At the terrace, there were two plastic chairs. Uncle Yai invited me to sit on one of the chairs. I paid respect to them with a Thai traditional greeting called "Wai"

(โท้ว) and had a general conversation before having an in depth-interview. After I had built up a rapport with Uncle Yai and Aunty Tim, we went on deeper and had specific details about their life histories. I felt relaxed while I was listening to them. He smoothly told me and his wife about his life story.

Uncle Yai started his story that he was an old man with the age of 81, but he had less education. His school life in the village was only Prathom 4 which was a compulsory education at that time; during the studying, he and his brother had to take turn to go to school every two days because their parents needed their labor to work in the field. Besides, before and after school, he also had to help their parents in the rice field. At that time, going to school was very difficult; it was quite far (about 3-4 kilometers), and there was no road but only dikes around the paddy field to walk to school. He had to get up early to work in the rice field, and then went to school. After school, he suddenly came back home to work in the rice field. Although Uncle Yai got less time at school, he loved to learn. Therefore, his father supported him by teaching him to be literate. He was a smart student because he could pass over two step classes and finished Prathom 4 within two years. Uncle Yai would like to continue his study; nevertheless, his father did not allow him to do so. He wanted Uncle Yai to help him working in the rice field; consequently, Uncle Yai started to be a farmer.

During the interviews, I also talked to Aunty Tim. With a drawl, she narrated her life story. Aunty Tim was 79 years old. Aunty Tim had two elder brothers and one younger sister. When she was young, her parents' house was situated behind Wat Makluea. Her brothers, sister and she therefore studied at Wat Makluea primary school. She said that "*she was not as good at studying as Uncle Yai.*" After that Aunty Tim helped her family in the rice field, and she also became a farmer. She said that her parents were quite rich and had a lot of rice fields. After harvesting, there was a lot of rice in her parents' barn. She liked to do rice farm because in the past working in the field was enjoyable, since all the villagers were cooperative to help each other. She also elaborated that previously the villagers were kind and did all good things. At the Buddhist holly day, a number of villagers would make merits at the temples. Her family always made merit at Makluea temple.

During their teenagers, Uncle Yai met Aunty Tim while they cooperated to get the rice harvest done quickly. In addition, like other teenagers, they also sometime had chances to meet each other when they went to make merits with their parents at the temple.

Aunty Tim said *“Uncle Yai and I had less chance to meet each other, and my parents did not allow me to meet Uncle Yai alone.”*

Uncle Yai said *“I had never seen Aunty Tim face to face directly, but if I met her directly her father and brother would break my head. I could only contact her by letters through our friends who were match-makers or” mae sue” (แม่สื่อ).*

After Uncle Yai and Aunty Tim got acquainted with each other, then they had continued the relationship. However for the twenty-year-old Thai men, they have to be enlisted for military service. Therefore, Uncle Yai was also in the enlistment, but he got a black card, “Bai Dam”, that caused him exempted from being a soldier. Nevertheless, regarding the ritual of twenty-one-year-old man, he had to be ordination as a monk; consequently, Uncle Yai had entered the monkhood for two years. After those about two years of the monkhood, Uncle Yai and Aunty Tim got married. At that time, Uncle Yai was 24 years old and Aunty Tim was 22 years old. After the wedding, they had lived together in the house of Aunty Tim’s parents for two years, and then left for settling a new family at the rice farm that had been their land until now.

At first, they helped Aunty Tim’s parents working in the rice field. Uncle Yai’s relatives also supported him to open a grocery shop and selling some gasoline for long motor boats at Narapirom canal. However afterward, a main road was constructed; people changed their transportation routes from using boats in the canal to driving cars on the roads; consequently, Uncle Yai and Aunty Tim had to terminate their small business.

Since Uncle Yai worked hard in his rice field, and he also behaved in a good way, he therefore had been elected to be an assistant of the village leader for 8 years. He was loved and trusted by the villagers for his diligence, responsibility, and honesty in working. As a result, he was elected to become a village headman of Moo 4. He had been in the position of village leader for 15 years till his retirement. During being the village headman, he had lots of contributions to develop infrastructures in the village, such as the main road, electricity, water from artesian wells supply.

Therefore, he was well-known and respectfulness from the villagers. He also has an abundantly valuable experience as a village headman. The villagers praised him that he was one pillar of the village. Although he was retired, now he still helped other generation by giving consultations and supports. Currently, he was invited to be a supervisor or a committee member of important village activities. In addition, he went to Wat Makluea temple on every Buddhist holly day to do liaison duty between the clergy of a monastery and the laity.

In terms of their health status, when Uncle Yai was in middle age, especially during his village headman duty, he had to participate in village social activities. He drank alcohol as social drinking; thus, finally he was alcoholic. At that time, Aunty Tim worried very much about him. She tried to warn him, but it was seem to be futile.

Aunty Tim said *“I was concerned about his health and told him to stop drinking. Although he drank a lot, we never had even a single problem; there was no quarreling”*

Although his alcoholic caused no quarrels, it affected on his health. He was sick from liver disease. According to his health problem and doctor’s advice, finally Uncle Yai quitted his alcohol drinking, and then his health got better.

Nevertheless, health problems seemed to strike this couple. Unexpectedly, Aunty Tim got a stroke that was a most critical life event for them. Aunty Tim had been chronic hypertension for a period of time. She had forgotten to take the prescribed pills for controlling her hypertension; consequently she had gotten a stroke since last year. Aunty Tim was stroke and lost her conscious for a week. She was admitted in Nakornpathom Hospital for two weeks. While Aunty Tim stayed in the hospital, Uncle Yai looked after her closely.

Uncle Yai’s relative said *“Uncle Yai was very concerned about Aunty Tim’s illness. He had taken care of her all day long. I only alternated him in looking after her about an hour that was for him to do his private routine.”*

Luckily, she got conscious, and it was not so severe and did not cause her disability. However, she got weakness; it was hard to move or walk, and she had to

function slowly. After she got better, she came back home. Now, Aunty Tim could walk nearby their house with a walking cane.

Everyday at home, Uncle Yai usually got up early to cook rice and prepared medical pills for Aunty Tim because sometimes she might forget to take the medicine.

Uncle Yai said *“Due to Aunty Tim illness, she was weak, and could not cook; therefore I had to do it for her.*

Uncle Yai always concerned and complained that *“Aunty Tim often forgot to take some pills so that I had to prepared the pills for her every day.”*

After taking care of Aunty Tim, Uncle Yai always walked to a coffee shop in the village to have a cup of coffee and talked with his friends. Due to Aunty Tim health problem, she got up late, and spent most of the time at home; however, she still could do easy housework and cook some food for her husband. Later in the morning, Uncle Yai came back home to have breakfast with Aunty Tim.

Although she was weak from the stroke, luckily, she could take care of herself and do easy activities as she needed. Uncle Yai always stayed at home listened to radio and watched TV, especially news as related to political situations. He mostly stayed or sat near Aunty Tim. Uncle Yai and their relatives always supported her by encouraging her to do what she wanted. Since she liked cooking, the relatives helped her to buy fresh food or raw materials for her cooking, while Uncle Yai showed admirable for Aunty Tim’s cooked food.

Uncle Yai and Aunty Tim’s married life seemed to be simply serene and warm, and they never had any quarrelling.

Uncle Yai and Aunty Tim said straightly that *“We lived together without any trouble.”*

They helped each other in the rice farm and that what they earned for living. They expected to have a child, but they could not. Therefore, they took on cousin’s daughter as their adopted child. They loved their adopted daughter very much because they looked after her since she was a baby. However, their adopted daughter ran away to cohabit with a man and had her own family without their permission.

These made they felt very upset. Finally, Uncle Yai and Auntie Tim could accept the situation and adjusted their feelings of longing to have a child.

Uncle Yai and Auntie Tim said that “*we could raise a child, but could not control her thought, though we tried to inculcate and train her.*”

Presently, Uncle Yai and Auntie Tim stayed at home and took care of each other, without the adopted daughter; however, with some relatives’ supports. Up until now, they married and had lived together for nearly 59 years.

Couple Cases 2; Uncle Som and Auntie Sri

Klong Soi Bon (คลองซอยบน), which was a connected canal between Klong Chaiyakan (คลองชัยคันท์) and Klong Narapirom (คลองนราภิรมย์), was approximately 200 meters far from the Klong Yong 2 Health Center. There was a private road constructed in parallel with Klong Soi Bon. Many villagers’ houses were located along the canal. Therefore, each house had to have its own small bridge in order to cross the canal. Uncle Som and Auntie Sri’s house was the fourth one of those houses along the canal line.

As mentioned, their house was on the bank of Klong Soi Bon. From the road, there was a private bridge across the canal to their house. When the public health officer and I reached there and stood on the road in front of the couple’s house fenced off by the canal, we would hear dog barking sound that should tell Auntie Sri to know that there were some visitors. Although the public health officer had made a phone call to Auntie Sri before the visit for requesting her to catch and chain a fierce dog named “Panda” because it used to bite the officer. The dog still barked at us. Auntie Sri shouted for inviting us; then we crossed the bridge in order to enter to her house. The officer and I untied the rope for opening the door and passed the door, then closed and bound the door. The door was always closed to protect any person coming in without permission, and also to protect the dog going out.

In the areas of their house, there was a fruit garden; therefore, their house was shady with a number of banana and santol trees. Uncle Som and Auntie Sri’s house was a big two-storey house; it was made of cement for the first floor, and for upstairs, the house was mostly made of wood. On the right part of the house, it was extended for being an opened kitchen. However, there were a number of things, such as, a cabinet, a stove, a dining table, a dish washing basin, a cupboard, a refrigerator

and some cooking utensils. In front of the house, there was a balcony and balcony railing that was made widely as a bench that Aunty Sri invited the public health officer and me to have seats, while Aunty Sri sat on the floor. Therefore, I told her that I would like to sit on the floor closed to her during interviewing her.

Aunty Sri was 70 years old. She was quite dark and had a plump figure. Her hair was short black and curly. Her face looked calm and peaceful, but she narrated her story merrily. She finished Prathom 4 from the local primary school. When she was young, she lived with her parents, and helped them in the rice farm. Her family was quite affluent. Aunty Sri began to know Uncle Som during cooperating in the rice field. Uncle Som was three years older than Aunty Sri. He also finished Prathom 4. Uncle Som's parents died when he was young; consequently he was an orphan. He had to live with his elder sisters. Therefore, the beginning of Uncle Som life was very hard and poor. Due to his socio-economic status, Aunty Sri's parents did not accept him to be a son-in-law.

Uncle Som and Aunty Sri were well acquainted with each other for a period of time, although when Uncle Som was 20 years old, he had to be conscripted for the army service, and at the age of 21 years old, he ordained to be a Buddhist priest. In fact, they knew each other for nearly 8 years; finally Aunty Sri decided to elope with Uncle Som.

Uncle Som said *“Aunty Sri's parents did not like me because I was poor; therefore we decided to elope to cohabit together.”*

Being a couple lives, Uncle Som and Aunty Sri lived together as husband and wife, when Uncle Som was 22 years old and Aunty Sri was only 19 years old. At the beginning of their cohabit life, their life was poverty-stricken without any support. They had nothing from their parents or any relatives.

Aunty Sri said *“we had only two bowls for food and had only the cloths for concealing our bodies.”*

Nevertheless, since they were farmers, they had rented a rice field of 40 rais for growing rice. Their lives suffered from privation. They had to build a farm hut as a shelter. Aunty Sri had to gather some vegetables and fishes from the rice farm and the canal.

Aunty Sri said that *“My early family life was suffering privation. I had to gather some vegetables, such as morning glory and backyard vegetables, and also catch some field crabs and fish for my children.”*

After living together, they had a marriage registration. Then, they had three sons, and two daughters. Uncle Som and Aunty Sri had to work very hard in order to raising their children. Uncle Som was strenuous and stingy, and Aunty Sri worked dexterously both house chore and in the rice farm. Consequently, family got better; they had saving deposits and had their own land, approximately 5 rais, where they built their house.

Presently, all of Uncle Som and Aunty Sri’s children were in middle age. They had already married and got their own families and children. However, there were one daughter and two sons that still stayed near Uncle Som and Aunty Sri. Their children and grandchildren loved and respected Uncle Som and Aunty Sri very much. They took care of them when Uncle Som and Aunty Sri got sick. The grandchildren usually called Uncle Som “Pu Ja” (ปู่เจ้า - sweet grandfather) and called Aunty Sri “Ya Ja” (ย่าเจ้า - sweet grandmother).

Their couple life was warm and serene. Uncle Som and Aunty Sri never had any argument or quarrelling. They lived well together. Until 7 years ago, when Uncle Som was 67 years old, he went out to travel and to associate with relatives and friends. Then something went wrong, he had external affair with a younger woman. Consequently, Uncle Som and Aunty Sri had many quarrels. Nevertheless Aunty Sri always took care of Uncle Som, even though Uncle Som had a mistress. Once Uncle Som was attacked from mistress’s son, and got a long wound, Aunty Sri brought him to the hospital for sewing up the wound, and took care of him at home. However, Uncle Som came back to meet his concubine, though he had not recovered from the wound yet.

Aunty Sri Said *“Though Uncle Som had a mistress, I still took care of him due to thinking of his goodness, and feeling pity of my sons and daughters. Till Uncle Som hurt and hit me, and that made me felt anger, and we were fighting. Both of us were injured that made me decide to separate from him.”*

Since Aunty Sri still loved and looked after Uncle Som, she hoped that he would repent of his own conduct and turned to be a good man as he used to be. However, it was not as she expected. In contrast, there was an outrage event that Uncle Som beat Aunty Sri. This hurt Aunty Sri's feeling. As a result, she decided to separate from him, even though she did not register an official divorce because she did not want to divide the property that she intended to hand down as an heritage for her children. Aunty Sri wanted to keep the land property for the children. Uncle Som and Aunty Sri used to plan to divide their land into one rais each for each child.

After the couple was separated, Uncle Som lived with his son. The house was near Aunty Sri's house. Their son built a new private room made of wood at the balcony on the waterside for him. His room looked clean and tidy with air flow. There were a bed, a chair and a fan. Outside the room on the balcony, there were a waterside terrace, and next was to a kitchen, which had a dining table and a refrigerator. Currently, Uncle Som did not work in the rice fields; therefore, his son took responsibility for him, and he allocated half of the income to Uncle Som's bank account.

Although Uncle Som was nearly 74 years old, he still seemed to have a handsome clue. He was quite fair complexion, but thin with short white hair. He looked friendly and smiling. For the right ear, he lost his hearing, and for another it was hard of hearing. Uncle Som had to use an audiphone for listening; therefore, I needed to speak louder while I was asking him to tell me about his life. He started to narrate his story that he was Uncle Som and was 74 years old. He also told me about his impoverished life, when he was young and the early stage of his couple life with Aunty Sri. However, he gave very little information about his mistress. I had never forced him to tell me about that. I let him told his story as he wanted. He said that sometimes he went to stay with her (the mistress). He went there by riding a motorcycle. He cared of her life and well-being, and he also supported her with some money. However, now he got severely ill with many chronic illnesses, such as hypertension, diabetes, and heart disease. A few years ago, Uncle Som got a stroke; it affected his left side of the body with weakness, and he also got wry-mouthed. Due to seeing the doctor in time and the family care, he could get better and recovery till he could walk, and took care of himself. Presently, Uncle Som's eyes were dim-sighted,

and his ears were hard of hearing; consequently he could not drive to visit his mistress any more.

About his mistress, Uncle Som suggested that *“A man should not have mistress because it would be affecting on family and it was hard to manage the income for two families.”*

Aunty Sri and Uncle Som used to be farmers and shared their earning together. After Uncle Som had the mistress, he did not support Aunty Sri, but he supported the mistress’s family. Therefore presently, Aunty Sri earned for living by gardening on her own land. There were many kinds of fruits, such as banana, coconut, santol, jackfruit, custard apple, elaeocarpus, longan, mango etc. She sold fresh fruits and fruit products.

Aunty Sri always felt care and very concerned about Uncle Som’s health; however, presently she hardly faced him directly. Their sons and daughters took responsibility for taking care of their father. Aunty Sri always asked and pushed her sons and daughters to take care of Uncle Som’s daily living and be aware of his illnesses. Aunty Sri always encouraged the children and the grandchildren to take care of Uncle Som. Sometimes, however Aunty Sri visited him and brought him his favorite food, but avoided to meet Uncle Som directly. She always pretended she did not love him.

Aunty Sri always told me that *“I never cared and worried about Uncle Som.”*

In contrast, her daughter said that *“Mom was very concerned and pushed sons and daughters to look after Dad.”*

Sometimes when I interviewed Aunty Sri, and her daughter brought some food. Then, she urged the daughter to take the food to Dad (Uncle Som).

Couple Case 3; Uncle Non and Aunty Na

The community in front of Wat MaKluea temple, crossing Salaya - Bangpasee Road, there was a group of houses on a rented land of Wat Makluea. These houses were built tightly along a narrow street that had been the only street provided for this community. This area was congested like a slum.

Uncle Non and Aunty Na's house was located in this congested area. They had to pay six hundred baht per year for renting. Their house was a wooden two-storey building with an open cement basement. The house was leaned out closely to the street. Therefore, their wood fence and plastic roof covered some part of the street.

When I visited Uncle Non and Aunty Na, the first sound that I always heard was the noise of playing, laughing or crying of children before I met them. I paid respect to them and asked for their permission to go inside. Aunty Na greeted me and smiled. She invited me to come in her house. In front of the house, there was a terrace that was approximately two meters wide. On the floor, there were only a wood bench and a cradle. A few children were around her, and she also carried a baby in her arms. On the right side of the terrace, it should be a kitchen, since there was a gas stove and a cupboard. For down stairs, it was made to be a cot shaped like a playpen, and Aunty Na slept there, whereas their daughter, son-in-law and their grandson lived upstairs. On the right side of the house, there was a narrow corridor that could lead to a backyard room that Uncle Non lived.

While I was walking along the right narrow corridor to Uncle Non's room, I got wind of urine and fecal odor, besides a smell of some polluted water with black slush and slush below the backyard. I tried to adjust my breathing for a few minutes before I met him. I greeted him; however, he could not see me.

Because the additional construction was a small room under a low roof, I had to bend under the roof. The floor was made of scraps of wood and covered with an old linoleum mat. When I walked on the floor, it showed rustling sound. In the room, there were a bed, a mosquito net, an electric fan, a small table with some bowls of food, and some medicine bags. Under the bed, there was a chamber pot. He used this area for his daily living- sleeping, eating, pooing and peeing. Sometimes for 2-3 days, Aunty Na would give him a bath.

However, he showed some physical clues that he used to be a strong and tough guy. Uncle Non was 70 years old. He was a fair old man with short gray hair. Now, he mostly lay down on the bed; he could sit up by himself. He could hear, remember, and speak but he spoke with drawl and murmur. His tiny soft and treble sound was hard for hearing and recording; therefore I tried to repeat what he had just said, and asked him to confirm. Moreover, he currently got a multiple illness of

diabetes, hypertension and stroke. The stroke was the cause of his disability; he got weakness on the left side of the body. The diabetes also affected on his eye vision staring from blur to dim; until now he was blind. He had been sick for nearly 4 years.

Although it was hard for him, he told me about his life and love story. When I asked him about his bravery as a ruffian and connoisseur of women, he was smiling and laughing with embarrassment. He accepted that he used to be a roughneck of Klong Yong.

For his mates, Uncle Non told that *“I had five wives and many children. Aunty Na was the last one that he abducted her from her parents.”*

Aunty Na was a plump tall middle age woman with long black hair that was always tied up. Her face was quite sorrowful, though she was rather talkative and amusing. Regarding her story, she was 50 years old; she was twenty years younger than Uncle Non. Aunty Na's parents had many children. Aunty Na was an oldest daughter. Her parents had their own orange garden at Bang Mod. She therefore helped her parents gardening, besides raising her sisters and brothers.

Uncle Non generally was a habitual drinker, and also a habitual gambler. At the same time that Uncle Non was employed to be a labor in the orange garden, he knew Aunty Na, and then he was very interested in her. Finally he cooperated with his few friends to abduct Aunty Na. At that time, Uncle Non was 38 years old and Aunty Na was only 18 years old.

Aunty Na said *“I did not like Uncle Non”* and she complained that *“Uncle Non brought me to suffer from hardships.”*

On the other hand, Uncle Non said *“Aunty Na was interested in me; therefore, I cooperated with my friends to abduct and bring her to KlongYong.”*

In the past, Klong Yong was quite remote and difficult to reach. At Uncle Non parents' house, his parents were both farmers who had no land. They therefore had to rent the land. After Aunty Na was brought to here and had to be his wife, therefore Aunty Na had to be a farmer. At that time, Aunty Na was only a teenager, and she felt distress and ashamed to go back home.

Aunty Na said *“I decided to stay with Uncle Non due to I felt ashamed to go back home”* and she thought that *“I was a bad daughter for disgrace parents.”*

However, after Uncle Non and Aunty Na lived together for six months, she was pregnant. Later she delivered a daughter, and finally she had three daughters. Due to the daughters, Aunty Na had to live with Uncle Non.

Aunty Na told me that *“My cohabited life with Uncle Non was so suffered”*

Regarding their couple life, Aunty Na got severe hardships from rice field work and Uncle Non's behavior. In the rice field, she had to carry a heavy paddy sack that caused her illness, especially the pain from backbone pressing on her spinal cord. Thus presently, she could not carry any heavy things, moreover she got slightly numb and weakness on her left leg.

A major problem of their couple life was Uncle Non's behavior that he was still a ruffian of Klong Yong, a connoisseur of women, a habitual drinker, and also a habitual gambler. Though, Uncle Non did not always quarrel and fight with others, he had many weapons and also kept a bomb at home. Unfortunately, their elder daughter and his nephew were too innocent. They brought the bomb to play, and it was blown up. Their daughter died immediately and their nephew was coma.

Aunty Na said *“I felt very sad for the death of my eldest daughter; she was in the age of a cute child.”*

For his sexual life, he had sex with many women if he had a chance, and also with prostitutes. His sexual behaviors caused him being infected with gonorrhea; at that time he felt very suffered and groaned loudly. For Aunty Na, the disease was very frightening, and she was so scared that she might get the disease.

Aunty Na said *“I felt shame and very scared on his sexual transmitted disease”*.

For habitual drinker, Uncle Non always drank with his rough friends. After he got drunk, he often beat Aunty Na and daughters. His alcoholic often brought quarreling to the family, and besides the physically attack; it hurt all family members' feeling.

Aunty Na said *“I was beaten up every times of Uncle Non drinking; finally I was not passive, but I started fighting him by using a sharp weapon that made him giving up.”*

Regarding his gamble habit, sometimes he stole Aunty Na money. He had never cared if his wife or daughters would starve. He was a rough, untidy, mischievous unruly, and he did not like to work. Once Aunty Na tried to escape from Uncle Non, she went back to her parents’ home, but he brought her back, and she returned to lived with him because she felt pity for him and missed the daughters.

Aunty Na said *“Uncle Non was ruffian and selfish.”*

She blamed herself that *“I made a wrong decision to live with him. If I had a good chance, I would have chosen a good man as being a father for my daughters.”*

For the family with two daughters, Aunty Na seemed to be a pillar of them. In the past, she was a rice farmer. After they could not rent the rice field, she therefore became a monger selling cooked food. Later she sold “Kanomkrog” (“ขนมครก”), which is a kind of Thai sweetmeat. She had to earn money for the whole family. She also had to allot the money for Uncle Non that sometimes he used it in gamble.

Besides, Uncle Non had never helped Aunty Na worked, and he sometimes left the family for a long time. Consequently, a neighbor, Kan, living next to their house was intervening. Kan was 56 years old. He was dark thin medium high with short curly hair. He superficially looked cruel; conversely, he was quiet and polite. He was a construction labor, and also a single. Kan always helped Aunty Na’s selling by carrying things and pushing her wheelbarrow for selling sweets. After Uncle Non knew about their relationship, he was very furious. Due to Uncle Non’s jealousy, they severely quarreled and broke; then he used a knife to attack Kan. Kan was severe injured with a long wound behind his back. This brawl became a police lawsuit; therefore, Uncle Non had to run away to stay with his relatives at Prachuap Khiri Khan Province. He worked with them for a few years, after that he got stroke.

After Uncle Non was disappeared, Aunty Na and Kan lived together. Aunty Na got a chance to work at Bangkok town hall as a housekeeper, and Kan was still a construction labor. After Uncle Non was stroke, his relatives tried to send him back. They tried to contact many people, as well as all his previous wives and

children. Finally, Aunty Na accepted to take care of Uncle Non. The reasons were she felt pity of him and love her daughters.

Aunty Na explained that *“I did not wanted to hear from my daughters that where their father was.”*

After she decided to look after Uncle Non, she resigned from her job and stayed at home to take care of him. Aunty Na and Kan helped each other to look after Uncle Non as good as they could do.

Although she resigned from the job to take care of him, they needed money for living. Aunty Na had to look for a job that she could do at home. She therefore decided to take care of some children at home. Previously, Uncle Non lived down stairs. After she opened her day care for the children, she brought him to live in the room at the back of the house.

She said that *“He had to stay there since I had a backache and could not carry him for bath taking; therefore, it should be easy for me to clean him by letting the water flow into the ground.”*

Aunty Na was a key person who earned for living for the whole family. Although they had left two daughters, they already got their own family. Sometimes, their daughters still depended on Aunty Na’s income. From looking after the children, she could earn 2,500 baht per child a month. Every month, she had to take care of 2-3 children. Presently, though the health problem from her spinal cord needed to have an operation, she could not stop working because she had to take care of Uncle Non and the children. Taking care of the children needed her full time attention. Sometimes she did not have time to have own meal or she gave some meal to Uncle Non. When Uncle Non was hungry, he shouted noisily.

She told him that *“Uncle Non should wait because I had to do the job and took care of the children first, later would be Uncle Non, and then Aunty Na should be the last.”*

Most of the time, Uncle Non and Aunty Na ate together if he was hungry, and Aunty Na also felt hungry. After she was free from work, she gave him some food, and then she had her own meal. Aunty Na had never eaten before him. However, she concluded that although she would bring some food to him, the priority should be given to the children.

For Kan, her new relationship, he was kind and understandable; however, Aunty Na caught up with his unfaithfulness; he also had sexual relation with some prostitutes. She was frightening of some sexual transmitted diseases; therefore, she stopped their relationship. Although they terminated the relationship, Kan, who was her neighbor, always helped her to do everything. Kan helped her to look after the children. He was kind when being with the children. When he arrived at her house, some children asked him to carry them traveling round. Sometimes, he brought some sweets and snacks for the children.

Aunty Na concluded that *“My life story likes a drama. There were many melancholic events in the life. My life could be written as a novel. All events seemed to affect me a lot, and I needed some morale strengths. The two daughters had been my spirits, and they supported me to be strong enough to overcome any obstruction of my life.”*

Couple Case 4; Uncle In and Aunty Tum

Uncle In and Aunty Tum's house was in Moo 7 village, which was not far away from Klong Yong 2 Health Center. There were two main roads; Salaya-Bangpasee road and Wat Makluea- Huayplu road which was connecting between Wat Makluea, Phuthamonthon district and Huayplu, Nakornchaisri district. The village was near the main road; thus Moo 7 was a convenient village, especially in transportation. As a result, there were many factories and orchid gardens.

I could ride a motorcycle through rice fields, factories and orchid gardens to their house. Uncle In and Aunty Tum's house was a single-storey house made of brick. In front of their house, there was a terrace with a roof. On the right side, there was a kitchen with some furniture, such as a cupboard, a stored food cabinet, a gas cooking stove, a table, and a few plastic chairs. There were a few wide steps from the terrace to the house. These steps now were supported by a sheet of flat wood to be a slope path for moving up Uncle In's hospital style bed that was borrowed from Klong Yong 2 Health Center. Inside their house, it was a medium size room liked a wide hall and only partition to another bed room. In the bed room, there were a mosquito wire net and an air condition. The house was surrounded by a wood fence adjoined to the village

road. Crossing the road opposite to their house, there were their two daughters' houses. They stayed nearby on their own lands closed to their own large orchid gardens.

Uncle In and Aunty Tum had 6 children- 2 daughters and 4 sons. Their children got good jobs. One of their sons was a district officer or "Nai Amphue", he got married and lived with his family in another province. The other son lived in USA and had a Thai restaurant. Two sons and two daughters already got married and still lived nearby Uncle In and Aunty Tum's house. Since they had many sons and daughters nearby, all children could help to look after Uncle In. They managed a schedule to provide Uncle In a bath because Aunty Tum could not carry Uncle In during the cleaning. All of their sons and daughters loved and came to take care of him everyday.

On the wide terrace in front of the house, Uncle In was lying on the borrowed hospital bed; he looked clean. He wore a napkin without any shirt, but covered with a blanket. There were an electric ceiling fan, a table fan, and also a television in front of him. Uncle In got a stroke that caused him being disabled on the right side of the body, and aphasia as well; therefore, he could not speak. Besides, he also got diabetes. Uncle In was a fair tall elderly with gray short hair. He was 80 years old, same as Aunty Tum. They had been farmers, until their daughters owned the orchid gardens. Therefore, they helped their daughters in orchid gardens, but after Uncle In got the stroke; Aunty Tum stopped working in the garden; and gave all of the time to look after him. However, she still liked to do some works that she could be closed to Uncle In, such as peeling coconuts, decorating coconut peels as an orchid pot at a storehouse. Aunty Tum still worked in various jobs at home for some income. She was very diligent. Every times, I visited her; she was always busy. Sometimes I would help her to do her job, such as growing orchid sprouts and painting the wood fence.

Outside the house, there was the storehouse on the right side. There was an opened air space for sitting and doing some activities. Over there while she was working, she would also like to listen to the radio. I often heard some Buddhist doctrines from her radio while I was walking toward their house.

When I visited them, I always greeted them by a Wai, but I noticed that Uncle In always looked at me as a stranger. However, I tried to make a good relationship by greeting, smiling, speaking gently. Though he still looked at me liked a

stranger, the look was slightly soft if I stayed there for a long period of time. In contrast, Aunty Tum smiled and invited me to sit on the plastic chair, and she closely sat next to me when she narrated the life story. Sometimes she did her house chore or swept the floor.

Aunty Tum was a fair plump elderly with gray short curly hair. Currently, she lost her weight and she looked quite lean.

Aunty Tum said *“I looked after Uncle In and invested all the time for him; therefore, I lost my weight about 10 kilograms.”*

She described that *“Everyday I had only two meals, while Uncle In had completed three meals.”*

Aunty Tum also got sick from her knee osteoarthritis that caused her pain and difficulty in moving.

Aunty Tum storied her past of marriage life with Uncle In. Uncle In and Aunty Tum got an opportunity to know each other in the rice field because their parents' rice fields were nearby and they helped each other in the rice field. They knew each other for along time. Finally, they decided to marriage and live together. After marriage, they still did the rice field. Firstly, they did not have their own rice field; therefore they had to rent the fields. After Uncle In and Aunty Tum were strenuous at work, they had a sum of money, and they invested in buying the rice fields.

They were still farmers for a period of time. About 10 years ago, their daughters and sons were employed at the orchid garden. They learnt by doing for many years. Later, they came back to develop their own orchid garden on their own lands. The orchid gardens were expanded rapidly.

Aunty Tum said *“firstly, my family hesitated to start orchid garden because we thought that if we did not do the rice farm, we would not have any rice to eat.”*

Their daughters and sons used their lands for orchid gardens. They bought more lands; however, they still lived nearby their parents. The orchid garden was high investment, but high return. Though, their children were quite rich, they still lived plainly and always looked after Uncle In and Aunty Tum everyday.

Uncle In and Aunty Tum were idols of diligent and economic for their children.

Aunty Tum said *“Uncle In was very diligent in work. He loved family and children; however, he got an imperfect point that he was rather bristly and stubborn”*

Aunty Tum also said *“Uncle In was a good man without any vices”*

Due to Uncle In was quite moody that caused their marriage life got some small quarrellings; however, he did not drink, smoke or gamble. He worked hard and had self-confidence; therefore, sometimes he refused to accept other opinions. His stubbornness caused him being in a bad situation. For example, he got hypertension; Aunty Tum and daughters suggested him to control food and take medicine regularly. However, he did not comply; he wanted to do all he wanted. Before he got stroke, he ate a number of Durian that affected high blood pressure and partially caused him to be a stroke.

After Uncle In got stroke, Aunty Tum spent all day to look after him. Aunty Tum's daily life, she got up early to cook rice and preparing food for the Buddhist monks or “Sai Bart”. Later, she had to cooked rice porridge for Uncle In. Then, she moved his bed from the house to the terrace. Their son-in-law would come and give Uncle In a bath. After Aunty Tum gave him spoon feeding, she would have her own meal. All day, she did some housework and some miscellaneous things at home. Sometimes, she helped her daughters to grasp the orchids to be bouquets at home. She always stayed at home in order to turn over Uncle In posture to protect bed sore. Aunty Tum would take care of Uncle In first; later she would do for herself. She always paid attention in taking care of Uncle In. She therefore could notice if he had some changes.

She said that *“I would take care of him until he died, but I was not sure between Uncle In and I who would die first.”*

In order to treat and take care of Uncle In, she had to use a lot of saving money; however, sons and daughters tried to help her, but she did not want to rely on them.

Aunty Tum said *“The stroke illness needed to spend a lot of money.”* Now, if she could work for earning, she would do it.

Aunty Tum said *“I wanted to work to earn for Uncle In and for my own expenses because I did not want to depend on and be burden for the children and our grandchildren.”*

Aunty Tum liked to make merit. In addition, she took Uncle In to give food offerings to Buddhist monks every day. She did not only donate money and food, but she also practiced in Dhamma on Buddhist Holy days by staying overnight with other villagers at Wat Makluea Temple. On her Dhamma practices, she stayed at the temple in order to pay respect to the Buddha, pray, meditate, being conscious on conducts and holding on the eight commandments.

Couple case 5; Uncle Song and Aunty Kum

Uncle Song and Aunty Kum's house was near Klong Narapirom and Salaya - Bangpasee Road. When I went to their house, I felt it was not so far. I could ride my motorcycle to the house for approximately thirty-five minutes. From the main road, I could see a big rain tree that was a sign to know that I arrived the way to their house, and then I would go through a small track with many lining trees on the left side and some rice fields on the right side; then about one hundred meters to the end of the track, -I could see Uncle Song and Aunty Kum's house.

Their house was a Thai style with upper single-storey, making of wood and having a wide cellar on the ground. On the upstairs, there was no one to live. I could see a wood boat hanging on, and the stairs were closed by tinplate. On the ground, it was re-build to be a new room on the left side for Uncle Song and Aunty Kum to sleep. Uncle Song lay down on a hospital bed that was borrowed from Klong Yong 2 Health Center; therefore, they could push Uncle Song's bed forward and backward from the room. Generally in the daytime, Uncle Song would lie down on the bed in front of his room. Nearby Uncle Song, Aunty Kum always sat on a bamboo bench. There was a low table, like a bed, for their granddaughter, Kanya who always lay on the bed; she was mental retarded with crinkly body, and always drooled. Outside the house, on the left side there was their son's house that also was a single-storey house, but making of cement on the ground. There were a few rooms. In front of the house, there was an open space with a bamboo bench. The left side of their son

house, it was Klong Narapirom canal. On the back yard outside Uncle Song's house, there was a small pool for feeding fish.

After arriving, the public health officer and I greeted (sawasdee) Uncle Song and Aunty Kum. They also greeted and invited us to sit on a few plastic chairs in front of them. After talking about general topic and asking about Uncle Song's illness, we asked them to narrate about their life story.

Uncle Song lay on the bed. He was 78 years old, same as Aunty Kum. He had a fair tall muscle figure with short gray hair. He wore Chinese style pants without shirt. He spoke loudly. He said that he was an orphan. His parents died since he was two years old, then he was looked after by his grandmother. His childhood was suffering economic hardship, because the guardian's family was very poor without any farm land; they had to rent a rice field.

Uncle Song said *"My childhood was very hard without parents and had to work for surviving."*

He had to help grandmother's family to do the rice field, since he was young. When he was in school age, he had a chance to learn and fulfill only compulsory (Prathom 4) at Wat Makluea school. After finished school, he became a totally farmer. After Uncle Song was exempted from the conscript for army services when he was 20 years old, he ordained a monk at the age of twenty-one. Then, he returned to be a farmer.

For starting his couple life, he said and narrated the story that *"when I was a teenager, I was a taciturn man and quite unknown in the village; therefore, I did not have any girl friend."*

While Aunty Kum said *"Due to my parents were very strictly controlled over daughter, I did not have any boy friend."*

In an appropriated time for marriage, his grandmother had looked for a good lady for him, while Aunty Kum's parents knew that Uncle Song was a good diligent man. His grandmother and Aunty Kum's parents, therefore, agreed to arrange them a marriage. Uncle Song and Aunty Kum did not know each other before the marriage; however, both of them complied with their grandmother and parents. At the time of marriage, they both were 26 years old. They got first meeting on the wedding day.

Aunty Kum was a freckled fair short and skinny figure with short gray curly hair. She wore a round-necked sleeveless collar Thai style shirt with sarong skirt. She looked feeble and spoke softly with hoarse sound. However, she started to share her marriage life story.

Aunty Kum said *“I knew Uncle Song’s orphan life from my parents before wedding that made me feel very pity about his life.”*

While Uncle Song was an orphan, Aunty Kum lived happily with father and mother. Her parent’s family lived well with contentment; however, her parents did not have their own rice farm.

After marriage, they stayed with Aunty Kum’ parents and helped them in the rice field for a few years. Later, they separated to settle their own family. Starting of a new family was a hard time for them. Therefore, her parents supported by giving them a boat, a few planks and some cooking utensils. Basically, they built a small hut for living on an expected rice field. Due to having no land; therefore, they had to be one of pioneers and claim the area for renting and using the rice field. They had to pull out and mow down a mass of reeds and grass. After they were diligent to reclaim the land for the right to rent, they used the land for being their rice field. Uncle Song and Aunty Kum were very proud of their industrious pioneer life.

Uncle Song and Aunty Kum said *“There was no one having the large area as they could do, and this area would be benefit for their next generations”*

For their marriage life, they had a good relation without quarrel, but had only few small disagreements. Both of them were very diligent. They were not only having the rice field, but also having fruit gardens and raising some poultry, such as ducks.

Aunty Kum said *“Uncle Song had always been a good man. He worked hard and helped her both in house chore and in the rice field.”*

Generally, Uncle Song was the leader of the family and decided on the work, while Aunty Kum was responsibility for the house chore. However, Uncle Song always agreed and complied with Aunty Kum’s suggestions. They lived together about three years without children; therefore, they decided to adopt a son named “Sing”. At that time, they had only three thousand baht. They spent all their money in taking care

of the adopted son. During the infant period, their son needed food and medical care. They raised the child as their own son. Presently, their son was grateful, and took care of them.

Aunty Kum said “When my son was a baby, he often got sick. Both Uncle Song and I had to take care of him and spent a lot of money to cure him. Later, when he grew up, he got better and healthy”

Their couple life also got better. They had a sum of saving money; therefore, they built a new house where they presently lived. Generally, Uncle Song and Aunty Kum were healthy. However, about 10 years ago, Aunty Kum was always having stomachaches. After medical investigation, she was diagnosed as being intestines cancer, and she needed an operation. At that time, Uncle Song always stayed closely for taking care of her, and he always kept vigilantly over her. She recovered later and came back home; however, she was still feeble. Uncle Song therefore always took care of Aunty Kum, and they stopped working in the rice field.

Uncle Song was a good man. He always made merit every Buddhist holly day; he also was to liaison at Wat Makluea temple. Besides, he was a shaman for installing spirit of the shrine of the household god and guardian spirit or “Sarnprapoom”. Therefore, he was an important man and being respected from villagers. The villagers thought that he had a spiritual power. Though he got hypertension, he still lived well. Until last year while he was walking, he fell down, and got a stroke. Their son suddenly sent him to the nearest hospital at Huayplu hospital, and then he was referred to Nakornpathom hospital. Aunty Kum was very concern about him. Early few days she took care of him at the hospital; however, she was sick; therefore, she had to come back home. She was very sad that she could not take care of him.

Aunty Kum said that “I felt sad because I could not help him. I could not do anything for him. Nevertheless, I tried to take care of him the same way he did to me when I was sick.”

Uncle Song was in medical care about two weeks, and then he came back home. After stroke, he got weakness on the left side. He could not do any daily life.

Due to Uncle Song and Aunty Kum’s illness, they stopped doing the rice field, but they had to spend a lot of money for medicine and transportation expenses.

Apart from their saving money, Sing, their adopted son, took responsibility to do the rice field, and gave Uncle Song and Aunt Kum half of his income. Sing's wife was Ya and their children; Kanya (retardation), Wilai, and Anuchai. All Sing family's members, excepted Kanya, helped him in taking care of their grandparents in daily routines and anything they could do, such as preparing food and medicine, giving Uncle Song a bath, pooping and peeing. Their adopted son family's members loved and respected Uncle Song and Aunt Kum very much, because they raised Sing as their son. Though Sing had a retarded daughter-Kanya, Uncle Song and Aunt Kum still helped him raising Kanya without any abhorrence.

Their son, daughter-in-law and grand daughter helped to take care of him. Sing tried to help and support him anything that Sing could do; for example, Sing created equipments for exercising Uncle Song's hand and leg.

Uncle Song was serious about his illness and he wanted to be recovered. Aunt Kum also gave him emotional support and encouraged him to exercise in order to be recovery. She always suggested him about his food control that it should not be salty and sweeten, and reminded him to take medicine. Both Uncle Song and Aunt Kum looked after each other reciprocally.

In summary for their couple life, Uncle Song looked hard to do anything, while Aunt Kum looked soft; however, when she suggested and warned him, he always complied with her. Everybody in the family tried to help each other in doing everything for them to get better. Aunt Kum and their son's family helped to look after Uncle Song and he slightly got better and better.

Couple Case 6; Uncle Chai and Aunt Jit

Uncle Chai and Aunt Jit's house was the farthest case. Their house was in Moo 3 village. As mentioned above, there were a number of private lands growing with industrial wood, such as pine and teak trees; therefore, this area was quiet and shady. Due to the desolate area, when I would like to visit this couple, the two public health officers had to drive a car in order to bring me to visit them. They had never let me go alone in this area.

Uncle Chai and Aunt Jit used to rent a land, and lived at Moo 2, Baan Klong Chaiyakan. After Kantana movie town came to occupy the land, most of the

villagers were pushed to stay at Moo 3. Presently, Uncle Chai and Aunty Jit rented the land of abandoned temple or “Wat Rang” to build a house.

Their house was a two-storey house. The ground floor was made of cement, and the upper floor was made of wood. Their house was so untidy with a lot of things.

In front of the house, there was an extended roof and a garage in order to park cars, a pushcart, motorcycles and bicycles, and also to store agricultural equipments and mechanical tools. On the right side, it was an opened kitchen with many things, such as a cabinet, a stove, a dish washed basin, a cupboard and some cooking utensils. On the left side, there were many pets, such as fish, a squirrel, and some birds. In front of the house, there was a big bench made of wood. On the bench, there was messy with mechanical tools and miscellaneous things. This bench was the place on which Uncle Chai always sat.

Their family was an extended family and new generations. Uncle Chai and Aunty Jit had 5 children; four daughters and one son. All of the daughters had their own families, but the son had not married yet. At the first time I visited them, all of daughters’ families still stayed at their house. All of them helped each others in taking care of Uncle Chai and Aunty Jit; their daughters did the housework, while their son took care of Uncle Chai’s daily life, such as taking a bath and clothing him.

Uncle Chai was 60 years old. He had dark complexion and a big plump with gray hair. He wore a shirt and short pants. He got stroke and weakness on the left side. However, he could talk and do his own daily activities, such as having meal, walking to toilet, also pooing and peeing; except some activities that needed two hands, such as taking a bath and wearing cloths. When I visited him, he always sat on the bench in front of the house. Due to his disability, he could move and slowly walk with the right side by using a walking cane. He also had to sit on the chair or any high places. If he sat on the ground, his could not stand up.

Uncle Chai said *“I could stand and walk by myself, except if I sat on the ground, I could not move. Uncle Chai implied with a joke that “even though a ten - wheeled truck drove against me, on the ground, I still could not go or move up.”*

Aunty Jit always stayed in the house. She was dark tall and skinny with curly short gray hair. She looked quiet and reticent. Sometimes I would interview both of them, but mostly I talked with Uncle Chai. She was 62 years old. At the day time, she always went out to work in the rice field, and then she would come back for a lunch.

After greeting Uncle Chai and Aunty Jit, Uncle Chai looked enthusiastic to talk about his story. He said that his childhood was a hardship because his family was poor. His parents were farmers and had three sons. His eldest brother died and the other brother got a stroke and paralyses. The way of his life starting after he decided to finished study on Prathom 2.

He said that *“For me it was not necessary to study,” “studying was not benefit for me.”*

He did not want to study but started his life to be entertainer, such as singer, musician, joker and announcer on a Thai folk song band; however, he was skillful on being joker and announcer.

Uncle Chai said that *“My life was fully enjoy as an entertainer in the band. I had a chance to travel in many places and got a lot of experiences from a lot of people; however it was less income and needed to wander with the band.”*

He still had been an entertainer, until he decided to live with Aunty Jit. His couple life story had started since he was young. His parents’ house was located at the Chaiyakan canal, and Aunty Jit parents’ house was situated in the opposite side of the canal; therefore, Uncle Chai, and Aunty Jit knew each others since they were young.

Uncle Chai said *“I knew Aunty Jit since she was a child, since she was undressed to swim and take a bath at the canal.”*

Uncle Chai had to work and travel to many provinces with the musical band. In the band, he knew a lot of people. Uncle Chai talked amorously to a girl, but she already had a boyfriend; therefore, Uncle Chai was in broken heart. When he came back home, he started to talk with Aunty Jit, and he also attended to Aunty Jit.

Uncle Chai admired that *“Aunty Jit was quite beautiful at that time.”*

Uncle Chai said *“Aunty Jit as teenager was a good looking girl, and therefore a lot of men had approached Aunty Jit. As I knew, they were more than ten guys.”*

Aunty Jit said *“I was not beautiful, but I was friendly to talk with others; therefore many men liked to talk with me.”*

Uncle Chai started to approach Aunty Jit. He loved her and continued his relation. He followed and talked amorously to her.

Uncle Chai said *“Aunty Jit was a good woman. When I got hurt from other girls, she supported and encouraged me.”*

On the other hand, Aunty Jit looked Uncle Chai as a spoiled boy.

Aunty Jit said *“Uncle Chai was lazy, he did not work. He got drunk and was enjoy in the band”*

On her view, she said *“I did not like him”*, and she expected that *“I did not want to marry or be couple with him.”*

Aunty Jit’s parents also did not like Uncle Chai. They thought Uncle Chai’s career as being an entertainer was insecure. Uncle Chai and Aunty Jit’s relation was starting and continuing. Uncles Chai attempted to ask Aunty Jit many times in order to elope with him, but Aunty Jit always refused. Until one day, Aunty Jit was petulant to her parents complains; she decided to run away, while Uncle Chai knew, and went out with her. Although they did not do anything wrong, their parents’ thought that they eloped and went against a tradition; therefore, they had to apologize Aunty Jit’s parents, and then they had to start their cohabit life.

After their cohabit life, Uncle Chai still worked with the musical band, and wandered with the band; however, it was not appropriated for their family. Although he tried to bring Aunty Jit with him because he was concerned about Aunty Jit’s feeling when he contacted with other women. Finally, he stopped his life in the band.

After he decided to stop his wandering life with the band, he started to do other jobs such as construction labor in Bangkok. Later, Aunty Jit was pregnant. Uncle Chai and Aunty Jit decided to come back home and to have a rice field. They rented the rice field about 20- 30 rais. Uncle Chai still had his special talent in entertainment; therefore he turned to be a master of ceremony for encouragement a candidate for being Buddhist priesthood called *“Mor Tham Kwan Nak”*(หมอทำขวัญนาค). After rice

harvest, Uncle Chai had a lot of money from being the master of Tham Kwan Nak ceremony. After cohabit life, Uncle Chai changed to be an industrious man. He always loved her. Aunty Jit was very proud of him.

She said proudly *“After we lived together he changed from a useless man to be a good and diligent man. He stopped drinking. He also loved me and our children. He brought me to everywhere he went; until villagers admired him as a family man.”*

Their couple life was good and smooth; until about ten years ago, Uncle Chai got stroke. Aunty Jit and their children sent him to admit at Huay Plu hospital. Uncle Chai was treated about two weeks, later he came back home with disability.

Uncle Chai stroke and disability effected Aunty Jit and their family. Initially, he had the whole body weakness; he could not move and took care of himself. Aunty Jit therefore totally looked after him.

Uncle Chai said *“Aunty Jit took care of me likes a baby. She had to carry and hold me while she was feeding me. When I was pooing and peeing, Aunty Jit had to clean for me.”*

Uncle Chai was impressed on what Aunty Jit did for him. When he got stroke, Aunty Jit and their son and daughters tried to bring him to be treated by various alternative medicines. Aunty Jit encouraged him to have physical activities, later he could stand and walk slowly by using the right side. Due to Aunty Jit and their children's love and care, he therefore got better soon.

Because of his disability, Uncle Chai had to stay at home. However, he could walk with a walking cane around the house. Currently, Aunty Jit had to take all responsibility for the family. Aunty Jit had to work in the rice field. She had to work hard to maintain the family. Their son and daughters were employees at factories to earn for their livings. Nevertheless sometimes, Uncle Chai and Aunty Jit had to depend on their children's income. On the weekend, their children would help Aunty Jit working in the rice field. After rice harvest, Aunty Jit also worked as an employee, but before and after work, she always looked after Uncle Chai in preparing meals and medicine. After work, she would come back home immediately, and went straight to Uncle Chai.

Couple Case 7; Uncle Lerd and Aunty Orn

Uncle Lerd and Aunty Orn's house was in Moo 8 (Ban Sahakorn). Bansahakorn village was named because this area was belonging to the government property of the cooperative department, Ministry of Agriculture. The department allocated this area for farmers who did not have their own lands in order to use the lands for earning their living; therefore, all this villagers had to rent the land, but they did not have any ownership. Uncle Lerd and Aunty Orn also rent the land for farming, and they also built two houses on this land, one for their parent and another for their family.

The village health volunteer and I rode a motorcycle along a small track that was only for a small vehicle, through green rice fields toward Uncle Lerd and Aunty Orn's house. Their rice field in front of their house was about 20 rais. On the right side of house, there was Uncle Lerd parents' house. On the left side, there were a few neighbors' houses. Behind the house, there was a fruit garden, such as coconut, mango and banana. Next to the garden, it was adjacent to Klong Yong Canal. Due to their house was close to Klong Yong Canal, in the rainy season, their house was flooded almost every year. When their house was flooded, they had to draw water out and make a small wood bridge in order to reach higher areas. The village health volunteer and I used to walk cross the bridge when we visited them.

Uncle Lerd and Aunty Orn's house was a single-storied house made of cement. Their house was quite large. There was a wide living room at the middle of the house. On the left and right sides, there were separated to be a number of rooms. At the back of the house, however under the same roof, there was a kitchen with many utensils.

When the village health volunteer and I passed through door, we would meet Aunty Orn first. She lay down on the floor near the left side of the door next to a sofa. On the right side of the door, there were a few sleeping facilities, such as some pillows, some blankets and a mosquito net that

Uncle Lerd said "*Aunty Orn and I slept there at night.*"

On the floor, Aunty Orn's body was covered with a blanket, and there were a few old pillows near her head. She wore a round-necked sleeveless collar shirt that was the old Thai style, and also wore a napkin. Aunty Orn had dark skinny with short curly black hair. However, her skin looked wrinkle that showed her real age.

When I and the village health volunteer were greeting, Aunty Orn would get cheerful, and looked friendly with a big smile; however, she could not speak due to a stroke with aphasia. Uncle Lerd and Aunty Orn were in the same age, 58 years old. Uncle Lerd also looked dark and sturdy with short black hair. He always wore black Chinese style pants without shirt. He talked merrily and got a good temper. He was also an assistant headman of Moo 8 village.

On the wall, there were many pictures of their family members. I looked at them and asked Uncle Lerd about the pictures. There was Uncle Lerd's portrait in a formal suite as a government officer, a lady portrait in an academic gown that was their elder daughter, a picture of a young priest, who was his son and another picture of a beautiful young lady, who was his youngest daughter.

Uncle Lerd said proudly about his eldest daughter that *"She graduated and got a bachelor degree, and she also had a good job in Bangkok."*

Uncle Lerd narrated smoothly about his life story. Sometimes, he showed his family pictures and described about them. He was born in a parents' house in this village. His parents were farmers, and they could claim a big land, approximately one hundred rais. Uncle Lerd's parents had 5 children; 3 sons and 2 daughters. Uncle Lerd was the eldest son. All children helped their parents in the rice field. However, Uncle Lerd had received compulsory education and fulfilled his study till Prathom 4 as well as Aunty Orn. After finishing the school, he became a farmer and helped their parents in their farm.

Uncle Lerd and Aunty Orn's marriage life started from being neighborhood and helped each other in the rice field because their parents' fields were nearby. They knew each other since they were young, and got married when the time came. Uncle Lerd's parents and Aunty Orn's parents agreed with and arranged them the marriage when they were 26 years old. After marriage, they stayed with Uncle Lerd's family, and helped his parents in rice field for two years. Later, his parents gave them the land, about 20 rais, for growing rice; consequently, they got the land for earning. They did the rice farm and also grew a fruit garden.

Aunty Orn was diligent in work. She was not only a good farmer but also a smart merchant. She sold agriculture products at Sala Namron Market (ตลาดศาลาน้ำร้อน) near Siriraj hospital.

Due the hard work, their neighbors said “*Before she was sick, she mostly looked serious, and did not smile.*”

Their marriage life was serene with little quarrel. Sometimes, they disputed about Uncle Lerd’s behaviors because Uncle Lerd liked to play snooker with his friends and sometimes he got drunk. Although she scolded him, she always took care of him, and suggested him to do good things, including his drinking habit. Uncle Lerd and Aunty Orn helped each other in the rice field and the fruit garden. They prepared fruits and other agriculture products in the morning in order to bring them to the market in the afternoon. Mainly, Aunty Orn earned money for their house. She also gave the money to Uncle Lerd and the children. She knew that he was the village assistant headman; therefore, he had a lot of social activities.

Uncle Lerd and Aunty Orn had 3 children, 2 daughters and 1 son. Their daughters already married. The eldest daughter got a bachelor’s degree and had a job in Bangkok. She had already married and got her own family. Their son and daughter-in-law stayed with Uncle Lerd and Aunty Orn at the house, and they helped their parents in the farm. The youngest daughter was a trader in Samutprakan province. She also had her own family.

Aunty Orn took many roles and responsibilities in the family, such as house worker, farmer, merchant and mother of their children. From all of the roles, she could merge them to be good wives. Aunty Orn worked hard until the recent five years, she got a stroke. Her stroke illness was a severe crisis affecting on herself, Uncle Lerd, and their children.

When she got stroke and lost conscious, Uncle Lerd sent her to a private hospital that cost them amount of money, about three hundred thousand baht, for brain operation. Besides, their family had to spend a lot of money for healing her sickness. After the operation, she was unconscious. Therefore, Uncle Lerd brought Aunty Orn back to recuperate at Nakornpathom hospital. Aunty Orn had slept without respond for 28 days; then she got conscious.

Uncle Lerd narrated about Aunty Orn's stroke that *"Firstly, she lost her consciousness, her fingernails and toenails turned to be purple and dark purple. Other people said she might be death. I was very concerned about her. When the physician asked for an operation permission, I decided to let her get the operation. I needed her back. After the operation, our family could not expense much more money on the private hospital; therefore, she was referred to Nakornpathom hospital. She had lost her consciousness for a month. My daughters, my son and I alternated to look after her. Mostly I kept vigil over her sickness through the night. At the common patient room, there were a lot of people, and there was no area for the relatives; therefore, I had to sleep under Aunty Orn's (patient) bed. It was quite trouble. I took care of her everyday, and one day she got up that was surprised me"*

After Aunty Orn got conscious, the stroke caused weakness on the right side of her body, and she also got aphasia; consequently, she could not speak. Later, when she got better, he brought her back home. After she came back home, Uncle Lerd took responsibility for looking after her. Uncle Lerd helped Aunty Orn in her daily life activities, such as eating and showering. Since Aunty Orn used napkins, Uncle Lerd took responsible for changing napkins and also cleaning her body. Due to her disability, Uncle Lerd had to carry her everywhere and everyday. In the morning, Uncle Lerd carried her to do her private routine. In the afternoon, he would carry her to give a bath in front of the house. He looked after her without abhorrence; when he looked after her, he always touched her and spoke with her gently and joyfully.

Uncle Lerd said *"On the first year of her illness, she looked serious and moody, though she could not speak. I tried to do as good as I could do to take care of her. After two years, she felt less stress and got a good temper. Now, some neighbors said "She got a good temper more than what she used to be."*

After Aunty Orn got the stroke, their family needed to adjust and change their lives. Uncle Lerd used to be cared by Aunty Orn, but now he had to look after her. Uncle Lerd tried to cook for Aunty Orn; however, he was not keen on cooking; consequently, he did only some egg menu, such as, omelet, fried egg, boiled egg. Regarding earning role, Aunty Orn used to be a pillar of the family, presently on the

other hand, everybody had to take responsibilities and roles in order to maintain their family income. Uncle Lerd decided to decrease the area of fruit garden, and changed it to be the rice field because except Aunty Orn, there was no one to sell the fruits. Their son and daughter-in-law had to help in the rice field and take care of the parents. Their daughters who got married and had their own families gave Uncle Lerd some money every month, and the youngest daughter had to drive a pick up car in order to bring Aunty Orn to the hospital every month. Due to no road, the car could not reach their house; Uncle Lerd had to carry Aunty Orn to the car and brought her to the hospital.

Uncle Lerd always stayed at home and paid a lot of time in looking after Aunty Orn; consequently, he did not go to play snooker with his friends. However, sometimes when he had to go out, he would come back home to prepare meals and medicines for her. Although, Aunty Orn was weak on her right side, her brain was still conscious, and she could remember everything. Currently she could use her left hand hold something and to eat. She could have the meals by herself; however, Uncle Lerd still stayed closely to her in order to cheer up her to have more food than she would like to.

Uncle Lerd said that *“Aunty Orn had to take more spoon of food in order to get good health. It was not only food but also dessert that I cheer up her to eat more because she looked so thin. After the meal, I would bring her some medicine.”*

Every times, when I visited Uncle Lerd and Aunty Orn, I could see Uncle Lerd always spoke teasingly with Aunty Orn. Besides, there were many things he did, such as holding her hand, catching her arm, and massaging her forehead that might help Aunty Orn to have a good feeling that she always smiled to response to him. Moreover, she could also communicate with him by nodding and shaking her head for “yes” or “no”.

Uncle Lerd, always asked Aunty Orn *“what do you want?”*

He said frankly and humorously that *“I could take care of her as much as I could do, and I would take care of her until I died. However, I was not sure who would die first because I had to ride a motorcycle out everyday. On the road, I thought I got high risk more than her. She only stayed at home without risk conditions.”*

Presently, sometimes, Uncle Lerd, as the assistant headman, had to go for meetings or seminars in other provinces; while he was being out, he was worried about Aunty Orn. He would tell her every time where he was going. When Uncle Lerd did not stay at home, his son and daughter-in-law would look after Aunty Orn for him.

Couple Case 8; Uncle Chuen and Aunty Wan

At Moo 8, I was surprised that three couple cases of this study were relatives. Uncle Chuen, Aunty Chob, and Aunty Chom were sisters and brothers. Although Aunty Chob and Aunty Chom were not suffering from paralysis, their husbands got stroke. Their houses were also nearby in the village. They had 9 brothers and sisters; however, three of them were death. For the other persons, three persons lived in Moo 8 village on the waterside of Klong Yong and Klong Chaiyakan. Other three lived in other provinces, such as Supanburi, Ayutthaya, and Bangkok.

Uncle Chuen and Aunty Wan's house was deeply inside in the lotus field and near Klong Chaiyakan canal that was a branch of Klong Yong. Their house was quite far from other relatives. Nevertheless, I could ride my motorcycle through the lotus field to their house within thirty minutes. On the way through their house, there were a lot of fruits growing orderly along the sideway, such as banana, mango and coconut. Aunty Wan said that "All the trees were grown by Uncle Chuen."

Their house was an old two-storey house; the ground floor was made of cement and the upper floor made of wood. In front of the house, it was extended to be a garage for parking cars, motorcycles and a tractor, and also storing mechanic tools; therefore, it was quite dark and untidy. In contrast inside the house, it was clean and tidy. The village health volunteer and I would reach a living room; there was a sofa and a television. In the living room, there were also many built-in showcase made of plywood. At the left side, it was a new bright small room with many built-in facilities, such as a bed, a chair, a table and cabinets. The youngest son had this new room be redecorated for Uncle Chuen. Next to the room outside the house, the roof extended to be a kitchen with a lot of kitchen utensils. Next to the kitchen, it was a garden of vegetables and fruits. On the backyard, there was a waterfront pavilion that was leaned out to Klong Chaiyakan. The pavilion was shady, windy and cool. The roof was

covered with an ilang ilang tree; therefore, the pavilion was a good place for being relaxed. Uncle Chuen always lay down at this place.

After greeting with Aunty Wan and Uncle Chuen, we were invited to have a talk at the pavilion. Uncle Chuen lay down on the ground with a pillow. He wore black Chinese style pants without shirt. Uncle Chuen had dark fat short figure with short gray hair. In contrast, Aunty Wan had a dark skinny figure with short black curly hair. She wore a round-necked sleeveless collar shirt and a sarong. She looked soft and friendly with her smile, whereas Uncle Chuen looked moody, and did not want to contact with anyone; sometimes we talked and asked him, but he answered our questions and cried.

His wife said *“If someone talked to him, he would cry because he felt frustrated for his aphasia that he could not speak what he wanted.”*

Therefore, we had mainly talked to Aunty Wan. Aunty Wan told us about Uncle Chuen story and hers. Both of them were 69 years old. About their relationship, they knew each other because their houses were nearby in the village; therefore, their parents were neighborhood. They were acquainted with each other since they were young because they were friends in the same age. They also studied in the same class, and fulfilled Prathom 4 (primary school) in the same year. After they finished school, they became farmers and helped their parents in the rice field.

Uncle Chuen and Aunty Wan were acquainted with each other when they cooperated in working in the rice field. They knew each other and they did not have any special relation with others. Until they were 22 years old, both of their parents thought that Uncle Chuen and Aunty Wan were in befitting age for marrying. Therefore they procured a pair and arranged the marriage between Uncle Chuen and Aunty Wan. After their parent asked their willingness, they both did not have any trouble and complied with parents' arrangement. They agreed with the marriage; therefore, the nuptial was arranged.

After the marriage, Uncle Chuen had come to live with Aunty Wan's parents until now. Their marriage life was serene and respective each other. They had never made a big quarrel.

Aunty Wan said proudly that *“Uncle Chuen was diligent, and worked hard. He was a good man with no smoking, drinking and gambling. He loved family and tried to look after our family”*

The couple had earned for living from the rice farm; however, after a long period of the farming, the rice price was very low, and their rice field was always flooded; therefore, they changed to have a lotus farm.

Aunty Wan said *“our rice farm was frequently faced with water flood; therefore, many people in the village turned to use their lands for growing lotus. And our family also changed to have a lotus field.”*

Up until now, they had grown lotus field for 16 years. They had the right to rent the land from Aunty Wan’s parents. Presently, they would pay three thousand baht per year for renting about 20 rais. Lotus farm was low cost; however, the farmers had to work hard, especially in collecting the lotus flowers, and bringing them to sell at Pakklongtalad everyday. In the past, Uncle Chuen collected lotus flowers everyday, while Aunty Wan grasped the flowers to be handful. They worked hard and helped each other in the lotus field.

They had 5 children, 3 sons and 2 daughters. Their eldest son was a single and still lived with them. He worked in the lotus field instead for Uncle Chuen and Aunty Wan and gave all the money to Aunty Wan. She had to manage the money for housing expense. Although two daughters and one son were separated to get their own families, the youngest son already got married but his family still lived with Uncle Chuen and Aunty Wan. The youngest son was a skilled furniture craftsman; consequently, their house had a lot of built-in furniture, and craft equipments.

Though the couple life was smooth, Uncle Chuen got a chronic illness as hypertension that seemed to be normal in his old age. To control hypertension, medicine compliance was needed. However sometimes, Uncle Chuen did not take medicine in order to control his high blood pressure; consequently, he got strokes. He used to be stroke for two times, but those could be recoverable. Aunty Wan told us about last time that he got stroke.

She said *“In the morning, he went to the rest room for too long period of time. We were so worry about him; therefore, my son tried to open the door, finally he broke it. After opening the door, we saw him*

standing straightly and stiffly. My son carried him out, and brought him to the private hospital.”

At the Hospital, he had been treated for two weeks, then the doctor allowed him to come back home. Twice of his stroke, after he was treated by the physicians at hospital, then he was also treated by some kinds of alternative medicine, such as “Mor Pra” or monk, and finally he could get recovery. The doctors suggested him to take care of himself by having drug-taking compliance in order to control his blood pressure; however, he did not comply with the regimens; therefore he got the other stroke (the third time) which was a severe one. Consequently, all family members looked for alternative medicines; however, the expert monk that they expected to cure him again already passed away, and other kinds of alternative medicines were still not effective; therefore, until now he was not better.

Aunty Wan said “Uncle Chuen got three times of stroke. The first and the second times, he was not severe. After the treatment, he recovered and could be back to normal, but for the last time, he was very severe and still disable; until now it was about two years.”

Aunty Wan said “He got severity stroke. Though however, he was slightly better, but this time I would not expect him to be normal again.”

For taking care of Uncle Chuen, presently Aunty Wan stopped working in the lotus field; she was a housewife in order to take care of Uncle Chuen. Everyday she got up early to prepare food for him and the family. She had to prepare three meals and three times of the regimen everyday. She kept staying closely to him to look after him, and helping him everything whatever he wanted. Uncle Chuen could not walk, but he could sit and move forward to near spaces. However, he needed a care; he could do only some easy activities by his left hand, such as eating, taking and grasping things. He needed someone to help him getting up in order to go the rest room.

There were three places that Uncle Chuen was always located at home. The first place was at upstairs that he slept at night, and in the early morning. He would get up early, and their sons would help him to have muscle exercise as taught by physical therapists, and then he had breakfast. After breakfast, he would be moved to second place at his new room. He could grasp a hand rail and slowly stepped down

on stairs to the ground floor, and then he moved up to the new room that his son made for him. While he was stepping down the stairs, Aunty Wan would support his buttocks in order to protect him from bumping and falling down the steps. At his new room, he stayed all morning till noon. After he had lunch, he would move forward to the third place at the waterfront pavilion. He would sit or lie down there until he had dinner about 17.00 o'clock. After supper, their sons would help him taking a bath and brought him to upstairs. All the family members shared in taking care of him with love and tenderness.

Although, Uncle Chuen life was supported by his wife, his sons and a daughter-in-law, he still looked moody. He would be annoyed by a loud noise of their grandchildren playing. Everyone concerned about his emotion and wanted him to get calm.

Aunty Wan said that *"Sometimes I might bring him to get holy water to help him to get good temper. I could accept it if Uncle Chuen did not get better, because he got stroke many times that might cause him bad prognosis; presently, he was still paresis and could not talk."*

His sisters and relatives who lived nearby always visited him. Everyone sensitively cared of Uncle Chuen, and paid attention on his health and wellbeing.

Couple Cases 9; Uncle Art and Aunty Chob

Uncle Art and Aunty Chob's house was near the junction of Leab Klong Yong road and Leab Klong Chaiyakan road. I could ride a motorcycle to their house in thirty minutes. Due to a lot of accidents at the junction in front of their house, and there were more frequency of accidents affecting to their house because it did not have a fence. Thus, they protected their house by placing some big cement blocks in front of the house along the junction side. Their house was a one-storey house, which was made of cement with a compact size that suited for their small family. The house looked shady with a lot of trees surrounding with a fruited garden.

After greeting Aunty Chob, she invited me to get into their house. The house was composed of a living room, a section for paying respect to the Buddha image, two bed rooms, a kitchen and a rest room. Behind the house, they extended the roof in order to use the covered area; there was as a resting area a book shelf in the

corner of this area. Uncle Art always sat on a rocking chair and read some books from the book shelf, while Aunty Chob did her job on the desk in the living room. Mostly I interviewed Aunty Chob at the living room, but I talked to Uncle Art at the resting corner. They had different life styles and perspectives.

Aunty Chob , 63 years old, had a round face with fair complexion and medium height. Her hair was black with mottled gray. She always wore long pants and a long sleeve-shirt for gardening. She looked serious and grumbling, and was always busy in doing a lot of things. In contrast, Uncle Art was 65 years old; he looked calm and pretty smart. He was a fair tall and thin man with gray hair. Most of the time he wore a long shirt and short pants, and worked on gardening at the backyard, and then for resting, he got back to read some books at the corner. He was quiet on his place surrounding with the green garden; however, after talking, he looked like to talk and narrate his story. For interview, sometimes I talked to both of them together. However, some interviews were conducted at each individually private place.

Uncle Art was born in Chonburi province, as well as his other three brothers. After he finished his high school; however, he could not pass the test for university entrance examination. Finally, he decided to continue his study in Bangkok instead.

Uncle Art said *“I thought that I would rather go out than stay at home. He complained that if I stayed in Chonburi, I had to be a rough guy, because the society around me was full of ruffians, gamblers and women connoisseurs.”*

Therefore, he applied for studying at the King Mongkut’s Institute of Technology, North Bangkok (Panakhornneur institute), and he received an advanced certificate in electric engineering. Then, he became a public service officer at an electric power station on the Rama 6 road. Due to a low salary (only 850 baht a month), he served the job for only two years. Then, he applied for another job with higher payment in a private company, named ‘Thai To-Lay’ in Nakornpathom province which gave him higher payment. Regarding the job, he was a mechanic who controlled and maintained industrial machines; therefore, he had a chance to go to Japan for training for 6 months. According to granted agreement, after he came back

from the training, he had to work in this company for at least 5 years. At this company, he initially built up a friendship with Aunty Chob.

Aunty Chob narrated her life that her parents and the family were farmers. She had nine brothers and sisters. For her education, she completed the compulsory primary education (Prathom 4 at that time) in Klong Yong, Nakornpathom province. Then she kept on helping her parents in the rice field, and she also worked in a garment factory, Thai To-Lay. She was very diligent; therefore, she got a promotion, and was a supervisor of the garment section.

After Uncle Art got to know Aunty Chop and felt very impressive on her because she was a good woman in his eyes. At that time, based on Aunty Chob's views, Uncle Art was a good looking guy. However, he flirted, and approached to many women including her. And Uncle Art also accepted it.

Uncle Art told me that *“I was going around with a lot of women; however, I liked Aunty Chob because she was a good woman, she always took care of me. Sometimes, I was drunk, but she still looked after me and took me back to work.”*

They were acquainted with each other for a period of time; until, Uncle Art got a new job at Siam Cup Company at Banpoong, Rachaburi province. Over there, the company sent him to India for eight-month training, and he had to do work for the company at least for eight years. Due to the good relationship between Uncle Art and Aunty Chob, and they also thought that it was an appropriate time for marriage. Uncle Art therefore decided to marry Aunty Chop while he was 32 and she was 30. Consequently, after the marriage, Aunty Chob moved to work at Siam Cup in which Uncle Art worked. Then, they decided to have a child, and finally after three years they end up with two sons.

After the marriage, when she got the first pregnancy, Uncle Art wanted her to stop working in order to raise the baby. However, she still worked hard in the company, until she had the first delivery.

Aunty Chob said *“I liked working, and I also earned some income. A month after, I gave the childbirth, I would like to go back to work; however, Uncle Art had already quitted my job. He was really*

concerned about the well-being of me and our son; therefore, I started to be a housewife, and only looked after my son.”

Although Uncle Art got marriage, he still got drunk, smoking and gambling; therefore, he got a lot of debts. Due to his debts, Uncle Art planned to work in Saudi Arabia because he could have a higher income. He had tried to look for a new job and strived to work abroad, and finally he could go to work in Saudi Arabia without any expenses. At the time of working abroad, their sons were still young.

Aunty Chob said “When he went to work in Saudi Arabia, the younger son was only 3-4 months. I was so worried about many things, but I respected his decision.”

After he quitted from Siam Cup Company, he got a sum of pension that all was given to Aunty Chob for renting a room, taking care of their sons and other expenses during his leaving.

In Saudi Arabia, he worked as an electrician at an electric power station. His job was a good job with high salary, as well as a good welfare, such as free accommodation. Moreover, he also was so excited about high technology of the Saudi Arabia power station.

Uncle Art said “The Saudi Arabia electric power station had high power capacity in generating electronic power, approximately 80-120 Megs that was more than he had ever experienced in Thailand that was only 60 Megs.

After working there for only 3 months, he could send money back to Aunty Chob for the expenses, and he could also pay back all the debts. Besides with the good finance, they could send their two sons to study in a famous Christian school in Rachaburi province.

Aunty Chob was a good single mom. She taught her sons before going to school; therefore, their sons were good at studying. The younger son could pass and be upgraded to the same class as the elder son; consequently, they looked like twins in the class. She also taught them some discipline for studying and living.

Aunty Chob said “I had never forced my sons to study, but they loved to study, and also liked to read some books. Thus, I fully supported them; for example, I bought a set of Thai encyclopedia book

collection, though, it was expensive (more than ten thousand baht). But I thought it was worthwhile for my sons because they could read the book many times.”

During that time, Uncle Art could come back home (Thailand) for 1 month every year. Consequently, He went over financial problem. In spite of hard monetary situation, he still spent a lot of money with his friends. One month in Thailand, he was going around with his friends, drinking a lot, and smoking expensive cigarette. Therefore, for the family, he only gave Aunty Chob some money for looking after their sons.

Uncle Art accepted that *“Aunty Chob had never warned or scolded me about my lavish expense. She told me that I could make money; therefore, I could spend it for my own pleasure. However, sometimes I wanted her to control me in order that we could save money for the future.”*

Uncle Art was diligent and work hard for a long period of time in Saudi Arabia; until he had a privilege to bring his family to visit and stay with him in Saudi Arabia for 3 months. In sum, he worked in Saudi Arabia for approximately 8 years, and he got a large sum of money. Then, he stopped working and came back to Rachaburi that he invested money to do a private business, such as a shuttle van station, a paper factory and a grocery shop, but all of his business projects were fail, and he lost a lot of money; however, their family still had a sum of money.

Since their sons were good at studying, after they finished the secondary school, they applied for continuing their high school study at Triam Udom high school. They could pass the admission test, and then they both were Triam Udom students. Consequently, their family had to move back to live at Klong Yong, Nakornpathom. As a result, Uncle Art and Aunty Chob decided to buy a land in order to get a right for renting the land. The land was about 20 rais at Baan Sahakorn village. Besides, Uncle Art also looked for a new job in Ayutthaya province, and he worked there until retirement.

At Klong Yong, Aunty Chob became a gardener growing the flowers and fruits, such as bananas and mangoes. She grew marigold flowers and globe amaranth

flowers. She had to harvest the flowers and sell them at Pakklongtalad market everyday. She worked hard to keep all money for her sons.

Aunty Chob said “I used to sell flowers and fruits. Though from selling them, I had an amount of money approximately ten thousand baht, I had never spent it for myself, I kept all the money for my sons and for their study.”

At the same time, Uncle Art worked on weekdays and came back home every weekend. He got high salary. However, he gave his family only five hundred baht a month. Uncle Art always got drunk and spent lots of money on entertainment with his friends. Due to his lavish expense, he had less of money saving.

Both of their sons study in the same level like twins. After finished high school, they studied at the famous stated university. Their sons were not only good at studying, but also earning money from part time jobs; for example, being tutors and teacher assistances. They also participated with extracurricular activities. Due to their good behavior, they were loved from friends and their teachers.

Unfortunately, Uncle Art still got drunk that caused him a stroke, when he was 53, and both of his sons were studying in the forth year. It happened at his work place when he was on duty; his colleagues noticed that he might have something wrong. His face became in an irregular shape with a wry mouth. Therefore, the office staffs sent him to a private hospital in Ayutthaya province.

Due to high expense of private hospital, and he was not get better, he decided to come back home after stayed there for a few days. Later his elder son sought out an expert physician at Phramongkut hospital to cure him. He had stayed at the hospital for a week. After he got better, he was discharged and came back home with a lot of medicine. The physician suggested that he had to stop working for at least one month, complying with the treatment and taking a rest. At that time, Aunty Chob looked after him closely. His stroke illness was not severe; therefore, it did not cause him any severe disability. Uncle Art could use his hands; however, sometimes it was weak, and that caused him stress and anger. At that time, if he could not carry something, he would throw and break a lot of plates, glass and other things.

Uncle Art said *“I was angry with losing of control of my right hand. Because of my anger, I threw away everything, even mobile phones. I brokenly threw 2-3 phones.”*

On the contrary, Aunty Chob showed rather calm with his moody emotion. She planned to take care of him the medical schedule, encouraged him for having meals and taking medicine. She prepared medicine for him three times a day.

Aunty Chob said *“I urged him to have meals and take medicine on time. I prepared his medicine by packing the medicine into small bags for three times a day.”*

“Thanks to mild severity of stroke illness and a good taking care from Aunty Chob”; Uncle Art said he therefore got better soon, that brought surprised to the physician. After a month, he could do his daily routine and work quite normally. However, he had to see the physician every month. After he had taken the medicine for one year, and some months later, he could drop some of the medicines. Due to his stroke, He became aware of his unhealthy behaviors, and he quitted smoking by himself immediately, and then stopped drinking for two years before his retirement.

After their sons got their Bachelor degrees, both of them got jobs and gave Uncle Art and Aunty Chob some money every month. Their sons asked their mom, Aunty Chob, to stop the flower garden business; therefore, Aunty Chob stopped running the garden, but she still continued her fruit garden. Presently Aunty Chob willingly helped in working as a volunteer for the community. She was a treasurer and secretary of the community cooperative bank that provided saving management and gave financial credits for the villagers. She spent most of her time to serve the community. After Uncle Art retirement, however, he wanted to extend his career path, although their sons asked him to stop working and take a rest. Now, Uncle Art was a fruit gardener though it looked like his hobby. Uncle Art and Aunty Chob was very proud of their sons.

Uncle Art said *“I knew I was bad, but I was lucky that I had good sons. They were good students, having good works and also were good guys; they took care of us”*

Aunty Chob said *“I was happy about my sons that they had good lives, and both of them were grateful in looking after us. However,*

we had only two sons without daughter, but our sons fully took care of us without any deficit”.

In summary, Uncle Art and Aunty Chob’s marriage life was lively and colorful. Their marriage life got a lot of changes, but they could pass through the obstructions. Although they had little argument, they were calm and let it go. They always took care of each others, and these made their couple life got serene and stable.

Couple Case10; Uncle Bon and Aunty Chom

Uncle Bon and Aunty Chom’s house was not far from Salaya. With a motorcycle, I could arrive at their house in thirty minutes. At the area of Klong Yong intersecting with Klong Chaiyakarn, it was a location of Uncle Bon and Aunty Chom’s house; however, the house was deep to the end of their lotus farm. Their house was one of the six chummy houses standing at the end of Leab Klong Chaiyakarn road. They grew not only lotus flowers, but also cultivated marigold flowers on the highland around their lotus farm for selling. I felt really fresh, when I rode through these beautiful flowers.

Uncle Bon and Aunty Chom’s house located in the low land and nearby the Klong Yong canal; therefore in raining season, the house was flooded. However, it did not affect on their lotus farm, because the lotus liked to have a lot of water. It was beneficial to do the lotus farm at low area, especially adjacent to the canal. Their house was a one-storey house made of cement on the ground with a terrace in front of their house. When I reached their house, there were a few chained dogs that were always barking at strangers who came to visit them.

They have a barn opposite to the house; the barn had no wall, and was made of wood, and the roof cover with nipa leaves for thatching. The barn was divided into two sections. On the right side; they used it as a garage for 3 cars and a store. On the left side, they lifted the wood floor up to around 60 centimeters above the ground and used it as a work place and resting area. At the left part of this floor, I saw a pillow, a blanket, a mosquito net and an electric fan. Uncle Bon told me that he always used this place for a rest after work and slept at night for many years before his illness in order to watch over the cars, motorcycles and other machines. On the left side in

front of the barn, there was a lot of kitchen wares, such as a gas stove, a small cupboard and cooking utensils.

Uncle Bon said *“I stayed here at the barn all day and night because it was ventilated. In the house, it was quite cramped, so I did not like to live there.”*

After Uncle Bon got a stroke, he still lived there because on the lifted floor, he could easily move and walk.

At the barn, it was used for preparing lotus flowers before sending them to the market because it was next to the lotus field. Besides, they used the barn for welcoming visitors. I always interviewed Uncle Bon and Aunty Chom at the barn. During the interviews, there was light blowing wind caused me feel relax and comfort, because the barn closed to the lotus field that liked a lake. After greeting us, they invited us to sit on the lifted floor. As Aunty Chom had to go to the market to sell lotus flowers everyday; sometimes I could see only Uncle Chom when I went to visit them. Therefore I talked to Uncle Bon more often than Aunty Chom.

Uncle Bon was 56 years old. With short gray hair, he was dark, tall and plum. He always wore black Chinese style pants without any shirt. He enjoyed talking, and narrated his life story. However, I noticed that he spoke loudly with a rural accent that was hard to get; therefore, sometimes I had to repeat in order to confirm what he had just said. He told me that when he was young, his family had a rice field. In the past, rice farming needed labors and buffalos. He said vividly that he took responsibility to take the buffaloes to feed in the grassland. At the village grassland, most children took their buffaloes there and let them free for having grass; and then all children would play together. Sometimes, there were many buffaloes and they looked alike. He had to remember his buffaloes' horns and brought his buffaloes back home. Besides, the buffaloes usually remembered their own place. When the sun set, the buffaloes would go back home themselves, and then he only followed his buffaloes back home.

Uncle Bon said *“When I was young, my life was enjoyed with a lot of friends, and I helped my parents in the rice field.”*

After he finished Prathom 4 (primary school), he helped his parents in the rice field. When he was 20 years old, he passed conscript for the army service; in other

words, he had not to be a soldier. Later, he ordained to be in Buddhist monkhood when he was 21 years old. After he left the monkhood, he became a farmer.

Aunty Chom was 59 years old. She had a fair plum figure with a round face, and she had short and curly hair. She usually wore a Thai style round-necked sleeveless shirt with Thai traditional skirt, sarong. However, when she worked at lotus field, she would wear long pants. She told me about her story that her life was simple and easy likes other young women. She was grown up in a farmer family with 9 children. Girls had to help their parents in doing house chore, raising younger sisters and brothers, and also working in the rice field. She studied and fulfilled Prathom 4. After finishing school, she had to continually help her parents in the rice farm.

Aunty Chom said *“I did not think about pairing, or marriage; however, when it was the appropriate time, my parents arranged marriage between Uncle Bon and me. Luckily, I had a good opportunity to know him before the marriage. He was a diligent man; therefore, I agreed with the marriage easily.”*

The beginning of their relation started from being neighborhood. Uncle Bon parents' rice field was nearby Aunty Chom parent's rice field; therefore, they knew each other since they were young. Aunty Chom was about 3 years older than Uncle Bon. A few months after Uncle Bon left his monkhood, both of their parents committed marriage arrangement for Uncle Bon and Aunty Chom. They agreed about the marriage; at that time, he was 22 and she was 25 years old.

After the marriage, they stayed with Uncle Bon's parents for a few years; then moved out to settle their own family. They built a new house next to Aunty Chom parents' house. They did a rice farm by renting a land for many years. However, their rice field was in low land; therefore, it was water flooded almost every year. Finally, they decided to change to do the lotus field. Their lotus field was about 20 rais that they did for living. They had 3 children, two daughters and one son. The two daughters already got marriage and had their own families, but both families still lived in Uncle Bon and Aunty Chom's house. Unfortunately, their only son died ten years ago from motorcycle accident when he was 19 years old. This accident and loss caused Uncle Bon and Aunty Chom so grieved because they had only one son, and they would had expected their son to ordain to be a Buddhist monk, if he was 21 years

old. However they had never left their determination; therefore, they provided the ordination to a relative. They had prepared a good ordination with a banquet and music entertainment. They thought that if they did a great ordination, they would have high merit.

For their daily life in the lotus field, Uncle Bon had to get up early at about 5 o'clock to collect lotus flowers. The lotus farm had a bit deep water about 50-60 centimeters that Uncle Bon and some employees could walk through the water to collect lotus flowers. They had to wade through the lotus farm with a boat, then plucked lotus flowers and laid them on the boat. They could not carry a lot of lotus flowers; therefore, the boat could help them to carry and bring lotus flowers back to the bank. Afterward they took them to the barn; then Aunty Chom and other employees would grasp the lotus flowers to be handful. They helped each other in the lotus field everyday.

Their couple marriage was quite calm, but sometimes had little quarrel because Uncle Bon got drunk. Everyday when Aunty Chom brought lotus flowers to sell at Pak Klong Tald, Uncle Bon would do the house chore after that he would drink almost everyday. Due to his alcoholism, he got a stroke. One day, he drank and then went to sleep. When he woke up in the morning he could not get up and moved his body. Uncle Bon's paralysis was shock everyone in the family; therefore, their daughters and sons-in-law took him to the hospital. He stayed at the hospital for a week, then he came back home. The stroke caused him weak on the left side. In the early stage of his illness, he felt very angry because he could not move, or do anything by himself.

All family members tried to help Uncle Bon. Aunty Chom and the daughters alternated to look after him all the time. The elder daughter resigned from work to take care of him. Their sons-in-law also helped him in doing his daily routines and having muscle exercise. The sons-in-law built a pulley for exercising hand and leg, and a walking track with hand rail which was made of bamboo. Uncle Bon was enthusiastic to exercise everyday.

Uncle Bon said *"At that time, I tried to do everything; for example, I peeled shell of hundred coconuts in order to exercise my hands."*

Uncle Bon got paresis for 4 years. Presently, after rehabilitated by himself and family support, he could recover, and do his daily routine by himself. Due to his still hobble, he could not do the lotus field; however, he tried to do another job; such as employee at a parsley garden. He harvested parsley, and got wage 4 baht per kilo or 30-40 baht per day. Moreover working, he would have a lot of friends, and he was proud of earning money himself.

He said proudly *“I could work and earn money for myself. Sometimes, I got money; I would buy some dessert for Aunty Chom and my daughters.”*

Uncle Bon could take care of himself, and did not be burden for others. He helped his family by cooking food for everybody. He tried to help Aunty Chom everything that he could, such as counting marigold and lotus flowers. Both of them always helped each other in working.

Uncle Bon said *“I liked Aunty Chom because she was talkative like a radio that never stopped talking. When I stayed closely her, I never felt lonely.*

Now, He could go around by using a tricycle. All family members took care of his health by taking him to hospital every month. Now he stopped drinking, and his family came back to be normal.

Summary of the couple cases

In villages during the studying period, there were only ten persons, 8 males and 2 females, who got stroke. Therefore ten couples were participants in the study. The table 4.1 presented summarily demographic and illness data the couple cases.

The table 4.1 Demographic and illness data of the ten couple cases

Names*	Ages	Children	Occupations	Education	Source of income	Illness	Severity of the stroke	Duration of the stroke	Duration of the marriage
1. Aunty Tim	79 years	No child (1 adopted daughter)	farmer	Grade 4	husband's income	Hypertension, Stroke	Hard of movement (recovery)	1 month and then recovery	59 years
Uncle Yai	81 years		farmer	Grade 4	owning a farmland for renting				59 years
2. Uncle Som	74 years	5 children	farmer	Grade 4	children's income	Diabetes, Hypertension, Heart disease, Stroke	Left side weakness (recovery) -Hard of hearing -Dim eyes	3 years and then recovery	50 years
Aunty Sri	69 years		farmer	Grade 4	gardener				50 years
3. Uncle Non	69 years	2 children	trader and employee	Grade 2	wife's income	Stroke, Diabetes, Hypertension	Left side weakness (disability and depending on others) -Dim eyes	4 years	32 years
Aunty Na	50 years		trader and employee	Grade 4	employee				32 years
4. Uncle In	80 years	8 children	orchid farmer	Grade 4	children's income	Stroke, Diabetes, Hypertension	Right side weakness and aphasia (disability and depending on others)	8-9 years	63 years
Aunty Tum	80 years		orchid farmer	Grade 4	orchid garden and children's income				63 years
5. Uncle Song	78 years	No child (1 adopted son)	farmer	Grade 4	son's income	Hypertension, Stroke	Left side weakness (disability and depending on others)	1 year	52 years
Aunty Kum	78 years		farmer	Grade 4	son's income			9 years	52 years

The table 4.1 Demographic and illness data of the ten couple cases (cont.)

Names*	Ages	Children	Occupations	Education	Source of income	Illness	Severity of the stroke	Duration of the stroke	Duration of the marriage
6. Uncle Chai	59 years	7 children	farmer	Grade.2	wife and children's income	Stroke, Hypertension	Left side weakness (disability)	9 years	39 years
Aunty Jit	61 years		farmer	Grade 4	farmer and children's income				39 years
7. Aunty Orn	58 years	3 children	farmer and seller	Grade 4	husband and children's income	Stroke, Diabetes, Hypertension	Right side weakness and aphasia (disability and depending on others)	4-5 years	32 years
Uncle Lerd	58 years		farmer	Grade 4	farmer				32 years
8. Uncle Chuen	69years	5 children	lotus farmer	Grade 4	children's income	Stroke, Diabetes, Hypertension	Right side weakness and aphasia (disability and depending on others)	2 years	49 years
Aunty Wan	69 years		lotus farmer	Grade 4	children's income				49 years
9. Uncle Art	65 years	2 children	mechanic supervisor (retirement)	high vocational Certificate	children's income	Stroke	Right side weakness (Recovery)	1 months and then recovery	34 years
Aunty Chob	63 years		employee and farmer	Grade 4	children's income				34 years
10. Uncle Bon	56years	2 children	lotus farmer	Grade 4	wife and children's income	Stroke, Diabetes, Hypertension	Left side weakness (recovery)	4 years and then recovery with disability	36 years
Aunty Chom	59years		lotus farmer	Grade 4	lotus farmer				36 years

CHAPTER V

MEANINGS OF LOVE AND ITS DYNAMICS

In this chapter, love dynamics and their meanings among the paretic patients and their couples would be described from their initiative relations to marital relationships, during the stroke illness, and finally after recovery. The meanings and dynamics of love were based on the findings from narrative interviews, in-depth interviews, informal interviews and observation of the couple cases' daily lives.

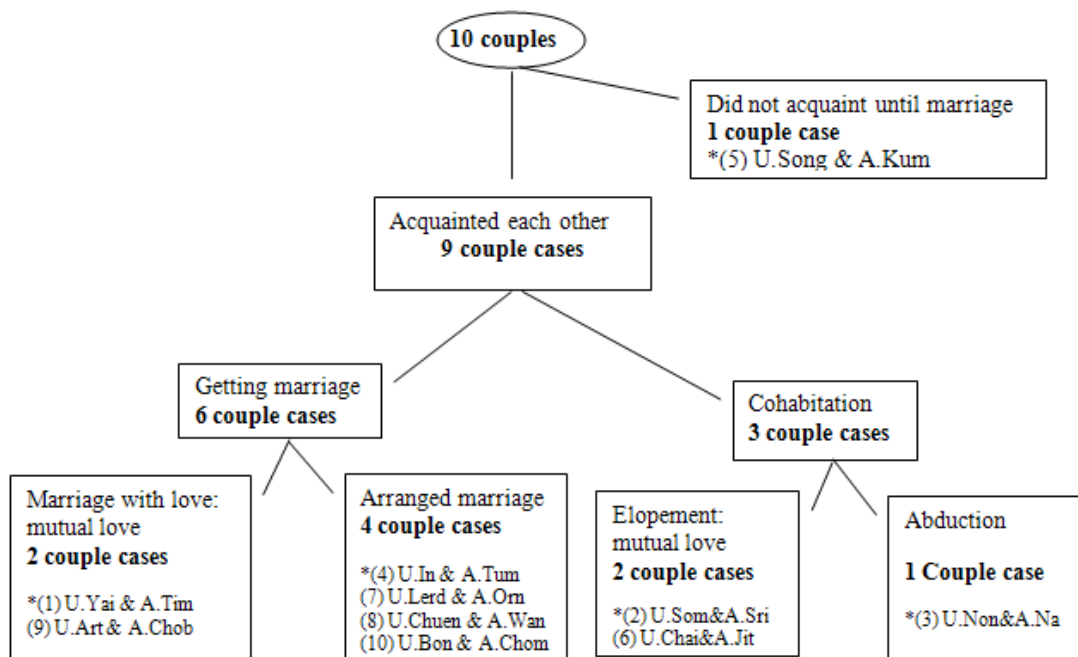
Since the patient cases were elderly, older than 60 years old, their life experiences and discourses that provided meanings for any social objects, including "love", should be constructed by members in the community, social phenomena, and cultural contexts during those specific periods. The first love experiences of the study patients were existed in the past that had been since 1950s. All couples lived in Thai socio-cultural contexts of an agricultural and rustic community. Therefore, the precedent experiences were subjective feelings existing in the past traditional rural society; however, there also were transitive changes of the society, especially course of modernization.

Regarding the life history narration of the couple cases, love has variety of meanings. From their experiences, "love" was described by using the terms in their everyday experience and based on their socio-cultural contexts rather than by giving any definite definitions. Generally, people would make reflection, solution, and decision of their love through their subjective world. I therefore, as a researcher who was putting my feet in their shoes, would try to capture and combine the hearts of dynamic meanings of love that the cases had been provided, tried to be referred to, or seemed to be meant, and were presented in this chapter. Meaning of love and its dynamics in this study were presented into four parts: (1) contexts of meaning, (2) dynamic meanings of love, (3) dynamic components of love, and (4) affecting factors of the love dynamics.

5.1 Contexts of the love meanings

Although there were only ten couples in this study, their love relationships and arranged marriages were different. On the early stage of their love experience, when they were teenagers, nine couples knew each other before marriages or cohabitations. Only one couple did not acquaint with each other before marriage. Among seven couple cases that got married, only two couples were married with love, but the other five couples had to get marry because of their parents or relatives' arrangements. For the three couples that got cohabitations, two couples eloped with love, while one couple was an unwilling cohabitation. Only the man was interested in the woman, but she did not like him; consequently, he abducted her. See the relationship summary of the ten couples in figure 5.1.

Figure 5.1 Relationship summary of the ten couples



* These [(1), (2)... (10)] refer to numbers of the couple cases mentioned previously in chapter IV

5.1.1 Socio-cultural concerns for the interpretation of love: Social values and gender roles

Generally, people in the villages knew each others before their marriages or cohabitations. Nine couple cases were friends or neighbors. Only one couple did not really know and no acquaintance with the partner before getting married. Although during those days, it seemed to be difficult for men and women to develop their relationships, rural ways of life and agricultural culture still provided them some opportunities. However, only the men could play a major role in the process of relationship development and love, such as approaching, courting, dating, while women could not express about her affectionate feeling. There were different gender roles that influenced upon different perceptions and behaviors regarding love between men and women.

In the community, social value concerning virginity seemed to influenced men and women differently. The ideal of woman virginity directly affected both women and men. A woman had to suppress her feeling and desire and kept her virginity for only one man; therefore, young women did not have any chance to approach or court many men. Only the man was allowed to be proactively dominant in the process of love, dating, courting and mating with many women. In contrast, a woman who made contacted with many men seemed to be labeled as a bad girl, a flirt and an infidelity person. This ideal of virginity before marriage for young woman was rooted in the study community.

At that time, the man could flirt with many girls; conversely, woman was expected to contact only one man. Man got the right to initially love, approach, date, and court woman, while woman was passively expected virginity, and should not initially approach and contact with man. These differences of right and opportunity to love between man and woman could be demonstrated in the following verbatims.

Uncle Yai said *“I approached many girls, more than ten; however, I consistently courted only Aunty Tim because she had only me. I left other girls because sometimes they were contacting and flirting with other men.”*

Uncle Art said *“There were many female workers in my work place; therefore, I flirted a lot of women, and many women were interested*

in me. Aunty Chob was one of my girl friends. Firstly, I felt indifferent with her, but she was a good girl in taking care of me; therefore, I liked her and finally married her.”

Uncle Non said shamefully *“I used to be flirtatious with many women and I had four wives before having Aunty Na.”*

Aunty Na said *“Although, Uncle Non cohabit with me he still had sexual relation with other women.”* She described that ***‘If women gave him a chance, he got sex’***. *“He had never stopped his sexual relation with other women. Even though, he had gonorrhoea, but after he got better, I thought he still had sex with other women.”* She also complained that *“He never stopped infidelity; therefore, I had to suggest him to use condoms in order to protect himself, myself and our family from HIV.”* *“However, after he got gonorrhoea, I really scared to have sex with him.”*

When Aunty Na said about his sexual behavior, Uncle Non had never refused it. I, as a research, could see his smile with embarrassment, but shading with pride.

Uncle Chai said *“Before I attended to Aunty Jit, I used to approach a girl in Bangkok, but she broke my heart. Then, I started to talk with Aunty Jit, she talked nicely to me and also supported me a lot caused I was impressed upon her.”*

It was interesting that although men seemed to have a right to love, they only showed by using eye contacting, smiling, talking and helping the interesting women. He would try to stay close to her. On the other hand, woman had to suppress her emotion and could show only some acceptable expression, such as shyness, scare, or pretending anger when she had to answer him.

Uncle Som said *“When I was interested in Aunty Sri. I often went to meet and talk to her.”*

Aunty Sri said *“I noticed that Uncle Som often gazed at me with smiling face. I felt angry with him that was why he was staring at me, and I did not like the way he was looking at me; therefore, I tried to avoid his eye contact. Later, he started to talk to me politely; therefore, we acquainted with each other.”*

Uncle Yai said *“I tried to approach Aunty Tim, but I could not meet her personally. I had a chance to meet and stay close to her during “Long Kak” (ลุงแขก), cooperating in her parents’ rice field, even though they had never been directly invited me. At that time, there was no telephone or any communication devices. If I thought of her, I would write a letter and send it through her girl friends in order to conceal our relationship from her parents.”*

Aunty Tim said *“My parents did not allow me to talk to any men. I could only contact him through letters; however, I could not keep his letters; I had to tear down all the letters to prevent my parents from knowing that I contacted with him. However, sometimes at temple fairs, we had a chance to meet each other, but only looked at each other on the opposite side of the entertainment houses.”*

According to Thai culture at that time, women had no chance for choosing their own spouses. A woman who showed her passion desire, or any approach to a man before he expressed his interest would be blamed as a bad girl. Sometimes, an old Thai culture called the behavior as “Tod sa phan” (ทอดสะพาน) which meant she encouraged the target man to contact with her, and showed her feeling that she wanted to contact with him. The word “Tod sa phan” was not a good meaning, especially for female; therefore she had to save herself only for the man who would marry her. In the rustic culture, women did not allow to disclose and flirt with men. Women had to entirely starve and keep their feminine virtues and pride. Good manner for women meant suppression of feeling, especially love and sexual desire. However, smiling and being shy response were acceptable for Thai women. In short, courtship between men and women were identified by male dominance and female submissiveness.

Aunty Tim said *“My parents always taught that a good woman had to protect and preserve her purity and virginity (รักษาวล สงวนตัว), and should not be a person who initiated relationship first... The good woman had to learn and practice in order to be a good wife. My mother always taught me about house chore, such as cooking and cleaning. She said that*

I had to practice all house works in order to take care of my husband and children in the future.”

Meen (a female village health volunteer) said *“In the past, a young woman should not contact any man. If woman initially approached to a man or Tod sa phan (ทอดสะพาน), the man thought that she might not be virgin, or she got a lot of experience with men.”*

Male dominantly in mate selecting was not only in the process of dating and courting, but also in the process of marriage. Generally, male would show his interest in a woman, and then he requested his parents or senior relatives to ask permission from woman's parents for marriage arrangement, while the female should not show her interest in male. For Thai culture, male would be dominant in the process of mating. Although the arranged marriage or match pairing was facilitated by the man's parents and senior relatives, the man could easily deny the arranged marriage, if their parents could not coerce his son to love or marriage some girl that he did not interest.

On the other hand due to parents' influences for female, a woman was hardly denial marriage arrangement; the parents could persuade and convince her to accept the arranged marriage. Even though a girl would deny, she could do nothing only kept silent and let it be.

Meen (a village health volunteer) said *“For the arranged marriage, man's parents would look for a good woman in their eyes and suggest her to his son. In the process of proposed marriage, man's parents would ask woman's parents indirectly. Generally, they mainly said they wanted to have daughter-in-law to take care of their son and their belonging. (ขอไปเป็นลูกสะใภ้)”*

“My parents persuaded me that “Though you did not love him, after you got married and lived together, you would love each other in the coming future” Aunty Tum said.

“Women would be taught to keep silent and did not show her emotions. If female agreed with arranged marriage, she would say that it depended on the parents' views and decision. In contrast, if female wanted

to deny the arranged marriage, she would only keep silently. Women could not say directly to accept or deny” Meen (the village health volunteer) said.

Mostly in those days, married arrangement was not mainly emotional concerns, but it was future relation between two families and relatives. Sometimes, the arranged marriage between two people was status concerns between two families and kinships.

Dang (Uncle Yai’s relative) said *“Uncle Yai and Aunty Tim got marriage because Uncle Yai’s family and relatives were well known in the villages, while Aunty Tim’s family was rich and had a lot of rice fields.”*

Aunty Wan said *“Due to my family and Uncle Chuen’s family were closed to each other and had a good prolong relationship. Therefore, our parents thought that Uncle Chuen and I should be a good match for marriage, and that would maintain the two kinship families.”*

Pin (a village health volunteer of Ban Sahakorn village) who was a friend of Uncle Lerd and Aunty Orn said *“Uncle Lerd and Aunty Orn got the arranged marriage by their parents because the property status of the two families was rather equal. Besides, Uncle Lerd’s parents also liked Aunty Orn because she was diligent, and hoped that she could preserve their property.”*

In summary, for men and women relationships in the past, men got the right to love, and they play a major role in love relationships. Male could dominant in love relationship, while female had to suppress and did not allow her to show any affectionate love. Differences of rights to love would affect on different perception, interpretation and meanings given by male and female.

Besides different patterns of rights to love between men and women, there were different ways of perception and interpretation of their love relationships. Social norm and culture were not only influenced on men and women behaviors, but also affected on the ways they thought. According to the rights to love mentioned previously, it seemed that men would play a central role of love relationship and women were only submissive. These relations would affect on different ways of woman and man expression and different interpretation of love meanings.

Generally, a woman had interpreted man's approaching or courting as that 'she was interested or loved by the man', while the man mostly described the behavior that he could flirt with and approach many women without love.

Aunty Sri said about Uncle Som's courtship that "*He was interested in me. He tried to contact me through my girl friends, and he always asked me to meet him at temple fairs.*"

Uncle Chai said "*Aunty Jit loved and was interested in me because she talked to me politely.*"

Aunty Jit said "*I did not like Uncle Chai because he was childish and lazy. He did only entertainment career that was not secure enough for a family. I talked to him because he was my neighbor.*"

Uncle Art said "*I flirted with many women, including Aunty Chob. Firstly, I felt indifferent with her, but she was kind, and she always took care of me. Even though I was drunk and dirty that would be disgusted by other women, Aunty Chob still took care of me caused I impressed on her.*"

Aunty Chob said "*When Uncle Art approached me, he liked to ask me to go around with him, but I refused because I did not have free time. At the factory, I liked to do over-time works. Even I went around with him; I often had my girl friends with us. Therefore, he always complained me that I did not have time for him.*"

From the above verbatims, there should be different ways of interpretation for the courting behavior. Men might interpret courting and flirting as general ways to approach any interesting women, while women interpreted that he should love her. While a woman had less chances to contact other choices (men), because she had to preserve and protect her body for the ideal of virginity value as a good woman. For a man, love was not constant and eternal, but love was a comparative feeling. If the man met a girl that he was attracted more than those ever had, he might say I did not love the previous girls, but I loved the last one. Therefore, love feelings of the man could be changed.

The ideal of virginity influenced on women that she could not directly express her love feeling or attraction to a man. Since woman would not express her

love feeling, the man would interpret her behavior, such as less talk, being shy, that she liked him. Generally a man thought that a woman would yield and love him, if she was his wife. As a result for the man, abduction should be a way to overcome her love; otherwise if she did not give in, she had to fight until she died. Nevertheless, for the woman, she might think differently; definitely she did not like or love the abductor, she tried to fight.

Uncle Non said *“Aunty Na liked and interested in me because she talked to me; therefore, I planned to abduct her. After I took her to my home, finally she gave in to my demands.”*

While Aunty Na said *“I did not like him because he was a rough, but he was one of my parents’ workers. I was only eighteen when he abducted me. Uncle Non and his four friends came to catch and abduct me to another place. At that time, I tried to fight and refuse. I thought that if I fought, I might escape from him, but I was so afraid of many men there, and I did not know how to do. Finally, I had to give up. After I was his wife, I lost my esteem. I was ashamed and did not dare to go back home; therefore, I had to live with him until now.”*

5.1.2 Values as being good men and women

In Thai rural culture, love mostly had as negative connotations like lust and passion. Therefore, parents and relatives would try to control their children in the process of idealization or socializations, especially for social values regarding mate selection. Society and culture influenced on teenagers through the controlling process of parents and relatives in order to teach them what they should do, and what they should not do. They taught values of being a good man and a good woman. In other words, people and society controlled mate selection process by giving good man and good woman values.

Aunty Cha (a village health volunteer) described that *“proverb building value of men and women had been passed on that “Chay Khaaw pleuk Ying Khaaw san” (ชายข้าวเปลือก หญิงข้าวสาร) or “men like paddy while women like milled rice” meant that they had compared men and women as rice. However, men like paddy rice that could go around without spoil*

one's reputation because paddy could grow everywhere it falling while women as milled rice without rice husk that it would be easily rotten and stink if it was on the wrong place."

Regarding the proverb, the woman was vulnerable to contempt; therefore, girl and woman should be protected by themselves, their parents and relatives.

Aunty Tum said *"Generally, parents must teach all their daughters that "Ya ching suk korn harm" (อย่าชิงสุกก่อนห่าม) or "Do not eat any fruit before it was ripped", meant that all men and women should not have sex before a proper time that was after marry."*

Moreover for controlling women, social values of being a good man and a woman at that time also gave good values for mate selection.

Uncle Yai described about good man and woman values that his parents expected that *"Good man should work hard, having good habits, being a gentle man and having a monkhood period. Besides, good man should avoid bad and forbidden behaviors, such as drinking, smoking or drug addicting, gambling, being promiscuous, and being rough."*

On the other hand, woman was expected to be diligent and skillful in work and house chore, such as cooking, cleaning, and dressing. Woman should be polite in speaking, dressing and behaving. Besides, a woman who was lazy in work and house chore was labeled as a bad girl, and women who were dirty, untidy, disclosed dressing and made up by cosmetic were also labeled as bad ones.

Uncle Yai said *"good women should dress loosely long shirts and long Thai skirts or sarongs. Women should be clean, neat and tidy. Good women should not make up cosmetic on their faces or wear tightly dresses. If women made up their faces, people would call them as "choc ga lee" or prostitutes."*

At that time, dressing tightly or short and making up with cosmetic would be labeled as a bad girls. Good woman should not dress to seduce the man, or show her sex appeal, but she had to dress loosely in neat and tidy. The villagers frowned upon women for wearing provocative and revealing clothing in acting in a seductive manner with men.

In conclusion, different perspectives between man and woman as related to love and its interpretation of love between men and women in rustic community and Thai culture, during the period that the couples were still young, might involved in various meanings of love and its components. Consequently, the followings finding should be interpreted with cautions.

5.2 Dynamic Meanings of Love

The study couples gave various meanings of love, and those meanings seemed to be dynamic through their life experiences. Due to sensitivity of love, love relationships were analyzed from interviewing couples' data, observational couples' behaviors and interviewing key-informants' data. Therefore, the revealed meanings of love presenting in this part were mainly described into three stages consecutively—firstly meanings of love in the stage of acquaintance and initial attraction, secondly in the stage of living together and being a family, and the last stage of stroke illness, including periods after the stroke and its recovery.

5.2.1 Meanings of love in the stage of acquaintance and initial attraction

An initial relationship, love was hardly expression. Regarding Thai tradition approximately fifty years ago and the previous days' attitude towards what was called “romantic love”, senior relatives or “yard poo yai” (ญาติผู้ใหญ่) and the couple's parents showed to be quite pessimistic about romantic love because they were afraid that passion love would let the youngs conducted their sexual relationships in a wrong way. Thus, love was given negative meanings of lust, passion and sexual drive. Sexual relation without marriage was forbidden and taboo in the village. Love and sexual relationships would be allowed only after the man and woman got marriage. Consequently, a word “like” or “chob” was used for explaining about their “love”.

Uncle Yai said *“My parents and relatives knew that I liked (chob) Aunty Tim. The elder persons or my parents called our relation that*

“the young man and woman liked each other because of passion love of the teenagers or “Num sao rak khrai chob por kan (หนุ่มสาวรักใคร่ชอบพอกัน).”

For elderly eyes, “liking between man and woman would easily bring about sexual relations, called ‘kwam chrai’ (ความใคร่) or ‘rak chrai’ (รักใคร่) that consisted of passion love and sexual desires between them; therefore, the senior relatives and their parents tried to protect them from engaging any misconducts. They had to keep on teaching them that a sexual relation without marriage was prohibited behavior; therefore, parents always kept an eye on young man and woman relationships. Love meanings in this stage could be described as: firstly, love meant “liking”, “chob” and “chob por kan”; secondly, love meant attraction (physical appearance, behavior, manner); thirdly, love meant courtship and flirting to pursue their love; finally, love feeling was positive emotion.

Love meant “liking”, “chob” or “chob por kan”

As previously mentioned, regarding the social controls of the forbidden behaviors, the teenagers should not have any love relation; therefore, in early relationship, they had never said love directly; the couples only described their love meanings as “chob” or “chob por kan”. Love meanings in this stage were described as being attracted and gradually developing of the relationships. “chob” meant equally to “Like”; however, it was implied to “love”. Due to village society and previous Thai culture, people would not directly say a word “love”. Generally, “chob” or “love” in this stage meant a person felt attracted and loved opposite sex, and then he tried to pursue his love feeling. Especially, he tried to do everything to present his feelings to target woman in order to let her know, please her and gain love relationships.

Due to Thai traditional culture, the men should play a major role in love and courting relationships. The men usually got positive feelings and felt attraction to some specific women. In the initially love relationship, love was an intense emotion that brought people to do everything for the “love”. After they were aware of their feelings and needs, they tried to present their attraction and love feelings toward the target by showing courting patterns, such as staring, smiling, talking, approaching and staying closed to her. Sometimes, when I asked them about their love meanings, mostly they could not explain their feelings because it was personal emotion, and it

took a period of time for them to recall their past experiences of nearly fifty years ago. Nevertheless, they gave various love meanings, although the word “chob” or liking was used. The love meaning could be categorized as the followings.

Uncle Yai said *“...however, I said only like or “chob” that meant initially feeling of man who was attracted to and interested in woman. “chob” could imply on early stage of love without sex. I liked Auntie Tim meant that I was interested in her, and I wanted to stay close to her. My feeling was intended to be closed to her. I always missed her, and tried to find some ways in order to be closed to her; however, I would not do any wrong behavior, such as a sexual relation with her.”*

Uncle Som told his love story that *“I liked or “chob” Auntie Sri; however, after talking with her many times, he said from his heart that “I loved her so much and could not stop loving her. I concerned about her living and wellness, and I wanted to take care of her, even though her parent did not like me.”*

Auntie Keaw (Uncle Yai’s neighbor) said *“In the past, Uncle Yai and Auntie Tim were “chob por kan” or loved each other; however, the relationships were in the eyes of their both parents and relatives.*

Jeab (Auntie Sri and Uncle Som’ daughter) said *“Dad liked or “chob por” mom and he was courting mom for a long time before cohabitation.”*

Auntie Wan (an Auntie Chob’s relative) said that *“Uncle Art and Auntie Chob knew each other at the work place, later they “chob por kan” or loved each other for period of time before marriage.”*

The above verbatim also revealed that the “like” could extended its meanings to some other kinds of meanings, such as “concerning” or “caring”. Besides, “impressed” might be another meaning of “like” or “love” during the early stage of their love development.

Uncle Art said *“Initially, I approached many women and also Auntie Chob; although at first, I felt indifferent with her, after a period of time, I felt impressed on her because of her love and taking care of me.”*

Moreover, love or liking had other various meanings. For instance, it referred to attraction, positive feeling between man and woman, and love or liking could trigger other following behaviors in order to let them pursue their mutual love; however love or liking was in the uncertainty process without commitment during the early stage because of its social-cultural contexts.; therefore, people would try to develop their relationships to have assurance and prolong their relationships.

Uncle Art said “*‘Chob’ or liking was initial attraction between man and woman, and it would be a good relationship without any wrong behaviors, and they could stop their relationship, if it was not appropriate in their parents or senior relatives’ views.*”

Love meant attraction

The attraction between people leads to romantic love relationships. Attractiveness has been defined as individual’s conception of the ideal in appearance and other the trait that would bring to the senses of pleasure. There are many attractive traits; such as physical, social, and economic attractions. Physical attractiveness is the perception of the physical traits of an individual as pleasing beautiful or handsome. A beautiful woman could easily open the door of male attracted eyes and his desires. However, a beautiful and good woman might be defined differently by different men of men feeling and attitude. Similarly, woman could be easily attracted by a handsome man, and also personal characters, good manners and being polite were attraction factors for men. Generally, women liked men who talked sweetly and politely.

Uncle Yai said “*Aunty Tim was beautiful. When I saw her, I was impressed on her, and I thought that she was polite and neat, and also worked hard.*”

Uncle Non said “*When Aunty Na was young, she was so beautiful. After I met her, I was impressed and attracted by her. I tried to do everything to gain her interested feeling.*”

Uncle Som said “*I saw Aunty Sri, and then I started making eye contact with her in order to let her know that I was interested in her.*”

Uncle Art said “*Aunty Chob had good manner and also had nurturing behaviors. She always took care of me caused I impressed on her.*”

Aunty Tim said *“Uncle Yai worked hard and cooperated to work in my family’s farm many times. He looked so smart and also quite calm and cool. We met each other many times; however, we had less chance to talk directly.”*

Aunty Sri said *“When Uncle Som was young; he was good looking, and also polite manner. He talked with me sweetly.”*

Aunty Chob said *“Uncle Art worked hard to control electric machines; however, he had many friends that took him to travel and drink.”*

In the views of couples, the attractive characteristics were physical appearance and manner of their target persons; additionally, other key informants described other characters; for example, social and economic status.

Aunty Keaw (Uncle Yai’s neighbor) said *“Uncle Yai and his parents liked Aunty Tim because she was beautiful and rich; on the other hand, Aunty Tim and her parents liked him because he was smart and got more social relatives and connections.”*

Aunty Wan (Aunty Chob’s relative) said about Uncle Art and Aunty Chob relations that *“Uncle Art was good looking, while Aunty Chob was a good girl; therefore, they initiated their love relationships.”*

Jeab (Aunty Sri and Uncle Som’ daughter) said *“Mom liked dad because when dad was young, he was good looking, while grandparents did not like dad because of his poverty.”*

Love meant courtship and flirting to pursue their love

After the couples were aware of love and falling in love mostly, love drove each person to trigger his/her own behaviors and activities in order to do for pursuit the target mutual love feeling.

Uncle Yai said *“I was enthusiastic and tried to do everything to stay close to her. I often helped her in the rice field or met her at the temple fairs. When I met her; although, lot of things and many people were around us, my interest and attention was only at her. I always paid attention in look at her face and manners.”*

Uncle Yai *“I tried to meet her, even though her parents did not allow her to go out alone. We could see each other from the other side of the entertainment house. When she appeared, I would always stare at her, and I felt joyful and happy. When I could not meet her, I felt sad and always missed her.”*

Uncle Yai *“Her parents were quite rich in the village. If I wanted to be success in the marriage, I had to dedicate and show my ability in order to get Aunty Tim’s parental permission for our marriage. I always offered to help her parents in the rice field, even though they did not invite me. Sometimes, her parents asked me and my friends to help them in the rice field, I would force many friends to help them more than what they expected. I wanted to be good enough for Aunty Tim and her parents’ expectation.”*

Uncle Chai said *“I liked Aunty Jit. Due to her charm; there were many men who were courting her, I tried to do everything in order to have a chance to talk and stay closely to her. Sometimes, I asked her to go around with me. I stopped my entertainment work to stay closely to her.”*

Aunty Tim said *“After Uncle Yai approached me; we could not talk or meet directly. I could contact him by letters that I had to destroy in order to conceal our relationship from my parents. I could do only waiting to meet him at the temple fairs.”*

Aunty Chob said *“I liked Uncle Art and I concerned about his drinking and smoking behaviors; however, I could not stop him; therefore, the way I could do only taking care of him.”*

Joy (A public health officer) said *“Love could drive people to do everything for their beloved. Someone had to row a boat passing beloved house everyday in order to see her house’s roof.”*

Love would drive courting and love behave; however, women had to control and strive in order not to show her love feeling directly, while men would have many chances to express their courting behaviors.

Love feeling meant positive emotion

Sometimes, I, as a researcher, could notice smiles from the informants when they narrated about their love stories. Love was positive feelings that would provide joy, pleasure and happiness in their hearts. However, since love was personal feelings and experiences, some informants could not directly explain their feelings.

Uncle Yai said *“I wanted to meet Aunty Tim. If I met her I felt pleased and joyful. Sometimes, I could not meet her; I would always think of her. I could see her figure in my mind, and sometimes I felt pleasure and smiled personally.”*

Uncle Yai said *“When I liked or “chob” was interested in her, I would feel good and got positive feelings about her. The man could do good things for the beloved one, and wanted her to like him back. When the man could receive positive respond from her, he would feel pleased and happy.”*

Uncle Som said *“I could not explain my feeling. I felt only wanted to be closed to her. I felt cared and concerned about her well-being”*

Aunty Sri *“I did not know why I liked him; however, when I met him and closed to him I felt pleased.”*

Uncle Art said *“I felt good and had positive feelings when Aunty Chob looked after me. I knew that even though I was a bad guy, she always stayed and took care of me.”*

Love would provide the participants who were falling in love to get positive feelings; however, it would bring fluctuate feelings of happiness and sadness along the processes because love was a relationship between two persons; sometimes they could respond and fulfill the lover feelings.

In summary, love relationships of the participant couples were developed mostly from males. Generally, a man initiated “chob” or liking and tried to gain reciprocal attraction from the woman who he loved. Male would present his feelings and had courting behaviors in order to let his beloved partner know and accepted his feelings. The target woman who accepted his feelings would gradually develop “chob” or liking feelings in her mind, and then both of them would develop their mutual love feelings called “chob por kan” or “liking each other”.

5.2.2 Meanings of love in the stage of marriage and cohabitation

*It is not your love that sustains the marriage,
but from now on, the marriage that sustains your love.*

(Dietrich Bonhoeffer, German theologian)

In the study villages, a marriage was a basic relation for constructing a new family. Generally, a family would provide the couple to have children, together with parents' roles. It was fundamental to combine family's members and build up social bonds. Thus, elder members and parents insisted upon their young women and men to get married. For the man's parents, they tried to look for a good woman to take care of their son and keep their belongings. For the woman's parents, they looked for a good man to be a leader to protect and to take care of their daughter. Nevertheless, cohabitation between a man and a woman was another way that brought them to live together.

Generally, people love to be loved. Love relationships could be longer if the couple worked on them. There were different ways of expressing love feelings. After the couples got married or cohabited, they started their relationships as husbands and wives. Moreover, social and culture also made them get commitment as being a family. Through their narrative stories in order to obtain meanings of love in this stage although the couple had still never said directly about "love", they only described about their couple lives that they got a good and happy time because they were so nice in taking care of each other. However, love meanings during this stage could be concluded and described in details, such as love meant happy couple life on newly couple stage; love meant caring of each other; love meant passion and sexual relation; love meant commitment and expectation for the future of the family; love meant sharing and responsibility for overcoming obstructions; love meant acceptance and understanding; love experiences were collecting memories of positive feelings. Therefore, a long period of couples' lives would confirm their love relations. However, dishonesty and unfaithfulness caused complications in the love relationships. As such in this love might also have some negative meanings.

Love meant happy couple life on the newly couple stage

During the first period of the couple lives, most of them got happiness due to their successful marriages or cohabitations. Mostly, women and men who were young adult expected to get married with social acceptance in an appropriate time, and due to their developmental age group couple life and living together made them happy. Therefore, for a meaning of love in this stage, the couples mostly described their love during the early period of living together as “a happy couple life”.

Uncle Yai said *“I tried to do a lot of things to pursue our relationships, after we got married and that made me so happy. As a husband, I tried to take care of her, and I tried to work hard for our family.”*

Aunty Tim said *“After the marriage, the early time of living together, we had a very happy marriage. As husband and wife, we could openly do something together; the relationship was full of happy feeling and pleasant experiences.*

Aunty Na said *“Initially after the abduction, Uncle Non was good and he also tried to do a good thing for me. During the early of couple life, he did not hurt me; however, after living together for a period of time, if he got drunk, he would hurt me.”*

Aunty Sri said *“For our couple life, if we did not elope, we could not live together. After we had cohabited, everything was wonderful and so happy. Uncle Som was good at taking care of me. Although we were poor or got a hardship, he always helped me to do everything and we had never argued.”*

Uncle Chai said *“I was very happy for the success in living together with Aunty Jit. After we were cohabiting, I stopped entertainment life because I was concerned about her feelings if I met other girls, and I wanted to do a secure job for her. I always stayed closed to her and brought her with me everywhere.”*

Aunty Jit said *“After we lived together, He changed to become a hard-working man, and always looked after me, and that made me feel pleased.”*

Meen (A village health volunteer) said *“For couples who just married and cohabited, people called the proverb “Kaw mai, pla mun” implied for fresh and sweet time for newly couple lives between men and women.”*

At the time of the newly couples' lives, men and women started feeling of passionate love and also intimacy and commitment, especially in a year later, these feelings of love were still high.

Love meant caring of each other

Regarding accepted marriages and cohabitations, men and women would build up their own family. The man and the woman were belonging to be significant part of their own family. In the family, both of them could openly show their feelings, as well as their loving care. The man was allowed to stay closed to the woman. The woman was also happy, and then showed her love feelings as caring for the man.

Aunty Tum said about Uncle In that *“After the marriage, Uncle In was so nice to me. He still worked hard, and also took care of me.”*

Aunty Chom said *“After the marriage, Uncle Bon and I lived happily together; we also helped each other in the rice field”*

Uncle Bon said *“After the marriage, Aunty Chom was a good wife in taking care of me. She worked very hard both for the house chore and in the rice farm.*

Aunty Wan said *“For the early period of my married life, Uncle Chuen was a good person; he always took care and concerned of me; these made me feel happy.*

Uncle Song said *“After the marriage, I loved Aunty Kum and did everything for her. I tried to work hard in the farm, feeding ducks and fishes for building up the couple life. Besides, I had to take care of her because she was quite thin and vulnerable.”*

Aunty Kum said *“Uncle Song worked very hard and did everything for me, including the house chore, and that made me feel very happy.”*

In short, after the marriage or cohabitation, both of them mostly openly showed their caring and compassion for the mate. They gradually developed intimately care and concern about their partners' well-being.

Love meant passion and sexual relations

The passion and sexual relation was an important part of marriage relationships that would also be a significant way of expressing love to each other and strengthening the relationships; however, in Thai culture at that time, sexual relation was a forbidden issue. Though, it was one of the most important parts of every couple life, in Thai culture, “sex” was not an easy topic for talking. Culture and society treated “sex” as being dirty and personal. Sexual relation was personal for only two people in personal places. The couples were shamed to talk directly about any sexual relation, and had never described exactly for what it was. Some couples got angry to talk about it. On the other hand, they could say about the outcomes of the behavior as having children; for example, couples would easily talk about reproduction concepts and having children.

Aunty Tim said *“Sex was a bad issue to talk about, and that was called “bud sii”(บุคสี่). For our couple, we wanted to have a child; however, after we tried to have a child, but did not success; thus, we adopted a daughter.”*

Uncle Yai said *“Sex would lead to have a child, but “sex” was not more important for “love” than taking care of each other.”*

Uncle Som said *“Sex was important for all couples. I got a concubine; however, I could not have sex because I got a stroke and diabetes; therefore, I had to stop those relationships.”*

Aunty Sri said *“Uncle Som and I slept in the same bedroom. Until he got the concubine, and that made us get some quarrel, and separate the house of living.”*

Aunty Chom said *“Sex was ashamed to talk about. After Uncle Bon and I got three children, we had separated our bed for ten years. Uncle Bon slept at the barn and I slept in the house, but we still lived together, and helped each other in working and raising our children.”*

Uncle Bon said *“I stayed at the barn for a long time for which I could not remember; however, Aunty Chom and I still took care of each other and never had any problems.”*

Uncle Non said *“I accepted I got sexual relation with other women, but I had only Aunty Na as my wife.”*

Aunty Na said *“After Uncle Non got gonorrhoea, I stopped having sexual relation with him, because I was scared of sexual transmitted diseases, and I suggested him to use condom to protect himself.”*

In conclusion, due to ideal of virginity, sexual was labeled as polluted and dirty to talk about, especially in women. However, sex was described as being a mean to produce next generations. Although the sexual relation was a part of love relationship, and it could bring intimacy and pleasure between the couple, love had other components that should be more important than sex: for example, being good partnership and taking care of each other.

Love meant commitment and expectation for the future of the family

In the past, after marriages and cohabitations, men and women would continually go on their couple lives without any divorce. Consequently, most of the couples had committed themselves for their family's future with some plans.

Uncle Art said *“Aunty Chob and I got married in the adulthood period, I was 32 and she was 30; therefore, we hoped to get children immediately. After we got marriage for a few years, we finally had two sons.”*

Aunty Chob said *“After the marriage, we planned for our family, and expected to have two children, and we got two sons. Uncle Art was always concerned about me and our sons. He insisted me to stop working to be a house wife in order to look after our sons.”*

Aunty Na said *“I planned about having children, and I wanted to have two children. Since my eldest daughter passed away; therefore, I had other two daughters, and then stopped having children anymore.”*

Aunty Sri said *“Uncle Som and I were in love and wanted to have children; therefore, after two years, I got a first child, and totally we had five children. We worked hard for our children and family.”*

Aunty Tum said *“The rice farm needed more labors, and that caused Uncle In and I let us have more children. Finally, we had eight children.”*

Committed love relationships were required for raising children of the family. These also caused husbands and wives, together with their children, got more interweaved bonds. Although the couples needed their new hereditary generations, having many children would require more resources and time. Consequently, the couples had to face with more problems, and they would work hard and encourage each other to overcome the obstructions. Due to these, another meaning of love was categorized.

Love meant sharing and responsibility for overcoming obstructions

After passing the happiness during the early stage of their couple lives, they had to struggle for their life since they got a lot of problems. There were many obstructions that couples had to face with mostly in working, housing and child rearing. For rustic Thai culture, during the early few years after marriage and cohabitation, most couples still stayed with and depended on their parents in order that the parents would teach and prepare them for having couple lives. After that, the couples had to be survived and depend on themselves.

For being an owner of a new house, some couples, who were poor, did not have any resources and any support from their parents; therefore, they only afforded to build a small hut to live without other stuffs. For having a rice farm, some parents had their own rice farm that could be divided for the couples; however, some couples did not have their own land, they had to look for a new area of rice farm that made them undergo trouble. Being a rice farmer was very hard. Besides, the farmer had to work hard; the farms were depended on natural resources, especially water; sometimes the land were flooded or drought that would effect on rice products and also lives of the farmers and their families.

After the couples had children, they would get great responsibilities as being fathers and mothers in order to raise their children. These made the couple got a high commitment between themselves, and for their children, or totally for their families. Since a baby needed care, love and a lot of resources, the couples, as parents, would love and devote their resources for their children. Even though they were hungry, they would give all they had to their children first. Most children frequently got sick and health care were important for them; they there would spend all the

money they had or even had to borrow money from others in order to look after their children. Besides, they tried to give good lives, as well as well-being for the children.

Uncle Som said *“Our family was very poor; therefore, the family had turned into a hard trouble, especially when we had children. I had to work very hard in order to raise our children.”*

Aunty Sri said *“For my house, we had only a small hut for living. The belongings that we had for living were only two bowls for food and only one set of clothes for concealing our bodies.”*

Aunty Sri *“After we got the children, it was very troublesome for me. I had to look after my baby and needed to help my husband work in the rice field. I worked so hard with struggling in order to raise my children. Especially for our five children, we needed more food, while we had only vegetables and fishes from the canal. Uncle Som and I had to struggle to survive our family members.”*

Aunty Kum and Uncle Song said *“At that time, we had only a small hut. We did not have the rice field. We had to reclaim an uncultivated land for growing some rice. We used our hands to pull out and mow down a mass of reeds and grass. We lived together for a period of time, but we did not have any child; therefore, we adopted a child to be our son. After rearing him for few months, he got sick. We had to heal and take care of our son as good as we could. We spent all of our saving money in order to raise and treat our son. At the hard time, we helped each other in working and earning our lives.”*

Aunty Chom said *“Even though Uncle Bon and I got the rice field from his parents, but starting a new family was so hard. In the past, we transplanted the rice only one time a year; sometimes, it was flooded; consequently we were starved. We had to struggle in order to raise our children.”*

Uncle Chai said *“Our family was impoverished because we did not have our own rice field; therefore, we went to Bangkok and became construction labors. Initially we struggled to live from hand to mouth. However, after Aunty Jit was pregnant, being labors or unskilled*

employees were not sufficient for our child; consequently, we came back home and started the rice farm.”

From the above evidence, it should be concluded that during the hard time, love was meant ‘sharing’ in facing with and overcoming any obstruction. They got along with each other through the problems. The couples tried to devote themselves for the families and their children. When facing problems, the couples usually helped each other to overcome the obstructions. Moreover, due to sharing through a lot of problems, most of the couples felt that they were in the same unit relation in roles and responsibilities for passing problems. The couples would help and support each other to maintain their couples and families’ lives. After the couples could pass through the obstructions, they would still recall for those time as “a love sharing” called “Ruam Took Ruam Sook” (ร่วมทุกข์ร่วมสุข). The couple sharing was not only when the couple faced with problems, but also after they overcame the obstructions and gained happiness of success.

For the couples, after passing a lot of troublesome events through the couple lives, they finally described about their love feelings as collecting memories of positive experiences of their partners. People gradually collected good memories about their beloved. The couple would also share their good memories with their partners. Moreover, they would collect good memories about their partners to fulfill their mind of loving.

Love experiences were collecting memories of positive feelings

Love was a collection of positive memories of shared experiences between the couples. The couples would weigh up between positive and negative experiences, and finally it would be concluded as being a collection of positive recollections.

Aunty Kum said “Uncle Song was a good man; he helped me both in the farm work and in house chore. Even though I was ill, he always looked after me, and never left me alone.”

Uncle Song could memories his feeling of falling in love with Aunty Kum and could bring it to break their feelings when they had conflicts.

Uncle Song said *“For me, I always recalled the moment when I fell in love with her. If we argued, I would look back and recalled how I first fell in love with her, and that I could stop my angry and I forgave her.”*

Uncle Yai and Aunty Tim *“Love was living well together without arguments; however when we had a little conflict, we would keep silent, and then it would pass through the problems.”* And also *“Since we were similar in characters, behaviors and opinions, it was easy for us to understand and respond what the other wanted in order to overcome the problems.”*

Aunty Sri said *“Love meant living well together, helping and getting along with each other without any quarrel. We always talked sweetly and gave smiles to each other. ”*

Aunty Tum said *“Love for my couple meant doing the role for our family. Uncle In worked very hard for our family and the children.”*

Uncle Chai said *“Love was intimacy and caring of each other feeling. I was always concerned about Aunty Jit feelings; therefore, I would bring her with me when I went out. ”*

Previously, love meanings were interpreted from couples' own views, while other views of key informants would clearly describe couples' love meanings as good relations and devotion for a whole of their families.

Meen said *“Uncle In loved Aunty Tum and his family; therefore, he worked so hard for his family.”*

Keaw said *“Uncle Yai and Aunty Tim loved each other. They loved and lived well without conflict and quarrel”*

Joy said *“Love between couples meant loving and living well together. For loved couple, they would care and help each other in working and raising children for their family.*

Pin said *“Love between couple after marriage meant loving family, children and wife; for example, Uncle Chuean loved and took care of his family, children and Aunty Wan.”*

Jeab (an Uncle Som and Aunty Sri's daughter) said *“Mom and dad love each other so much. They had never quarreled, and they nicely talked.*

Mom intimately took care of dad; for example, she would squeeze orange juice for dad every day, while dad worked hard for mom and our family.

Most of the couples shared their good memories with their partners and also collected good memories about their partners, and those led them to fulfill their loving minds. Collecting good memories between couple could also prolong and maintain their love relations.

Love meant acceptance and understanding

Besides the collecting positive experiences, the couple would also learn negative experiences. And from these, the couple could learn to understand and accept the negative feelings or behaviors of their partners in order to have forgiveness and let it go. The couples might complain about their partners' bad behaviors in order to suggest the partners to have good behaviors; however, criticizing might also cause other problems and bring unhappiness to their couple lives.

Aunty Sri complained *“Uncle Yai had had bad behavior of drinking, and I suggested him to stop drinking because it would cause him illness; however, he did not listen to me; I could not do anything. Just let him do what he wanted. Until he was ill, and the doctor told that he had to stop drinking; therefore, he stopped and then his health got improving.”*

Uncle Yai complained that *“Aunty Tim did not like to take some pills; therefore, I had to prepare the medicine for her every meals.”*

Aunty Tim *“I was always kept quiet and let him do what he would like to do. I thought that he would do a good thing for our family and our lives.”*

Uncle Yai said *“When she complained, I would let her do that, and I only kept silent.”*

Aunty Kum always complained that *“Uncle Song did not like to exercise; therefore, I had to tell him to exercise his arms and legs.”*

The couples who had long relationships could learn to understand, accept any negative feelings, such as forgiveness and let it go. However, unfaithfulness was the most important conflict of the couple life. Sometimes, it might cause the couples to separate.

Dishonesty and Unfaithfulness Caused Complications in Love Relationships

Generally in love relationships, all couples would expect their partners to be honest and faithful; however, the study revealed that there were a few couples facing with dishonest problems. In most cases, husbands had extramarital relations. However, in Thai traditional community, it seemed to have less problems. Although it caused couples got conflicts, couples would not stop their relationships. Nevertheless, if the couple engaged in physical violence, it would cause separation. In contrast, if a woman got an external affair, it was unaccepted, and they would easily separate, even though, the woman would have external affair after the man.

Aunty Sri Said *“Though Uncle Som had a mistress, I still took care of him due to thinking of his goodness, and feeling pity to my sons and daughters. Till Uncle Som hurt and hit me, and that made me felt angry, and we fought. Both of us got injured, and that made me decided to separate from him.*

Jeab (an Uncle Som and Aunty Sri’s daughter) said *“Mom loved Dad so much. Even though, he had a mistress, she still loved and took care of him. Until he hurt Mom; they separated.”*

Aunty Na said *“Uncle Non had sex with many women if he had a chance, and also with prostitutes. His sexual behaviors caused him being infected with gonorrhoea that made me feel shame and very scared of sexual transmitted diseases.”*

Since Uncle Non’s had an infidelity and also left Aunty Na alone, Aunty Na had an external affair relationship.

Aunty Na said *“After Uncle Non came back to know this relationship, he was very furious. Due to Uncle Non’s jealousy, they severely quarreled and broke the relationship; then he used a knife to attack that man. Consequently, Uncle Non ran away this law suit.”*

Noi (Uncle Non and Aunty Na’s daughter) said *“Mom was wrong about making decision to live with Dad. If she had a good chance, she should select a good man for her life.”*

Due to unfaithfulness, these couples separated; however they did not divorce. Finally, after the men got stroke, the women came back to look after the patients.

Long periods of couples' lives confirmed their love relations

For long periods of time, couples lived together, and shared happiness and suffering. They got best friends and companionate love in order to take care of each other. For key informants views, commitment and long term relation were confirming love. The villagers called the couples who had long period as "couple idol". The couple idol would be admired and accepted from villagers, and also was invited to bless and suggest a newly couple when they got marriage ceremony. The committed love was important part to express their love, trust and responsibility between couples.

Keaw said "Uncle Yai and Aunty Tim who lived and loved together without any problems were couple idol that people would respect and invite them to bless in marriage ceremony."

Mai said "Uncle Song and Aunty Kum were one of couple idol. The neighbors and villagers often invited them to bless and teach the wedding couple on the rite of marriage."

Joy said "Before stroke, Uncle Chai and Aunty Jit couple was a love model who loved and cared each other. Uncle Chai always concerned and took her everywhere closed to him. The neighbors admired their love relationships"

Jeab (an Uncle Som and Aunty Sri's daughter) said "My parents used to admire from neighbors that they loved and had never quarreled. My parents talked nicely and cared each other."

Pin (a village health volunteer) said "Uncle Art and Aunty Chob were the good parented model who taught children with love and care."

In summary, love experience between the couples could be dynamic and was a collective experience of both positive and negative ones that they were facing and memorizing; however, after the couple passed through the marriages and cohabitations, love was not only an individual issue, but it also integrated into the family, their children and other members that existed in their experiences. The longer

the couple lived together, the more they shared of troubles and happiness, and these would make them commit themselves to their relationships. Moreover, their couple life was not meant for only two people. The meanings of love were dynamic from individuals to couple love and to the family. In other words, love was not only two persons or family members, but also everything they did and devoted for in order to maintain their family.

5.2.3 Meanings of Love in the Stage of Stroke and Recovery

Love was important for all couples. Especially, after stroke, the patients would realize that someone was willing to provide good care for them. After the long terms of intimate relationships, most of the couples lived well together till they faced with the illness crisis “stroke”. Since stroke was an immediately catastrophic brain damage, it caused serious consequences for the patients, and also was affecting their spouses and families. The patients and couples would face with difficult situations. The meanings of love after the couples facing with the crisis of stroke were dynamic. All of the spouses described their concerns and cares of the ill partners as being “sympathy and compassion”, together with “appreciation and grateful”.

In this stage for the couples, love meanings had been described more than feelings; they were whole experiences existing through their lives. Due to deeply interwoven and prolonged commitment; for each couple, the spouse was a part of his/her live and soul. If he/she would face crisis of losing his/her beloved, it would affected on his/her residual partner; therefore the spouse would try to keep on the patient’s life. All of the partners shocked after they knew that their spouses got stroke. They tried to do everything in order to keep the patients’ life. During the crisis of stroke, their spouses negotiated between patients’ live and lost. The spouses would spend and invest everything in order to save patients’ lives and tried to push the patients to get better soon. Although the spouses always tried to look for any possible curing methods, stroke and disability could not be completely healed, and it was a taking time process. Consequently, the patients and their spouses were likely to face with crises, loss, pain, grief, conflicts, disruption, excess stress, uncertainty and even questions about identity and the meanings of their life and love.

Aunty Tum said *“When Uncle In got the stroke and went into the surgery room, it was very severe, I wanted him to be alive. I felt that I did not want to lose him whom was the part of my life.”*

Uncle Lerd Said *“Aunty Orn was so good and diligent, I had just talked to her, and then I went out. For an hour, my son told me that Aunty Orn lost her consciousness. I was so worried and immediately went to the hospital. I touched her hand and saw that her nails looked purple. I was very concerned about her, and I decided to do everything in order to get her back. Due to physician’s suggestion, I let her get brain surgery. Finally, she still lived and stayed with me up until now.”*

Aunty Wan said *“I appreciated our couple life that Uncle Chuan would still be alive from the stroke, even he got some disability and I had to take care of him all the time. I needed him to be my companion for my whole live (เพื่อนคู่ชีวิต). If I did not have him as my husband, I did not know what to do everything.”*

Aunty Na said *“After I knew about Uncle Non’s stroke and disability, I was really concerned about him whom was the father of my daughters; therefore, I decided to stopped working in order to take care of him.”*

Aunty Yai said *“I was so worried about Aunty Tim’s illness. I thought that I could not stand if I did not have her. We had only the two of us; we had no child; we together passed a lot of hardships, and she was only my companion partner.”*

Although the stroke persons were still alive, their disability after the stroke mostly brought life-changing, and these might put some stress on their love relationships. Not only did the patients have to adapt their lives dealing with the disabilities, but also their partners needed to adjust themselves in order to take care of their partners who had to living with disabilities.

Besides, life threatening, “stroke” affected on physical disability called “hemiplegia”, or on communication defects, called “aphasia”, or on emotion, such as “depression”, these disabilities and emotional disturbance brought lost function in working and loss of self. The disability did not effect on the patients, but also influenced on their couples and family relationships. After the stroke, the patients

needed a lot of care and supports. These spouses were main persons in providing care and supports to them. Even though the men who were unexpected to take care of the women, he had to take care of and do everything for them, such as house chore, cooking, and taking care of the patient routines. Consequently for this stage, love meanings were described as compassion, sympathy and gratefulness. Moreover, love also meant sensitively intimate cares, as well as touching and nicely speaking to express and communicate their love. Nevertheless, love meant jealousy, and finally, love meant responsibility and commitment for taking care of the patients after the stroke.

Love meant compassion and gratefulness

After medical operations and treatments, their spouses would devote themselves, together with their time and resources in taking care of the patients. The spouses felt compassion sympathy about patients' illness. The compassion included tenderness, caring, and empathy, and also other behavioral predispositions such as self-sacrifice. The spouses tried to do as much as they could in order to prolong their beloved patients' lives and well-being. Therefore, meanings of love became "sympathy, compassion and caring".

Aunty Tum said *"Uncle In got the stroke that made me feel sympathy and concern about him. He could not walk nor speak. I wanted him to be able to speak and told me something what he wanted."*

Aunty Na said *"I felt compassionate and pity for Uncle Non. He got the stroke and disability without any caregiver; therefore, I decided to look after him."*

Uncle Yai said *"I so cared of Aunty Tim. We had only the two of us. She got the illness, and that made me felt sympathy for her. I wanted her to be better."*

Uncle Lerd said *"Aunty Orn was a good wife; she always looked after me. After she got the stroke, I wanted to take care of her back."*

Aunty Kum said *"Because of Uncle Song's kindness in taking care of me, when I got illness. Currently, when he got the stroke, I wanted to return him back, and I would take care of him; I wished him a good health and recover as soon as possible."*

On the other hand, the patients felt thankful and indebted for spouses' taking care. The patients felt appreciated and grateful about all of the care giving. Consistently, the patients who got fully care and support would feel impressed and grateful on spouses' caring.

Uncle Chai said *"After I got the stroke and came back from the hospital, I was disabled and could not take care of myself. Aunty Jit fully took care of me like a baby. She had to hold me all the time and she gave me spoon feeding, taking a bath, urinating, boweling and all of my routine activities. I was so thankful and impressed on her care."*

Uncle Art said *"When I got the stroke, Aunty Chob always took care of me everything. Even though I was furious about my illness and disability, she did not complain me. She was so kind to look after me, and she always supported me to get better soon."*

Uncle Bon said *"When I got the stroke and disability, I always complained and made a loud noise. Sometimes, I was so angry and furious; however, Aunty Chom, my daughters and my sons-in-law were patient and dedicated to look after me that help me get better soon."*

Compassion and care between the couples would support and strengthen their bonds, and also promote positive feelings between the partners. Sympathy and understanding about illness conditions would also enhance ability to cope with and relieve their tension and stress.

Love meant sensitively intimate cares

Generally, patients who were stroke and disabled had to depend on other all aspect of their lives. During this period, love was a dynamic force in pushing patients' partners to look after the patients for treating the illness and their well-being. The more people loved the patients, the more they treated and cared of them. All spouses took care of patients in daily life, medical treatment care, emotional support and managing all patients' roles and responsibilities. As a result, their spouses turned to be caregivers who provided not only general care, but as well intimate and sensitive care with love and compassion for the patients. By sensitively care for the patients; they would also get happiness from their own behaviors.

Uncle Yai said *“I tried to take care of Aunty Tim as I could do. I wanted her healthy and being as my companion.”*

Aunty Na narrated that *“I tried to take cared of Uncle Non as good as I could do. I had to spend time for work, for Uncle Non before for myself.”*

Uncle Lerd said *“Taking care of Aunty Orn was my responsibility, especially for her meals and all daily routines.”*

Aunty Tum said *“I looked after Uncle In all my time. Every day I had only two meals, while Uncle In had completed his three meals; consequently, I lost my weight about 10 kilograms after taking care of him.”*

Aunty Tum proudly said *“Uncle In got hemiplegia and I had to look after him all the time. When he came back from the hospital, other villagers thought that he might not be surviving; however, he still got a long life. Due to his disability with aphasia, he did only eat, sleep and watch TV. He looked more fair and plump than before, and that caused our neighbors admired us for his health.”*

On the other views, other key informants could directly describe couples' love relationships after the stroke as caring.

An Uncle Yai's relative said *“Uncle Yai was very concerned about Aunty Tim's illness. He had taken care of her all day long. I only took turn him in looking after her about an hour that was for him to do his private routine. At home, he always stayed closed to her, and he did not want to leave her alone. He prepared meals and medicine for her on time.”*

Jeab (Uncle Som and Aunty Sri's daughter) said *“When dad got stroke or sick, mom was very concerned and worried about him. Although she did not meet him directly, she urged me and my brothers to look after him closely.”*

Noi (Uncle Non and Aunty Na's daughter) said *“Mom was very concerned about Dad who did not have someone to look after him. She had to stop work which was valued for her, but it was less than Dad.”*

Wan said *“Aunty Chob took care of Uncle Art with love and responsibility. She gave some meals and pills on time everyday; therefore, he got better and recovery soon.”*

Tom (Uncle Lerd and Aunty Orn's son) said *"Dad was very concerned with mom illness. He looked after mom daily life all the time that he could help mom get good feeling."*

Pin (a village health volunteer) said *"Uncle Lerd was concentrated on taking care of Aunty Orn firstly. Due to intimate care, Aunty Orn looked fresh and got good feeling than other patients."*

Love and supports would also help to release pain and stress of the people. Besides, some intimate communication, such as touching should also one of the love meanings.

Love meant touching and nicely speaking to express their love

Touching was the way to express and improve intimacy between the couples. There were many ways to express love and understand feelings, such as a touch, a look, a hug, a smile, a thought showing with some words, and a need for intimacy expressing by asking for it. All love needed communication between the couples. When a patient felt loss of his/her self and abilities, sympathy, understanding and love were required. Touching could eliminate the space between the patients and their spouses, and it sometimes could intensify experiences of intimacy more than words. I, as a researcher, could observe couples patterns of looking after the patients that were full of love communications as the followings.

Uncle Lerd always talked cheerfully and touched his wife's hands. He always prepared meal for Aunty Orn, but he could do only egg menus. There were many things he did in order to show his love, such as holding her hand, catching her arms, and massaging her forehead; all these helped Aunty Orn to have good feelings, and she always smiled in order to respond to his love.

Aunty Tum always did her job closely her husband in order to turn Uncle In's body over. Sometimes, she talked to him even though he never responded her. She always asked him what he wanted. Aunty Tum sensitively noticed everything about Uncle In; for example, his body gestures, his feelings, or everything around him.

Aunty Wan spent all her time in looking after Uncle Chuen; therefore, she could notice his feelings and responses of what he wanted, although Uncle Chuen could not speak. He would show his feelings and body gestures to describe what he wanted.

Uncle Chai said *“When I initially got the stroke, Aunty Jit fully took care of me. She hugged and held me all the time because I could not sit and stand up by myself with softly taking cares like a baby; she gave me spoon feeding, bath taking, urinating, bowling, and all of my routines. I was so thankful and impressed on her cares.”*

In summary, touching between the couple could bring more intimacy than many words. Soft touches and taking cares also made them felt closer and more connection with their partners, and also improved patients' mood, reduced stress and depression and fulfilled their relationships of love.

Love meant brought jealousy for patient

The patients, who were lucky enough to be survived, would still be filled with pain, sorrow and depression, and some might also get the feeling of loss and abandonment. The effects of a stroke were not only affected on physical functions, but also influenced on the selves between the patients and their couples, or called relationships. Stroke could affect the ways that the patients perceived themselves in many ways, such as loss of ability, physical illness and symptoms, loss of functions and roles in their work and family, and finally feeling of dependence on and becoming burden. Living with Chronic Illness had a deep impact on not only the individuals inflicted, but also on all those people surrounding them.

Due to patients' feeling loss of their abilities and functions, after the stroke many patients had difficulty in controlling emotion. The patients might feel short-tempered or irritable, and this can be a strain on their relationships. Tension and resentment could be between the patients and their partners. Besides from the ability loss, the patients would suffer and feel inferior because they had to be burden for their couples and families, even though depending on daily life routine. The patient also felt suffer about their symptoms and their love relationships, they might feel loss of sexual appeals and attractiveness, and then they would concern about infidel affair relationships.

Uncle Bon said *“When I initially got the stroke, I felt very angry because I could not move, or do anything by myself. I burned with jealousy about Auntie Chom. I was afraid that she would have other man. I could not stop my thought. After I got better and could walk, I was aware of my unreasonable emotion.”*

Uncle Art said *“I was angry with losing of control of my right hand. At that time, if I could not carry anything, I would throw and break a lot of plates, glasses and other things. Because of my angry, I throw away everything, even mobile phones. I brokenly throw 2-3 phones. I had to stop working for healing my illness for a month.”*

Uncle Chai said *“When I got the stroke, I got whole body weakness, I could not move nor took care of myself; therefore, Auntie Jit totally looked after me. Due to the stroke, I could not work, but all of my roles became Auntie Jit and my daughters’ responsibilities.”*

However, Uncle Chai was jealousy and concerned about his wife that might contact with other man, when she went out to the rice field, Uncle Chai was very concerned about that and could not stop his thinking, though he knew that Auntie Jit loved him because when she went out and came back home, she would bring some gifts back for him.”

Uncle Chai said *“Auntie Jit might have adultery, and she would make an appointment with him at the temple fair, and sometimes she would call him.”*

Auntie Jit said *“I did not have another man or met other man, but Uncle Chai was fantasized about; however, our daughters and son, including me told him the truth, but he did not believe it, and that made me felt very tired. I had to work hard for him and our family, but he had never understood me. ”*

Auntie Tum said *“Uncle In used to work hard before he got the stroke. Due to his paralysis, I had to totally look after him.”*

Uncle Lerd said *“During the first year of the stroke, Auntie Orn was so moody; sometimes she was sad; conversely she was angry. I always took care of her closely. After two years, I notice that she was calm, and*

gradually accepted her illness. Now she looked happier and much felt good than before.”

During few years of the stroke, the patients faced with crisis of illness, disability and suffering. The patients needed more resources to cope and adjust themselves. Understandings and taking care of their partners were essential to support and heal the patients to get better and brought them happiness, healthy and well-being.

Plateaus in recovery after stroke

Most of the patients gradually recovered from the illness; however, some patients still got hemiplegic disability and needed to depend on their spouses. Although the patients got sympathy from their partners, the patients had to adjust their living. In this stage, sympathy from their spouses might turn into empathy between the couples, and adjustment between the illness and their real life. In the real lives, both patients and their spouses needed to be on their shoes.

The patients did not only receive care, but they also gave loves and concerns to their spouses and family. The couples who could adjust themselves would stay in rather normal lives. In this study, for the recovered patients, they could recover from the illness and be rather; some would normally take care of themselves. However, for the severe patients, they still had to totally depend on their spouses and care givers, especially in the aphasia cases who could not speak. They would depend on and comply with their care givers.

The patient who was partially recovered, but still needed some one's help, would face with a role conflict between being a normal person and a patient. The patient would face with suffering of the role conflict and also conflict with others.

Uncle Chai said *“Now, Aunty Jit had less taken care of me. She did not concern on taking care of me. She did not bring me to be treated by various alternate medicines like previously.”*

On the other hand, Aunty Jit said *“Uncle Chai got the stroke for a long time, for 10 years. Now, he got better and could take care of himself; therefore, I could not look after him as previously, and I did not expect him to get better than he was presently. For his disability, our family invested a lot of money to treat him, approximately 3-4 hundred*

thousand baht, but it could not turn him to be normal. I thought that Uncle Chai had to accept about his ability. Our family had to expense a lot, and our family had a sum of debt; therefore, I and all family members had to work hard in order to maintain the family.”

Decline of sexual relationships after stroke

Sex relation was an important part of marriage relationships; however, in Thai culture, sex was a forbidden and embarrassing subject to talk about. It was more difficult for the researcher to deal with the issue of sexual problems after the stroke. Rapport, trust and confidential relationships were required, but it was still hard for the researcher, especially in the stroke patients and their spouses who were in old age. Informants would also feel embarrassed about it when this issue was raised; however, after talking freely and the probing about it by using in-depth interviews, they could describe about as followings.

Generally, the stroke had left with physical effects, such as mobility or speech problems, together with their self concepts, their confidence and self-esteem; consequently, there were many reasons affecting on sexual difficulties and problems. Sexual difficulties after the stroke could be the results of many factors, including psychological changes, for example stress and depress after the stroke affecting sexual desires, and physical problems, such as weakness or paralysis.

Physical difficulties caused by the stroke such as weakness, spasticity or muscle stiffness, would limit movement; the patients usually were hard to move. Paralysis and less sensation resulting from the stroke had also affected patients' sexual desires. Moreover, some patients still got experience of pain after the stroke, and this would make them feel hard to move and had uncomfortably sexual activities. Due to disabilities, tired and exhausted feeling was a very common problem after the stroke. The patients would have physical limitations resulting from stroke that made them be uneasy to do simple daily activities, including sexual behaviors. Consequently, the patients would feel too tired to do some activities that they used to enjoy in doing it, like sex.

Psychological changes, especially emotion and sexual difficulties were closely interwoven. It's not unusual to feel low or depressed after the stroke and this

was often accompanied by a loss of interest in sex. As mention, the strokes can change lives in many ways, perhaps bringing a loss of independence or changed their relationships with family and friends, and coping with these changes would lead to depression. Additionally, the stroke might have damaged centers in the brain which would control feelings. The patients might fear that sex would raise blood pressure and cause another stroke. Anxiety and worried should be also common after stroke due to a lack of experience and information about it. Nevertheless, most of the patients and their spouses described reasons of their less sexual appeals and desires to their old age.

Uncle Yai said *“As an old age, we got less sexual appeals and passion desires; therefore, we feel less about sex. We were too old to have sex. We wanted to only take care of each other until the end of our lives”*

Uncle Chai said *“I did not have sex with Aunty Jit for a long time after the stroke because I got hemi-paralysis that made me hard to move my body.”*

Uncle Som said *“Due to my illness and the old age, I was unable to reach orgasm or get an erection; therefore, I could not have sex. I could only touch and be intimate with my beloved.”*

Uncle Song said *“Our couples did not have any sexual activities for a long time even before I got the stroke, because Aunty Kum was weak and unhealthy; therefore, I always only gave my intimate love and took good care of her instead.”*

Uncle Bon said *“Aunty Chom and I slept separately for a long time before I got the stroke. We did not have any sexual relationship; however, we still intimately helped each other in our work and family.”*

Generally, women would not directly say about a sexual relation. They were taught to decrease their sexual desires and have less sexual relation in an old age. They mostly mentioned about their roles and responsibilities to take care of their husband, children and new generations.

Aunty Tum said *“I was too old and did not have sex for a long time it was before Uncle In got the stroke. After he got the stroke, I had to take care of him and children. Moreover, elderly persons should not think about sex, but we should do good things and make more merits before the end of life.”*

Aunty Wan said *“Due to the old age, we stopped having sex for a long time; however, we still stayed closed up and took care of each other. After Uncle Chuen got the stroke, I took main responsibility in looking after him.”*

Aunty Chob said *“Due to fulfilling to have two sons, and also Uncle Art worked far away from home, it caused us had less sexual relation, until in old age; we stopped having sex before he got the stroke.”*

Aunty Chom said *“Uncle Bon and I slept separately for a long time, before he got the stroke. Our couple life was not conditioned on any sexual relation. We were friends and companions in helping each other, and as being father and mother to maintain our family.”*

Generally, men and women in old age were less speaking about sexual relation, and they also had less sexual relation. Especially, after the patients got the stroke, it seemed that the couple would stop having sex because of concerning about illness and disability; however, the couples still were intimated in taking care of each other.

In summary, often sexual problems were caused by a combination of several factors. Sex was an important part, but not a total component of love. Furthermore, love relationship might change from couples to couples, they would see their couple's lives differently, and that could put off their physical intimacy. The couples could understand patients' illness conditions, and dedicated their love relationships suspend to intimate care.

Love meant responsibility and commitment after the stroke

In this study, all the couples explained that they had commitment as their responsibility in looking after the patients' lives. The spouses explained that they were the same unit relation; therefore, the spouses would take the responsibilities for patients. Love could not be described directly; however, most of the spouses could present on their responsibilities in looking after their partners' lives without any reluctance. They loved to take care of them and wished the beloved patients got good lives and well-beings. They were willing to take care of the patients for a long time.

Uncle Bon said *“We were couple, and I did not know the future, but now I thought Aunty Chom and I would live and take care of each other until the end of living.”*

Uncle Lerd said frankly and humorously that *“I could take care of her as much as I could do, and I would take care of her until I died. However, I was not sure who would die first because I had to ride a motorcycle on the road everyday. I got high risk more than her. She only stayed at home without any risk conditions.”*

Uncle Yai said *“Having only the two of us, we would live and take care of each other till we died”*

Aunty Tum said that *“I would take care of him until dead, but I was not sure between Uncle In and I who would die first.”*

For the commitment, spouses had taken responsibility to take care of patients. The couples were aware of them as the same unit relation; therefore, the spouses would feel commitment to take care of patient.

In conclusion, love was not only meant by words, but it also existed in their life experiences that people faced and collected on their own experiences through the previous stages. In the stroke crisis, the couples would dedicate themselves into taking care of each other in both reciprocal responsiveness and responsibility. For responsiveness, the partners would provide good taking care of the beloved ones. For responsibility, the partners would accept that it was their major roles as being a good partner and had to look after beloved ones who got stroke illness.

Table 5.1 Summary of Love Meanings

Time Line →		
Acquaintance and attraction	Marriage, cohabitation and being family	Stroke and recovery
<ul style="list-style-type: none"> - Love meant “liking”, “Chob” and “chob por kan” - Love meant attraction - Love meant courtship and flirting to pursue their love - Love feeling was positive emotion 	<ul style="list-style-type: none"> - Love meant happy couple life on newly couple stage - Love meant caring each other - Love meant passion and sexual relation - Love meant commitment and expectation for the future of the family - Love meant sharing and responsibility for overcoming obstructions 	<ul style="list-style-type: none"> - For the care-givers, love meant compassion and sympathy - For the patients, love meant gratefulness - Love meant sensitively intimate cares - Love meant touching and nicely speaking to express and communicate their love - Love meant brought jealousy - Love meant responsibility and commitment after the stroke

5.3 Dynamic components of love: an analysis based on Sternberg’s concepts

Love is a complex emotion that contains varieties of different feelings among the interpersonal relationship. According to Sternberg’s Triangular theory of love, love is categorized into three components; passion, intimacy and commitment. Passion is the state of intense longing for others that lead to romance, physical attraction, and sexual relation. Intimacy is a less intense emotion and affective. Intimate person feels close and trust in another, also revealing personal information and feelings. Commitment is the cognitive and decisive process to remain with another, sharing achievements and plans to maintain their love. The combination of all three components was called by Sternberg “**consummate love**” (I+P+C), which is resulted from fulfilling and succeeding in all components of love. From couples’ love experiences, they described their feelings that could be analyzed into Sternberg’s three components of love. The study had shown dynamics of these components that would

be presented in sequentially three stages of relationships - initial attraction, marriage, and stroke illness and its recovery.

5.3.1 The initial attraction stage: developing passionate love

The passion and attraction between men and women were general emotional consequences of falling in love. In Thai culture, romantic and passionate loves were labeled with negative connotation and were seen as irrational desire that would bring pain and an unhappy relationships; therefore, parents and relatives tried to control of young relationship.

In this finding, few couples entered the stage of attraction in their early relationships. Generally, men would play a major role in the relationship. Men were attracted and aware of love feelings earlier than women. Passion was increased from the influence of physical attractions; beautiful women or handsome men. Men would then develop positive feelings towards women and tried to express their feelings in order to pursue mutual love from women. In contrast, due to the ideal of virginity, women had to be more careful about themselves and interpersonal relations with the opposite sex; therefore, women were oppressive of their feelings and had fewer opportunities in engaging in a love relationship.

In this study, passionate love was strongly sensible and spontaneously emerging in their experiences. Passion was an intense feeling that was hard to control, including drives that lead to romance, physical attraction, and sexual desire. Men were aware of psycho-physical feeling, such as excitement or sexual arousal. Due to sexual desire, men would develop more passion towards one that they were interested in. Passion was defined as a central source of expressiveness in romantic love. Men who fell in love would attempt to express their feeling by courting or dating for their targeted persons. However, in cultural community, feelings of love were not expressed directly.

Uncle Yai said *“I liked and was interested in her, and I wanted to stay close to her. I always missed her, and tried many ways in order to be close to her. However, I would not commit a wrong action by such having a sexual relation with her... Aunty Tim was beautiful. When I saw her, I was impressed by her, and I thought that she was polite, neat, and also a hard working woman.”*

Uncle Non said *“When Aunty Na was young, she was so beautiful. After I met her, I was impressed and attracted to her. I tried to do everything to gain her attention.”*

Uncle Art said *“I felt impressed by Aunty Chob because she was good at taking care of me.”*

Passionate love would trigger some good and bad behaviors to fulfill their feelings. Someone who was falling in love with a partner wanted to get marry and live with her; he would be patience and try to do good things for her. On the other hand, some men did wrong actions to fulfill their desires. For example, some couples used elopement and abduction in order to be possessive and committed in a relationship.

Generally, parents or relatives were aware of their young man and woman relationship, and they also kept an eye on teenagers’ relationship. They tried to control and protect the youngsters because passionate love and desires were hardly controlled, which might lead them to do the wrong thing, such as premarital sexual relation, elopement, or abduction.

Uncle Yai said *“However, I tried to conceal our relationship, my parents and Aunty Tim’s parents knew that I liked Aunty Tim. They always controlled and guided me about our relationships.”*

Uncle Som said *“Aunty Sri and I loved each other. Her parents knew. They tried to control and end our relationship. Finally we decided to elope and cohabit together.”*

Aunty Keaw (Uncle Yai’s neighbor) said *“In the past, Uncle Yai “chob por kan” or loved Aunty Tim. However, their relationships were in the eyes of their parents and relatives.*

Jeab (Aunty Sri and Uncle Som’ daughter) said *“Dad liked or “chob por” mom and he was courting mom for a long time. Although mom’s parents obstructed and excluded their relationship, they finally cohabited and lived together.”*

Hardly presenting romantic love

In initial relationship, romantic love (comprising of intimacy and passion) would emerge. However, in rustic Thai cultural context, intimacy between men and

women was forbidden. They could contact by letters or stayed away from the eyes of parents or relatives, so it was hard for teenagers to develop romantic relationship. However, their romantic love was developed through their thought, fantasy and imagination. They imagined fulfilling their feelings, and then there were some reactions from their targeted partners, such replying to prospect and prolong their romantic love.

Uncle Yai *“I tried to meet her, even though her parents did not allow her to go out alone. I often helped her in the rice field or met her at the temple fairs. We could see each other from the other side of the entertainment house... However, I could not meet her, I always thought of her and read her letters many time to fulfill my feelings.”*

Aunty Tim said *“After Uncle Yai approached me; we could not talk or meet directly. I could contact him by letters and I could only wait to meet him at the temple fairs.”*

Uncle Som said *“When I liked Aunty Sri, I felt very eager to meet her and stayed close to her. I always tried to meet and contact her. However, her parents always obstructed that.”*

Aunty Sri said that *“He was interested in me. He tried to contact me through my girlfriends, and he always asked me to meet him at temple fairs. For a period of time, I fell in love with him, but I did not know why I love him.”*

For lovers, marriage and cohabitation fulfilled their passionate feelings and needs, and helped to develop intimacy and commitment. Traditionally, sexual relation was only allowed after marriage. Sexual intercourse and erotic conception of the partners would fulfill and bond their closeness.

5.3.2 Marriage and cohabitation stage: Development of consummate love

After marriage and cohabitation, couples could directly develop their relationship. The couples lived together, and they could develop consummate love (consisting of passion, intimacy and commitment). Due to social control, most couples got married through arrangement. Their parents and relatives preferred men and women to develop their friendly or compassionate relations in the right way of

tradition, rather than emotional passions which were hard to control and could decline in the future.

Passionate love

Passion and sexual desires could be expressed personally between couples. Sex was an important part of relationships, an important way of expressing love, and strengthening couples' relationship. However, they could not express or talk about this in public sphere because sex was a forbidden topic in the villages. All couples tried to describe about sex as a reproductive topic, to have children and new generations.

After couples were married, they were happy due to their success of marriage and cohabitation of living together. Mostly, women and men who were young adults expected to get married in appropriate time. Couple life and living together made them happy.

Uncle Yai said *"I tried to do a lot of things to pursue our relationships, after we got married that made me happy. as husband I tried to take care of her and I tried to work hard for our family."*

Aunty Tim said *"After marriage, early time of living together, we were happy to take care of each other."*

Uncle Yai and Aunty Tim said *"We wanted to have a child and tried many ways. However, we did not have a child."*

Aunty Wan said *"After we could do good things for each other, we could express our relationship as husband and wife by taking care of each other...we had many children in our family."*

Other than passion, intimacy and commitment (two components of love) were also developing gradually in couples' lives.

Intimacy

After marriage, couples would also directly develop intimate relation. Intimacy encompassed feelings of warmth, closeness, connectedness, and bond. Couples who had intimacy were more stable and relaxed, calm, and mature with reciprocal care. Intimacy or companionate love gradually developed after a period of time had passed.

Intimate love started from calm and cold, but gradually warmed up over time. The couples would receive greater satisfaction over years. Intimate and compassionate lovers were not only holding together, but also quietly sharing their personal feelings, attitudes and thoughts mutually. Some activities were shared together, but each individual was allowed to develop his or her own independent interest as well. Intimate love was a reciprocal relationship.

Uncle Yai and Aunty Tim *“We lived together without arguments. We have similar characters, behaviors and opinions. Therefore, it was easy to understand and to respond to each other needs.”*

Aunty Sri said *“After we lived together. I could communicate with him directly. We could take care of each other. He helped by working and we got along without quarrels. We always talked sweetly and smiled together.”*

Aunty Tum said *“Love for my couples meant doing the role for our family. Uncle In worked hard for our family and children.”*

Uncle Chai said *“After living together, we were intimated and care about one another. I was always concerned about Aunty Jit’s feelings. Therefore, I would bring her along when I went out.”*

Meen said *“After marriage, couples would turn to be friends and share both happiness and sufferings.”*

Jeab said *“Mom and dad were close and trust each other. Dad gave all money to mom who would manage all financial matters for everyone in our family. Mom also trusted dad to deposit all the money from his book bank.”*

The intimacy component is a less intense emotion, like tenderness and friendship, but it was also included sexual relationship. For intimacy, sex was a comfortable and important form of self-disclosure. Intimacy was required for a stable marriage, home, and children and to make strong bonds.

Commitment

However, committed relationship could develop before marriage. In villages, due to constraint of amorous relationship, it was difficult to decide about their relationships or marriages. Marriage was provided by their parents and older relatives.

Some couples could decide and plan for the future of their relationship after marriages and cohabitations.

Uncle Art and Aunty Chob, they worked at the factory that they developed their relationship out of community context. Works in the industrial factory were quite independent to decide and plan about the future. In the community, couples who planned and decided for their relationship as elopement and cohabitation.

Aunty Sri said *“Uncle Som and I loved each other. Therefore, we planned to elope to live together. Later we had children.”*

Uncle Art and Aunty Chob said *“We got married when we were in the middle age. Therefore, we hoped to have children immediately. After a few years of marriage, we had two sons.”*

Aunty Na said *“I planned to have two children, and then stopped it there.”*

Commitment was an important component in prolonging couples' relationship. Generally, when men had committed on targeted women, they were mostly dedicated and also responsible for beloved's well-beings. Before marriage, commitment was the decision to live and remain with the beloved target. After marriage and cohabitation, commitment was to share their lives together by passing through all problems and achievements while maintaining their love.

Uncle Som said *“Our family was very poor. Therefore, our family was faced a lot of troubled, especially when we had children. I had to work hard in order to raise our children.”*

Aunty Sri said *“For my house, we had only a small hut for living. Some belongings that we had for living were two bowls for food and cloth for concealing our bodies.”*

Aunty Tum said *“Uncle In worked hard to raise our children. He dedicated himself to our family and children. Therefore, I loved and impressed with him.”*

After having children, most of the couple had to dedicate themselves raising and taking care of children. They would be more committed and cohesive. Other key-informants would confirm these findings.

Meen said *“Uncle In loved Aunty Tum, his children and family. Therefore, he worked so hard for the family.”*

Joy said *“Love between couples meant loving and living well together. For beloved couples, they would care and help each other in working and raising children for their family.”*

Pin said *“Love between couples after marriage meant one’s love for his family, children and wife. For example, Uncle Chuen loved and took care of his family, children and Aunty Wan.”*

For committed love, mutual commitment between couples was required. Self sacrifice and devotion were necessary for not only interpersonal attachment between couples, but also for their whole families and members. After couples had their own family and children, love was extended to be the whole of their families. Everything they did and dedicated for their children and families were filled and collected as committed love. This component was to be aware of reality and to be rational about managing all resources in order to maintain the relationship. Commitment was founded on rationality, stability, long term adaptability their relationship.

Components of love over time: Collecting intimacy and commitment

According to the study, love was a complex and interwoven feeling influenced by many components and factors. Consequently, love was not totally changed overtime. However, it might change the interplay of its components. Passionate and romantic love was extremely developed on the early process of love. After couples got married as husband and wife roles, their passionate relationship were quite stable and declined, roles and responsibility were emerged, as well as other components of love were gradually developing instead.

Decline of passion

Due to strong and excited feeling of passion, after people fulfilled their plateau and success in love, the feeling would return to normal stage, and then the real couples’ lives was started in their eyes. People shifted from their feeling to their real

lives of responsibility. As time gone by, passionate love was transformed into intimate or committed love.

All couple cases lived together for a long time. Their love relationships were successful declining in passion, and gradually developing intimacy and continuing their commitment in the relationship. In old age, due to limitation of couples' bodies and cultural tradition, generally, most couples stopped their sexual relation and developed companionate love. Based on Sternberg, companionate love was a combination of intimacy and commitment component. Companionate love was founded in a long-term friendship and love in marriage that physical attraction was lost or passion was lacking.

Uncle Yai said *"In old age, we have less sexual appeals and passionate desires. Therefore, we feel less about sex. We are too old to have sex. We want to only take care of each other until the end of our lives."*

Uncle Bon said *"Aunty Chom and I separated bedroom for a long time before I had the stroke. We did have sexual relationship. However, we still intimately helped each other in our work and family."*

Aunty Chom said *"Uncle Bon and I have separated bedroom for a long time, before he had the stroke. Our couple life was not relied on sex. We were friends and companions to help each other as father and mother to maintain our family."*

Aunty Chob said *"Having two sons, and Uncle Art worked far away from home, we didn't have much sexual activities and in old age we stopped having sex."*

Although passionate love could be decline over time, couples still developed compassionate relation. Companionate love helped couple to be best friends. Most couples were able to give love and maintain their relationship for a long time. Bonding as husband-wife, father-mother-children, and working together became their commitment and responsibilities.

5.3.3 After stroke: Intimate and committed care

The crisis of the stroke affected patients in physical changes and loss of functioning in various ways. Patients who were disabled had to depend on others in daily routine. Moreover, the stroke also affected couple relationships.

Commitment as responsibility in caring the patients

Due to stroke's affects on patients, their spouses cared, understood and sympathized about patients' symptoms and suffering. They tried to look after the patients to be better and more comfortable. After being affected by the illness, spouses would have to take responsibilities in looking after the patients. Some patients had brain problems or speech difficulties. Therefore, some patients were hardly speaking and communicating with their spouses and others. It was extremely frustrating for one being unable to express their needs and feelings. Some patients were suffering from decreased mobility, loss of sensation, perceptual changes, emotional complications, and effects on pre-existing sexual problems. The illness greatly affected the love relation between patients and spouses.

Uncle Yai said *"I cared for Aunty Tim. There are only the two of us. Her illness made me feels sympathy and concern about her. I want her to get better soon."*

Uncle Lerd said *"Aunty Orn was a good wife and she looked after me well. After she had a stroke, I wanted to take care of her."*

Uncle Lerd said *"Taking care of Aunty Orn was my responsibility. I have to cook her meals and help her with all daily routines."*

Aunty Tum said *"Uncle In's illness made me feel sympathy and concern about him. I wanted him to be better and able to tell me what he wanted. I have been looking after Uncle In all the time. Every day I have only two meals, while Uncle In has three complete meals. Consequently, I lost about 10 kilograms."*

Intimate care of the patients

Due to patients' old age and limitation from the stroke, the spouses would give care and other support. Spouses tried to provide sensitive care and support all time for the patients. Intimate care was provided for patient to support the patients' feelings. Touching, talking, and looking into each other's eyes, holding hands, hugging were the ways of being intimate. Even though some patients could not speak, spouses tried to talk to and ask for their needs in order to support what patients wanted. Some spouses dedicated the time to look after patients. Consequently, they had to stop working in order to look after the patients. Spouses tried to prolong patients' lives, and they were happy to take care as long as they could do.

Aunty Wan said *"After Uncle Chuen got stroke, I stopped working at the lotus field in order to provide the time to look after him closely."*

Uncle Yai said *"We had only the two of us. When Aunty Tim was sick, I was so concerned and I would like to look after her every time and everywhere."*

Aunty Na said *"I had to stop working in Bangkok in order to stay at home and look after him closely because there was no one back there to look after him."*

Touching was the way to express care and intimate love. Touches could eliminate the space, and it sometimes could intensify experiences of intimacy more than words. There were many ways to express love and understand feelings, such as touching, looking, hugging, and smiling as the following observed data.

Uncle Lerd *always talked cheerfully and touched his wife's hands. Sometimes, he held her hand and massaged her forehead. All these things helped Aunty Orn to feel better, and she always smiled in order to respond to his love.*

Aunty Tum *always looked after her husband very closely and she had to turn Uncle In's body over frequently. Sometimes, she talked to him even he never responded her. She always asked him what he wanted.*

Uncle Chai said *"When I initially had the stroke, Aunty Jit took care of me wholeheartedly. She hugged and held me all the time because I could not sit and stand up by myself. She took care of me like a baby. She*

spoon feeds me, help me bath, going to toilet and all of my routines. I was so thankful and impressed by her cares.”

After patients' stroke, it seemed that spouses were the only devoted people, even the patients rarely responded. However, for love, rewards and satisfactions of caregivers were patients' comfort and well-being. From above, love was shown in various components that could be varied over time. However, love was not totally changed, but it was the interplay of its components.

From the external views, key informants could directly describe couples' love relationships. For a long period of time, couples lived together, sharing happiness and suffering. In old age, the couples expected to get the fruitful experiences of their couples' lives as best friends and companionate companions in order to take care of each other. After patients had the stroke illness, the spouses would be concern and try to dedicate themselves in order to look after the patients.

Dang (Uncle Yai and Aunty Tim's relative) said *“When Aunty Tim stayed at the hospital, he stayed closed to her. Uncle Yai loved and provided good care for her all the time.”*

Jeab (Uncle Som and Aunty Sri's daughter) said *“When dad had the stroke, mom was very concerned and worried about him. She urged me and my brothers to look after him closely.”*

Tom (an Uncle Lerd and Aunty Orn's son) said *“Dad was very concerned with mom's illness. He looked after mom daily routine all the time, which made mom to feel better.”*

Pin (the village health volunteer) said *“Uncle Lerd paid a lot of attention on taking care of Aunty Orn. Due to intimate care, Aunty Orn looked more fresh and livelier than other patients.”*

Development of compassionate love

After the illness, the spouses felt compassionate and sympathy for patients' illness. The compassion included tenderness, caring, and empathy, and other behavioral predispositions such as self-sacrifice. The spouses tried to do as much as they could in order to prolong their beloved patients' lives and well-beings.

Aunty Tum said *“I feel sympathy and concerned about Uncle In’s illness.”*

Aunty Na said *“I felt compassionate and pity of Uncle Non. He got the stroke and disability without any caregiver looking after him. Therefore, I decided to look after him.”*

Uncle Yai said *“I cared so much for Aunty Tim. We only have each other. She acquired the illness, and that made me felt sympathy for her. I wanted her to be better.”*

Uncle Lerd said *“Aunty Orn was a good wife. She always looked after me. After she got the stroke, I wanted to take care of her.”*

Compassionate feelings led to devotion and care for the patients. Love and support would strengthen couples’ bonds, and also promote positive feelings between the partners. Sympathy and understanding about the conditions of illness would also enhance ability to cope with their tension and stress.

Based on Sternberg’s triangular love components, love was complex feelings; passion, intimacy and commitment. Sternberg had described love pattern into eight patterns, including from non love vary to consummate love. From this study, love between opposite sex should have all factors as consummate love which embedded on couple’s experience. However, some factors might be more or less varied over time. Like other psychological construction, all components of love could not disappear because all components are still embedded and existed within human experiences. Although, one did not express one’s feelings, but the feelings are still existed and could be recalled from their experiences.

Table 5.2 Summary of Love Components

Time Line

	Acquaintance and attraction	Marriage, cohabitation and being family	Stroke and recovery
Passion	<ul style="list-style-type: none"> -Attraction as “Chob” was a strong emotion driving behaviors. -Courting behavior to pursue reciprocal love feeling. 	<ul style="list-style-type: none"> - High level of passion because after marriage, sex and passion were allowed. However, it was uneasy to talk. 	<ul style="list-style-type: none"> -Low level passion due to less physical appeal in old age and stroke illness.
Intimacy	<ul style="list-style-type: none"> -Social control - Hardly intimate relationship between young men and women. 	<ul style="list-style-type: none"> - High level of intimacy between couple - Intimate care each other - Gradually collecting positive memories. 	<ul style="list-style-type: none"> - High intimacy to provide sensitive cares and intimate touches. -Reciprocal responsiveness for patient who gave more positive memories.
Commitment	<ul style="list-style-type: none"> - There was less chance to decide or commit. 	<ul style="list-style-type: none"> -High level of commitment. -Planning and responsibility for family and children. -Sharing with problems and happiness in lives 	<ul style="list-style-type: none"> -High level of commitment as responsibility since family roles. - High responsive bond of patient as part of life.
Compassion			<ul style="list-style-type: none"> - Compassionate love to take care of patients

5.4 Affecting factors of the love dynamics

The third objective of this study tried to explore some factors affecting dynamics of love. Based on Rinaldi’s dynamic model of love, there are three factors; instinct, return and oblivion that will determine dynamic equation of love relationship. Consequently, in this study, love relationship was mainly examined these factors through the process of time and the crisis of stroke.

5.4.1 Instinct Reacting Personal Appeals

On Rinaldi's dynamic model, he quietly mentioned about the instinct that reacts to the appeal in order to describe his 6 properties of love model. The term instinct (I_i) was described as the reaction of the individual i to the partner's appeal A_j . However, the appeals are not only in the physical attractiveness, but also in appropriate characters to be described from evolutionary theory, such as young age, high education, potential earnings and social status.

Physical attractiveness

Physical attractiveness was the basic appeal and impression between men and women. Physical attractiveness was probably the facial and body's characteristics that mostly effected the first impression, which is important for falling in love and initiating a relationship between opposite sex. Couples were impressed on the physical appeals and manners of their targeted persons.

Uncle Yai said "When Aunty Tim was a young woman, she was beautiful."

Uncle Chai said "*I liked Aunty Jit because she was good looking and was a joy to talk to.*"

Uncle Non said "*When Aunty Na was young, she was beautiful. I liked her and I kept watching what she did.*"

Aunty Sri said "*When I first met Uncle Som, he was good looking, but I felt angry at him that he gazed at me. After he talked with me politely for a period of time, I liked him, but I did not know why I liked him.*"

Aunty Chob said "*I acquainted with him when I work at Thai Tolay Company. Uncle Art was a mechanic who was an expert and good looking. However, he was flirting with a lot of women.*"

Aunty Wan said about Uncle Art and Aunty Chob relations that "*Uncle was good looking, while Aunty Chob was a good girl. So, they initiated their love relationships.*"

Jeab (Aunty Sri and Uncle Som' daughter) said "*Mom liked dad because when dad was young, he was good looking, while grandparents did not like dad because of his poverty.*"

Generally, men were attracted to women by the physical attractiveness, and then they would date and court her later. Men's perspectives in considering the idea of beauty were equal to the idea of good health and fertility of women. In contrast, the women were interested men in the ability to provide resources and to protect for his partner and children.

The passing time and stroke illness: Physical attractiveness was declined

In a long term relationship, generally time would decrease the physical attractiveness. However, it may not decrease a good relationship and positive experiences of compassionate love. When the time passed, it could affect passionate love and would become cool; however, the importance of sharing and more intimacy feeling might be growing. Emotion of the passionate love might decline naturally turned to be companionate. Especially, after stroke, the patients had less physical attractiveness, but they got disabilities instead.

Uncle Yai said *“When we are getting old age, I love her less because we are old and do not have strong feeling as same as when we were young. However, we had more time to be intimated and to take care of each other. I did not want to leave her alone. If I had to go out, I did not stay out overnight because I was concerned about her.”*

Aunty Tim teased Uncle Yai with smile *“I loved him less because when he went out, he had never brought any presents to me like initial relation. However, he was good at looking after me. We stayed close to each other, and could see each other all day.”*

Uncle Bon said *“We are old, Aunty Chom and I become friends and companions. Aunty Chom and I separated bedrooms for a long time before I had the stroke. We did not have sexual relationship. We intimately helped each other in our work and family. Aunty Chom was talkative like a radio. I never felt lonely, when I stayed closed to her.”*

Aunty Chom said *“Uncle Bon and I have separated bedrooms for a long time, before he had the stroke. Our couple life was not relied on sex. We were friends and companions to help each other as father and mother to maintain our family.”*

Over the time and illness, the physical appeal and attractiveness seemed to be decreased. In other word, the passionate love feeling was declined. However, the couples showed to have much more compassionate after the stroke.

Socioeconomics and ability to provide resources

Generally, women preferred economic resources or ability to provide resources in order to support her when she had to be pregnant for nine months and child rearing. In village community, people did the rice field that was required both men and women labor; therefore, ability to work and diligent character were needed both men and women. Besides, women characteristics were required nurturing care and house chore.

Aunty Tim said *“I liked Uncle Yai because he worked hard and he was so smart and respected among his friends.”*

Uncle Yai said *“Aunty Tim was diligent to work both in the rice field and in the house.”*

Aunty Tum said *“Uncle In was diligent and worked hard, but he looked very self confident and stubborn.”*

Aunty Chob said *“I knew him when I worked at the Thai Tolay Company. Uncle Art was a skillful mechanic, and also worked hard.”*

Uncle Art said *“Aunty Chob was a good woman to take care of me and also worked hard.”*

Aunty Wan said *“Uncle Chuen was industrious and a leader of his family. After marriage, he worked so hard and did everything for our family.”*

Aunty Keaw (Uncle Yai’s neighbor) said *“Uncle Yai and his parents liked Aunty Tim because she was beautiful and rich. On the other hand, Aunty Tim and her parents liked him because he was smart and had more social connections.”*

Other than the socioeconomic status, working hard was required by both men and women to show their ambition and willingness to struggle for a good future. In contrast, persons who had laziness and roguish behaviors would show aimlessness

and inability to provide resources in the future. A lazy one was not demanded as a future couple.

Aunty Jit said *“Uncle Chai approached me, but I did not like him. I was also interested in another man. At that time, I just talked to him because he was a neighbor. Uncle Chai was lazy and did not like to work. He only traveled around with the music band, and was not ambitious.”*

Aunty Na said *“I did not like Uncle Non because he was a rough person.”*

Uncle Som said *“I was an orphan and poor. Therefore, Aunty Sri’s parents did not like me. However, I liked her, but her parents did not allow us to continue our relationship.”*

Aunty Sri said *“My parents did not like Uncle Som because of his poverty. They were concerned that I would get hardship.”*

Good characters were not only important for partner selection, but also for their couple lives. The ability to provide and support resources for their children and family were essentially required in order to maintain their families. Due to their hard working and cooperation, most couples would get a better economic status. On the other hand, some couple who might be lazy would be poor. The socioeconomic status might also affect their relations. Especially, after the stroke, economic resources were importance for medical and treatment expenses. Consequently, some couples had some debt due to the stroke situation. Therefore, the spouses had to work harder, and did not have time to provide good care for the patients.

Aunty Na said *“I had to stop working in Bangkok in order to stay at home and look after him closely because there was no one back to look after him.”*

Aunty Jit said *“Uncle Chai got stroke and medical expense caused our family was in debt. I had to take all responsibility for our family. I had to work in the rice field alone, while our son and daughters were employed at factories. I tried to work hard to maintain our family; therefore, after Uncle Chai get better, I had less time to look after him.”*

5.4.2 Return and responsive reaction

In Rinaldi's view, the return (R_i) described the individual reaction to their partner's love. Rinaldi used term "loves to be loved" and "hates to be hated" to explain reaction between partners. Reaction between couple relationship was very important. All couples would collect some positive or negative memories of shared experiences between them. The couples would collect and compare between positive and negative experiences in order to react or return appropriate manner to their spouses. After collecting good positive experiences of couple relationship, the patient would receive a fruitful result from their relationship, such as intimate care, sensitive sympathy, and softly touch.

Uncle Lerd said *"Aunty Orn was a good wife; she always looked after me. After she had the stroke, I wanted to take care of her back."*

Aunty Kum said *"It was because Uncle Song's had always cared of me when I was ill. Currently, when he had the stroke, I wanted to repay him back and take care of him. I wished him good health and recover as soon as possible."*

Uncle Yai said *"Aunty Tim was a good wife. She was good at cooking and being a housewife. She also worked hard. We lived well together without arguments. Generally, she took care of me well. After she was ill, I wanted to take care of her."*

Aunty Tum said *"Uncle In worked very hard for our family and children. After he had the stroke, our children and I were very concerned about him. Due to his paralysis, I had to stop working in order to look after him closely all the time and to protect his bedsore"*

Aunty Wan said *"Before the illness, Uncle Chuen was good at taking care of me, and worked hard. All trees around of my house were grown by him. He did everything for me, our children and our family. After the stroke, I wanted to look after him closely in order that he would feel better and more comfortable."*

On the other hand, some couples who had some negative experiences would return to look after the patients, but in negative ways, such as ignoring patients' demands and giving a distant care.

Aunty Na said *“When Uncle Non was healthy; he never did anything for our children, me and my family. He was very mean and greedy. When he had some money, he had never given it to our daughters and me. All the time, I had to work for him and my family. Sometimes, when he got drunk, he would beat me and our daughters. It suffered and it was a bitter experience for me... Before the stroke, he worked with his relatives, but he had never given any money to me. After he had the stroke and paralysis, his relatives didn’t want to take the responsibility and tried to send him back to me. I accepted to take care of him because I felt pity that he was the father of my daughters. I told him many times that ‘when he is healthy, he do things for others. When he falls ill, family takes the responsibility, but others will leave.’”*

Aunty Na said *“I took care of him as much as I could. Because of my work and economic problems, sometimes I could not give him good care. Sometimes he was hungry and making loud noise, but I had to work.”*

Aunty Sri said *“After Uncle Som slept with another woman, we had a big brawl, and finally he beat me, so we decided to separate. Uncle Som stayed with my son at home in the same area.”* After Uncle Som got stroke, Aunty Sri said *“I had never visited and taken care of him”*

In contrast, their daughter Jeab said *“Mom was very concerned and she cared for Dad. However, she did not express it directly. She encouraged sons and daughters to look after him.”*

I, as a researcher, could see that she was concerned and she gave some Uncle Som’s favorite food for him many times when I visited.

Couples that share and help each other to overcome problems and gain their family success would have positive feelings about their beloved partners. Couples who shared and recalled good memories would gradually develop intimate and commitment love relationship. Return or reaction between couples was very important in maintaining their positive feelings and prolonging their relationships.

5.4.3 Oblivion or forgetting time

Based on Rinaldi's model, he proposed term (O_i) oblivion or forgetting time, after the individual lost the partner. They needed more time to forget, because they still remembered their relationships. Rinaldi called this term as forgetting coefficient or time required to forget the partner after separation. Besides, this forgetting was certainly influenced by culture and religion (Rinaldi, 1998; Rinaldi and Gragnani, 1998). Due to Rinaldi's mathematic view, love was measured as factors and functions. However, love feeling between couple was embedded and dwelled in human experience as a commitment and cohesion between the couple, so they tried to prolong and maintain their relationship. After their relationship ended, couples still had love feelings and needed more time to recover their own feelings and self. Generally, couples would share and invest a high amount of resources together. For an instance, belonging materials, symbols, roles and shared status as husband - wife, children or other affectionate attachment that were constructed in their experiences. These love investment were obstacles for them to end their relationship.

Having children and sharing resources

Having children was an important factor that tied the couples' love relationship. Generally, the couples tried to devote and invest themselves for children and families. The couple would fuse as a same unit to hold responsibility for their children. The couples' love relationships were shared and expanded to children and families. Moreover, having children was an emotional attachment that bonded couples very strongly. Moreover, all couples also shared and invested a lot of resources together, such as house, property and belongings. All material belongings influenced the cohesion in the relationship.

Aunty Tum said *"Children are like golden bond that bonds parents together. When we become old, we hope to depend on our children. Although, Uncle In had the stroke, I thought that Uncle In's illness was my responsibilities. I was concerned with my children, and did not want to disturb and burden our children. However, our children always took care of us as much as they could."*

For the finding, there were two couples who were separated at the decline of their relationship. However, after the patients had the stroke, their spouses turned back to look after the patients. They gave the reasons of their love relationship as the followings.

Aunty Sri said “...*Although Uncle Som and I separated, I decided not to officially divorce him because I was concerned about my children who still loved their father. Besides, I did not want to divide the properties we acquired during our marriage, which I hope to keep all the properties for my children.*”

Jeab (Uncle Som and Aunty Sri’s daughter) said “*I know that mom still loves dad. She always cared and concerned about dad, even she said she did not care.*”

Aunty Na said “*I came back to take care of Uncle Non because I felt pity and was concerned with my daughters. I did not want to hear my daughters asking me where their father was.*”

Noi (Uncle Non and Aunty Na’s daughter) said “*I thought that mom and dad still loved and cared for each other. Mom provided time and resources to take care of dad without abhorrence even dad used to be bad or hurting her.*”

5.4.4 Socio-cultural factors affecting love relationship

In the previous day of Thai communities, social-cultural factors seemed to influence on young men’s and women’s acquaintance and their initial attraction, such as proximity as being neighbors, helping each other in their rice fields, religious and tradition. However, social and cultural also controlled over men and women through social values and norms of the society, especially the social values concerning virginity. The virginity values strongly influenced to control over men’s and women’s love relationships.

In the past, there were many rice customs and tradition that gathered people to help and acquaint with each other, such as growing and harvesting rice. Social -community events and temple fairs might gather people from nearby villages to know each other and become friends. Basically, people knew each others in the

same village as neighbors and rice farmers. The couple cases described the ways that caused them know each other and how their relationships were initiated in the villages as the followings.

Proximity as neighborhood

Many couples in this study became friend and attracted to each other because of the geographical proximity. Proximity or nearness made them friends, neighbors and finally they acquainted with each other.

Uncle Bon said *“I knew Aunty Chom because my house and my parents’ rice field was nearby her family. So, our families helped each other at work.”*

Aunty Chom said *“I did not know about love, we were only neighbors and his house was close to my house. My parents and his parents always helped each other.”*

Uncle Chai said *“My house was opposite to Aunty Jit’s house. We were friends since we were young. After I turned to be a teenager, I started to be interested in her.”*

Aunty Jit said *“My parents and Uncle Chai’s parents were neighbors. Our houses were on the opposite sides of Klong Chaiyakan. I knew him since we were young, but my parents did not like him, and I also was not interested in him.”*

Aunty Wan said *“I acquainted with Uncle Chuen because our houses were nearby and we always helped each other in the rice field.”*

Nearness of work and at work places

Work and work places provided chances for men and women from various places to intermingle. Therefore, men and women who were not local residents might have chances to be acquainted with their partners who were brought up in the study site.

Uncle Non said *“I lived in Klong Yong for a long time, and then I went to be an employee in an orange garden of Aunty Na’s parents at Bang Mod, that’s how I could know Aunty Na.”*

Aunty Na said *“I only know that Uncle Non was my parents’ employee. I was not familiarized with him because in my eyes Uncle Non looked old and very rough.”*

Uncle Art said *“I was born in Chonburi, whereas Aunty Chob was born in Klong Yong. I initially had a chance to know Aunty Chob in a fabric company. Later I started to approach her.”*

Aunty Chob said *“I knew him when I worked at the Thai Tolay Company. Uncle Art was a technician who was an expert and good looking. However, he was flirting with a lot of women.”*

Culture and Tradition

In the villages, works in the rice field required a high number of labors. People and the community developed their relationships and tradition to help and exchange labors called “Long Kak”(ลงแขก) or “Aou Rang”(เอาแรง) that provided chances for young people to get acquaint with each other under the culture of cooperating in rice fields.

Uncle Yai said *“I had a chance to meet Aunty Tim directly when we worked at her parents’ rice field with a big crowd.”*

Aunty Tim said *“I was familiar with Uncle Yai from cooperating in the rice field.”*

Aunty Tum said *“I knew Uncle In because my parents’ rice field was next to his parents’ one. We always helped each other to work in the rice fields.”*

Uncle Lerd said *“I knew Aunty Orn because our rice fields were nearby. We helped each other in the rice fields. Aunty Orn was not good looking, but she was diligent and work hard.”*

Basically, geographic proximity, occupations, social relations and culture were influenced on their attraction and love relationships. However, there was still one couple that they never made friends before the marriage. Only the culture of matching by their parents made it possible. This might cause from strong virginity values.

Nevertheless, the social values concerning virginity influenced men and women differently. A woman had to suppress her feeling and desire and kept her

virginity for only one man, while the male was allowed to be proactively dominant in the process of love, dating, courting and mating with many women. In contrast, a woman who made contact with many men seemed to be labeled as a bad one, a flirt and an infidelity person. This ideal of virginity before marriage for young woman was rooted in the study community.

Uncle Yai said *“I approached many girls, more than ten; however, I consistently courted only Auntie Tim because she had only me. I left other girls because sometimes they were contacting and flirting with other men.”*

Uncle Art said *“There were many female workers in my work place; therefore, I flirted a lot of women, and many women interested in me. Auntie Chob was one of my girl friends. Firstly, I felt indifferent with her, but she was a good girl in taking care of me; therefore, I liked her and finally married her.”*

Auntie Tim said *“My parents always taught me that a good woman had to protect and preserve her purity and virginity (รักษา สวรรค์), and should not initiate relationship first... The good woman had to learn and practice in order to be a good wife. My mother always taught me about house chore, such as cooking and cleaning. She said that I had to practice all the house works in order to take care of my husband and children in the future.”*

Meen (female village health volunteer) said *“In the past, a young woman should not initiate to contact any man. If woman initially approached to a man called “Tod sa phan” (ทอดสะพาน), the man thought that she might not be virgin, or she might got a lot of experience with men.”*

Society and culture influenced on teenagers through “good man and good woman values.” These values were passed on parents and relatives in socializing and teaching what to do and what not to do. They taught the values of being a good man and a good woman to young generations.

Uncle Yai described about good man and woman values that his parents expected that *“**Good man** should work hard, having good habits, being a gentle man and having a monkhood period. Besides, good*

man should stay away from bad and forbidden behaviors, such as drinking, smoking or drug addicting, gambling, being promiscuous, and being rough.” “Good women should dress loosely long shirts and long Thai skirts or sarongs. Women should be clean, neat and tidy. Good women should not make up cosmetic on their faces or wear tightly dresses. If women made up their faces with cosmetic, people would call them as “choc ga lee” or prostitutes.”

These social values were related to love relationships between men and women in the stage of acquaintance and initial attraction.

After marriages, socio-cultural factors still affected husband and wife roles and parent- children roles. All the couples took the roles as husbands and wives to take care of each other, and they also took roles of parents to raise their children.

Aunty Kum and Uncle Song said *“After marriage, we had only a small hut. We did not have the rice field. We had to reclaim an uncultivated land for growing some rice. We used our hands to pull out and mow down a mass of reeds and grasses. We did not have any child; therefore, we adopted a child to be our son. After rearing him for few months, he got sick. We spent all of our saving money in order to raise and treat our son. At the hard time, we helped each other in working and earning for our lives.”*

Uncle Som said *“Our family was very poor; therefore, the family had turned into a hard trouble, especially when we had children. I had to work very hard in order to raise our children.”*

Aunty Sri said *“My early family life was full of deprived suffering. I had to gather some vegetables, such as morning glory and backyard vegetables, and also catch some field crabs and fish for my children. We had five children; therefore, we had to work harder for our children and the family.”*

Aunty Sri also said *“After we got the children, it was very troublesome for me. I had to look after my baby and to help my husband work in the rice field. I worked so hard with struggling in order to raise my children.”*

Aunty Chom said *“Uncle Bon and I worked in the rice field that got from his parents, but starting a new family was so hard. In the past, we transplanted the rice only one time a year; sometimes, it was flooded; consequently we were starved. We had to struggle in order to raise our children.”*

Uncle Chai said *“We did not have our own rice field; therefore, we went to Bangkok to be construction labors. However, after Aunty Jit was pregnant, being labors were not sufficient for our child; consequently, we decided to come back home and do the rice farm.”*

Other key informants also clearly described that couple love relationships would be composed of taking good roles and dedicating themselves in responsibility for the family as husband- wife, and also parent-children relationship.

Pin (the village health volunteer) said *“Love between couple after marriage meant loving family, children and; for example, Uncle Chuean loved and took care of his family, children and Aunty Wan.”*

Meen said *“Uncle In loved Aunty Tum and his family; therefore, he worked so hard for his family.”*

Keaw said *“Uncle Yai and Aunty Tim loved each other. As husband and wife, they loved and lived well without conflict and quarrel”*

Stroke was a life threatening event for all the couples. Stroke immediately created a catastrophic brain damage caused them disability after stroke. Therefore, good values regarding husband-wife roles was also influence on all the spouses to take responsibility for taking care of the patients. The spouses took the roles as husbands and wives in taking care of each other.

Moreover, Buddhist values also influenced on compassion feelings between the patients and their spouses. Compassion is the feeling of sympathy to help others from their suffering and hardships. In this study, all spouses felt compassion and sympathy for the patients who got stroke illness and suffering. They therefore provided a good care, and tried to make the patients getting better and feeling comfortable as much as they could do. Consequently, meanings of love became “compassion, sympathy and caring”.

Aunty Tum said *“Uncle In got the stroke that made me feel sympathy and concern about him. He could not walk or speak. I wanted him to be able to speak and told me what he wanted.”*

Aunty Na said *“I felt compassionate and pity of Uncle Non. He got the stroke and disability without any caregiver; therefore, I decided to look after him.”*

Uncle Yai said *“I was so concerned about Aunty Tim. We had only the two of us. She got the illness, and that made me felt compassion for her. I wanted her to be better.”*

The compassion based on Buddhist religious was different from the return factor in Rinaldi model. The return factor would respond equal reaction between couples, while compassion was unequally responsive, but the spouses felt humanly sympathy, kindness and pity for the inferior patients; even though the patients used to be bad for them. The compassion feeling could fill their unequal relationship. The compassion between the couples would also support their bonds. For long term care of stroke chronic illness and disability, being compassion and kindness for the patients, as well as understanding of their illness conditions would also enhance spouses' ability in coping with and relieving their tension and stress.

5.4.5 Unfaithfulness and alternated relationship

Unfaithfulness was an essential factor in all love relationship decline, especially by having a concubine. The alternated relationship would destroy love and trust between the couples. The residual partner would feel inferior because she thought that her beloved was more interested on the alternate. The husband would compare her with the new one, and finally he might select another. Besides, due to the virginity ideal, a person should only have one spouse. If the husband had another woman, wife would feel low self-esteem and ashamed.

Aunty Sri said *“We loved and lived well together and had never quarreled until Uncle Som got a concubine. Although Uncle Som had the concubine, I still took care of him due to my recognition of his goodness, and feeling pity for my sons and daughters. I suggest him to think and concern about our children and family, but we got more conflict.”*

Finally, Uncle Som hurt and hit me, and that made me feel angry. We were fighting, and both of us were injured. This conflict made me decided to separate from him.”

Aunty Na said *“Uncle Non had sex with many women if he had any chance, and also with prostitutes and was once infected with gonorrhea. I felt embarrassed by on other people eyes.”*

In Thai culture, although, the men had adultery, finally, after the men got illness, wives would take responsibilities to look after patients. The wives still gave meanings of husbands as the same unit relation as them; therefore, women would feel commitment to take care of patient as she could do.

Stroke as life threatening events

Stroke immediately created a catastrophic brain damage that would affect their lives, and also their disability after stroke. There were effects on the physical body “paralysis or paraplegia”, memories and thinking difficulties, communication problem “aphasia”, loss of role and occupation, and strong effect on couple and family relationships.

Aunty Tum said *“When Uncle In had a stroke and went into the surgery room, it was very severe, I wanted him to keep on living. I felt that I did not want to lose him who was the part of my life. After he came back home, I have been looking after him all the time. Every day I have only two meals, while Uncle In has completed three meals; consequently, I lost my weight about 10 kilograms after taking care of him.”*

Aunty Wan said *“I appreciate that Uncle Chuan is still alive from stroke, even he has become disabled. Even though, I had to take care of him all the time. I need him to be the companion of my live (เพื่อนคู่ชีวิต). If I did not have him as my husband, I could not imagine how my live would be.”*

An Uncle Yai’s relative said *“Uncle Yai is very concerned about Aunty Tim’s illness. He takes care of her all day long. I only replaced him for only about an hour so that he can do his private routine.”*

Aunty Na narrated that *“I have been trying to take care of Uncle Non as good as I can. I have to take time off from my work, for him before myself.”*

Uncle Lerd said *“My responsibility for Aunty Orn to have all meals and all her daily routine.”*

The patient's spouses had to devote all their effort in order to keep the patient's lives. Their spouses would try with all possible efforts to look after the patients in order to maintain their relationship. Physical unattractiveness and disabilities affected them to have lower self-esteem. However, it did not abolish love. Sympathy, love and understanding were helpful to deal with patients' lower self esteem. Communication and intimate care were extremely important in dealing with this change. It was important to ask questions, because this can result in increased comfort, closeness, trust and emotional safety. Touching to express intimacy was required, such as softly touching, looking into each other's eyes, holding hands, hugging, talking to ask personal needs in order to understand and relieve stress.

Uncle Lerd always *talked cheerfully and touched Aunty Orn hands. He always prepared meals for her every day. Uncle Lerd always touched her by holding her hands, catching her arms, and massaging her forehead that helped Aunty Orn to have a good feeling that she always smiled to respond him.*

Aunty Tum always *did her job next to him in order to turn Uncle In's body over. Sometimes, she talked to him even though he never responded her. She always asked him what he wanted. Aunty Tum was sensitive to notice everything of Uncle In; for example, his body gestures, his feeling, or everything around him.*

Aunty Wan *spent the whole time in looking after Uncle Chuen. Therefore, she could notice his feeling and responses; even Uncle Chuen could not speak. He would show his feeling and body gesture to describe what he wanted.*

Uncle Chai said *“When I initially had a stroke, Aunty Jit fully took care of me. She hugged and held me all the time because I could not sit nor stand. She was softly taking care of me like a baby. I was so thankful and impressed on her care.”*

All couples' lives struggle with stroke problems. It was one of the life threatening events that challenged the couple to manage all resources in order to overcome problems. Love was a constructive bonding that couples gradually collected

their positive experiences and deepen relationships. When they faced the obstacles, all loved resources would be invested in order to solve the problem. In the stroke crisis, love relationships were challenged by stroke illness in order to cope with the problem and maintain their relationships.

Even though, Rinaldi was aware of the dynamic of love, he proposed it as minimal stable four factors; time, reaction, instinct and oblivion. In real life, love relationships were constructed from various factors that were unable to be captured by a single variation. Therefore, there were many factors, events and people who got involved. For the dynamical model of love, he quietly concentrated appeal factor on dynamic of love; in contrast of this study, appeal factor was partially affected in early stage of love.

In the research finding, return factors were more influenced on the love relationship. All Rinaldi's factors were partially affecting dynamics of love in different time. Besides, love dynamics should be aware of all life threatening events of couples that challenged negative and positive dynamics of love. For this study, love dynamics should be concerned about variety of socio-cultural context. Obstruction of life events and threats were emerging factors that couples had to cope with it. The stroke illness was a crisis that challenged couples to adjust and develop their unity in their relationships.

In summary, love contained mixed and complex feelings. For Rinaldi's equations, it was a simply typical model to express dynamics of love. In real life, there were many factors affecting individual love experiences. Besides, there are different types of love, such as passionate and compassionate love. Consequently, there are different factors affecting different types of love.

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Table 5.3 Summary of affecting factors of love dynamics

Time Line →		
Acquaintance and attraction	Marriage, cohabitation and being family	Stroke and recovery
- Physical appeal (beautiful or handsome) - Socioeconomic status and earning potential - Social values of virginity and Social values of good man and woman.	- Sexual and physical appeal were increased - Return or reaction of the partner from collecting positive and negative memories of each other. - Oblivion as cohesiveness for property, children or other emotional attachment. – Socio-cultural values affecting high responsibilities for couple and family roles.	- Sexual and physical appeal were decline - Return and respond equally positive and negative reaction. - Oblivion as commitment and emotional attachment due to children and shared properties. -High responsibilities the roles for taking care of patient. - Compassion of patient’s suffering.

CHAPTER VI

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter would be illustrated in two parts- the discussion and conclusion, and recommendation of this research based on the findings.

6.1 Conclusion and discussion

This research was employed by using a qualitative approach for investigating the love dynamics of paretic patients after stroke. After a field work exploratory phase, the area under responsibility of Klong Yong 2 Health Center was selected to be the study site. The paretic patients were purposive selected all ten cases of the area, and also included their spouses and other key-informants, such as public health personnel and some patients' relatives, in order to gain validity with triangulation. I, as a researcher, had interviewed 5-6 times for each couple and 1-2 times for other key-informants in order to get more data to saturate and drain the summary. Findings were analyzed into the couples' data, the observational data and the key informants' data in order to analyze dynamic meanings of love.

The conclusion and discussion in this part would be presented as the sequence of each research question and research objective. This discussion was based on findings and would also be discussed by using reviewed literature.

Research Question I: Do the meanings of love given by the paretic patients and their spouses change through the processes of time and the crisis processes of illness with stroke and paralysis?

Research objective I: To explore the dynamic meanings of love through the processes of time and the crisis process of illness with stroke and paralysis.

As mention earlier, this study aimed to investigate the dynamic meanings of love through the processes of time and illness. The research had proposed the

concepts of dynamic love since love relationship was not a stable construct, but it continually changed and progressed or even faded out. From the finding evidence, love meanings were dynamic through the process of time and stroke illness. It mostly started with what had been called “liking” then “happy couple life” with passion and intimate caring finally acceptance, compassion and gratitude. The findings seemed to be congruent with a number of theories.

There were several studies proposing love developments and dynamics. Ira Reiss (1960), proposed a concept of love development and maintenance called “Wheel Theory of love”. His Wheel Theory of Love suggested dynamic four stages or processes of love: *rapport*, *self-revelation*, *mutual dependency*, and *personality need fulfillment* (Reiss, 1960). The Wheel Theory of Love was not concerned about problems and conflicts between the couple. For psychology, Oliver C.S. Tzeng(1991), proposed another dynamic sequence of love on the process of development, maintenance, and dissolution. Tzeng has operationally classified love phenomena into eight stages- *stranger*, *friendliness*, *attraction*, *romance commitment*, *conflict*, *love dissolution and separation* (Tzeng, 1993). Although Tzeng was concerned about conflict and dissolution relationships, chronic illness as stroke had taken time and needed more resources to cope and adjust with any possible relationship problems. Moreover, many mathematicians have also been interested in describing about love relation as dynamical models (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

Besides, theory of love as a story of Sternberg was proposed love as a social construction; therefore love was varying across time and cultures (Sternberg, 1996). From couples’ narratives based on Sternberg’s theory of love (Sternberg, 1996), love was subjective experiences that social and cultural context influenced on their love experiences. The research findings also clarified that processes of time and the stroke illness crisis affected on dynamic meanings of love. There were three prominent stages of time affecting the dynamic of love experiences; first in the stage of acquaintance and initial attraction, second during the stage of living together and being a family, and the last stage of stroke illness, and its recovery.

The first stage of acquaintance and initial attraction, “love” meant “liking” and latent attraction in the study area with previously Thai culture. Due to village society and culture, people would not directly say a word “love”; therefore,

love meant **“liking” or “chob”**. Love in this stage meant a person felt attracted and loved an opposite sex, and then he tried to pursue his love feeling and get reciprocal love. Love was an intense emotion that brought people to do everything for the “love”. In Thai traditional culture, the male should play a major role in courting relationships. After they were aware of their feeling and needs, they tried to present their attraction and love feeling toward the target female by showing courting patterns, such as staring, smiling, talking, approaching and staying closed to the women.

Moreover this stage, love referred to attraction, positive feeling between man and woman, and the “love” or “liking” could also trigger loved behaviors in order to let them pursue their reciprocal love; however during the early stage, love or liking was still in the uncertainty process without intimacy and commitment; therefore, they would try to develop their relationships to have intimacy and prolong relationships. Generally, a man initiated “chob” or “liking” and tried to gain reciprocal attraction from the woman who he loved. The male would present their feelings and had courting behaviors in order to let their beloved partners know and accept the feelings. The target woman who accepted male feelings would gradually develop “chop” or liking feeling in her mind, and then both of them would develop their mutual love feeling called “chob por kan” or “liking each other”. However, there were a few couples that could develop reciprocal love in this stage. Most couples got arranged marriages from their parents and/or elders.

This stage of acquaintance and initial attraction was consistent with Reiss’ Wheel Theory of love *in rapport process and covered* Tzeng’s Octagonal Stage Model in the stages of *stranger, friendliness and attraction* that love relation gradually developed from friendliness stage, two persons will develop their relation from neutral to a positive feeling and being friendship, and then the man would be attracted to attraction stage or stage of falling in love. It was not a balance situation of reciprocal relation between two persons because generally a man might become aware of an attraction and physiologically arousals, and tried to presents their feelings to the target person (Tzeng, 1993). However, negative connotation of passion in rustic Thai tradition, such as intimacy between young man and woman was forbidden. Consequently, the intimate love relationship, men and women were controlled by their parents and elders.

The second stage of living together and being a family, during the first period of the couple lives, most of them got happiness due to their successful marriages or cohabitations. For a meaning of love in this stage, the couples mostly described their intimate love during the early period of living together as **“a happy couple life”**. Meanings of love in this stage emerged from living and sharing together. For Tzeng , at this *romantic stage*, by using the term of physical and emotional communication, love was called as “the peak of involvement”. Generally, the couple’s behaviors would be romantic kisses, sexual behaviors, self-disclosure and intimacy. This stage was a peak of positive emotional level, such as happiness and excitement. This romantic process of love is quite difficult to be maintained and should be temporary in nature. It must either advance to deeper, long-term commitment or retreat to a previous friendship or stranger stage (Tzeng, 1993).

After building up their own families, the couples were belonging to be significant parts of their own families. In the family, both of them could openly show their feelings, as well as their intimate loving care for each other. Both of them mostly openly showed their caring and compassion for the mate; therefore, **love meant intimate caring for each other**. This was supported by Reiss’ Wheel Theory of love in *self-revelation* process. People, who communicate easily, and feel comfortable with each other, will be more likely to reveal intimate aspects of their existence. This personal disclosure may also lead to sexual activities. (Reiss, 1960). Although passion and sexual relation, it was a forbidden topic in Thai culture at that time, it was one of the most important parts of every couple life, and it could also bring pleasure for the couple. Consequently, “sex” was not an easy topic for talking, and the couples were shamed to talk directly about any sexual relation, and they had never described exactly for what it was. On the other hand, regarding being a family, the couples would easily talk about reproduction concepts and having children.

Besides marriage and cohabitation, being a family had prolonged the period of being a couple life. Most of the couples had committed themselves for their families with some plans. Committed love relationships were required for raising children of the families. These also caused husbands and wives, together with their children, got more interweaved bonds, and they drew their own future plans for the families. Consequently, love meant commitment and expectation for the future of the

family. For Tzeng's *commitment stage*, two persons formed a long-term bond, from the marriage or cohabitation. He also explained that there were two levels of commitment; persons decided to create long term bonding; moreover, society and culture would also influence on defining the roles, duties and functions of members, especially in family institution. Thus, commitment of the couple should include 'rights' and 'responsibilities' in social function. Commitment could develop commonalities in material and psychological maintenance of daily life, such as concerning of children, property, friends, leisure activities and in laws (Tzeng, 1993).

After passing the happiness during the early stage of their couple lives, there were many obstructions that the couples had to face with mostly in working, housing and child rearing. After the couples had children that required more resources and time, they would get great **responsibilities** as being fathers and mothers in order to raise their children. These made the couple got a high commitment between themselves, and for their children, or totally for their families. From the above evidence, it should be concluded that during the hard time, **love was meant 'sharing'** in facing with and overcoming any obstructions. They got along with each other through the problems. The couples tried to devote themselves and encouraged each other for the families and their children in overcoming the obstructions. After the couples could pass through the obstructions, they would still recall for those times as "a love sharing" called "Ruam Took Ruam Sook" (ร่วมทุกข์ร่วมสุข). The couple sharing was not only suffering when the couple faced with problems, but also gained happiness after they overcame the obstructions. The findings seemed to be consistent with Reiss' Wheel Theory of love in *mutual dependency process*. He explained that after a couple retained in self-disclosure and intimacy, their relationship would be deepen. The mutual dependency developed from the sharing of pleasures, ideas, humors, and sexual desires. Finally, one would become dependent on the other person to fulfill one's own habits. The mutual dependency refers to the couple's reliance on one another to fulfill habit expectations. Reiss categorized *personality need fulfillment* to describe love as satisfying a partner's deeper needs, such as emotional needs, sexual needs and make mutual deeper needs (Reiss, 1960; Borland, 1975; William, Sawyer & Wahlstrom, 2006; Welch, 2007). Nevertheless, this stage would also contain with conflicts. Therefore, some social scientists, such as Tzeng, had added another stage of

conflict. At Tzeng's *conflict stage*, there were many conflicts and problems that challenged adjustment of couple lives to be continuing or collapsing (Tzeng, 1993). After the conflict stage, some couples could cope with their conflicts, but some couples could not manage it, and then they would develop *dissolution stage* that might lead the couple to physical separation and legal divorce (Tzeng, 1993). From the findings, most couples could pass through and overcome the troubles' and conflicts; there were only two couples who faced with infidelity and external affair that caused them separation. However, after the informants got stroke, their spouses turned to take care of them. This might due to their previous family bonds and Thai Buddhist culture of loving-kindness or "Metta" (เมตตา) and compassion or "Karuna" (กรุณา) that had already mentioned.

After passing a lot of troublesome events through the couple lives, they finally described about their love feelings as collecting memories of positive experiences of their partners. The couples would also share and collect good memories with their partners. The couples would collect good memories about their partners to fulfill their mind of loving. Finally it would be concluded that "love" meant **collecting and sharing positive experiences** of the couples.

However, the couple would also learn negative experiences. And from these, the couple could learn to understand and accept the negative feelings or behaviors of their partners in order to gain forgiveness and let it go. In Thai tradition, couples often keep quiet and let it go without emotional expression. The couples might complain about their partners' a bad behaviors and hope to suggest the partners to have good behaviors. Consequently, another love meaning was also referred to **acceptance and understanding** both in positive and negative aspects of their partners. In this stage, love was not only an individual issue, but it also integrated into the family, their children and other members that existed in their experiences. Tzeng mentioned that understanding was needed for love relationships to develop its advance to deeper, long-term commitment stage. Romantic love is quite difficult to maintain if the relationship does not have an understanding of shared goals. (Tzeng, 1993).

From the study findings, his stage of living together and being a family was consistent with Reiss' Wheel Theory of love *in self-revelation, mutual dependency, and personality need fulfillment processes, and the findings could be*

explained by Tzeng's Octagonal Stage Model in the stage of *romance commitment*, conflict and solution. In this stage, couples would learn to open themselves and share their lives with their partners in order to pass through all problems. Finally, they could develop intimacy and responsibility for each other and their family.

In the third stage of stroke illness, and its recovery, stroke was a catastrophic brain damage that caused death or severe disability. Stroke mostly caused serious consequences for the patients, and also affected their spouses and families. The couples needed to adjust themselves and maintain their relationships; however, it was not a direct cause of divorce and separation. From Tzeng's *conflict stage*, conflicts and problems challenged adjustment of couple lives. After the conflict stage, some couples could cope with their conflict, but some couples could not manage it, and then they would develop *dissolution stage* that might lead the couple to physical separation and divorce (Tzeng, 1993). The stroke crisis which caused all couples' adjustment in order to maintain their couple lives. In this study it was found that there was only one who left or divorce; in contrast, the stroke illness caused two couples who separated turned back to live and take care of each other.

Consequently for this stage, love meanings were described as care, responsibility, commitment, gratitude, compassion, sympathy, sensitive understanding and love communication. The meanings of love after the couples facing with the crisis of stroke were changed into being "sympathy and compassion", together with "appreciation and grateful". In this stage for the couples, love meanings had been described more than feelings; they were whole experiences existing through their lives. Due to deeply interwoven and prolonged commitment, the spouses felt with amount of patient as a part of his/her live and soul.

During this period, love was a dynamic force in pushing patients' partners to look after the patients for treating the illness and their well-beings. The more their spouses loved the patients, the more they treated and cared of them. As a result, their spouses turned to be caregivers who provided **intimate and sensitive caring** with love and compassion for the patients. With sensitive cares for the patients; they would also get happiness from their own behaviors. Love and supports would also help to release pain and stress of the couples. Therefore, some communication, such as touching should also mean love. There were many ways to express love and understand

feelings, such as a touch, a look, a hug, a smile, a thought showing with some words, and a need for intimacy expressing by asking for it. When the patients felt loss of his/her self and abilities, sympathy, understanding and love were required. Touches could eliminate the space between the patients and their spouses, and it sometimes could intensify experiences of intimacy more than words. Loved and soft touches made them felt closer and more connection with their partners, and also improved patients' mood, reduced stress and depression and fulfilled their relationships of love.

After medical operations and treatments, their spouses would devote themselves, together with their time and resources in taking care of the patients. The spouses tried to do as much as they could in order to prolong their beloved patients' lives and well-being. Their spouses were always **sympathy and compassion** about patients' illness. Therefore, meanings of love became "sympathy, compassion and caring". On the other hand, the patients felt thankful and indebted for spouses' taking care. The patients felt **appreciated and grateful** about all of the care giving. Consistently, the patients who fully got care and support would feel impressed and grateful on spouses' caring.

In this study, all the couples explained that they had commitment as their responsibility in looking after the patients' lives. Love could not be described directly; however, most of the spouses could present their responsibilities for looking after their partners' lives without any reluctance. They loved to take care of them and wished the beloved patients got good lives and well-beings. They were willing to take care of the patients for a long period of time.

Love and care in this stage was fruitful from collecting previous experiences between the couples. There were two ways that caused the couples dedicated to taking care of the patients- reciprocal responsiveness and responsibility. For responsiveness, the partners would provide good taking care of the beloved ones whom they have positive feelings and experiences with. For responsibility, the partners would accept that it was their major roles as being a good partner who had to look after the beloved ones who got stroke illness.

In the stroke crisis, compassion, sympathy and care between the couples would support and strengthen their bonds, and also promote positive feelings between

the partners. Sympathy and understanding about illness conditions would also enhance ability to cope with and relieve their tension and stress.

Research Question II: Regarding Sternberg's Triangular theory of love (passion, intimacy and commitment) and Rinaldi's dynamic model of love (time, reaction, instinct and oblivion) do these components change throughout time and stroke- paralysis crisis processes?

Research Objective II: To examine the dynamics of Sternberg's love components (passion, intimacy, commitment) through the process of time and the crisis process of illness with stroke and paralysis.

Love is a complex emotion with variety of different feelings during their interpersonal relationships. Based on Sternberg's Triangular theory of love, love was categorized into three components; passion, intimacy and commitment (Sternberg, 1996). For the study findings, only a few couples could enter the stage of attraction on their early relationships. Generally, men would play a major role in love relationship. For these couples therefore, passionate love was strongly sensible and spontaneous emerging in their experiences. Passion is an intense feeling and hard to control. Men were aware of their psycho-physical feelings, such as excitement or sexual arousal. Due to the sexual desire, men would develop more attraction to the target females were occupied by their love feelings. Since passion was defined as a central source of expressiveness in romantic love, men who fell in loved would try to express their feelings, such as courting or dating for their target persons; however, in cultural community, feelings of love were not expressed directly. The passion and romantic love was forbidden in Thai cultural context. Accepted love and passion could express after marriage only.

After the marriage and cohabitation, the couples could directly develop their love relationship. In the early stage of couples' lives, they could develop consummate love (consisting of passion, intimacy and commitment). The passion and sexual relations were important parts of the relationships; however, they still tried to describe sex as reproductive behavior.

Love during the second year was peak and happy for all couples. Mostly, women and men who were young adult expected to get marry in an appropriate time. Then the couples lived together and that made them happy. Hatfield and colleague

(2007) examining about the endurance of love found that the couples still reported a fairly intense level of love during the second year, even though “the honeymoon” was ostensibly “over.” At the time of the marriage, men and women started out “a great deal” feeling of passionate love and in between “a great deal” and “a tremendous amount” of companionate love for one another (Hatfield and colleague, 2007). Consistently with Tzeng , at this *romantic stage*, he called it as “the peak of involvement”, such as happiness and excitement. This romantic process of love is quite difficult to maintain and temporary in nature. It might either advance to deeper, long-term commitment or retreating to a previous friendship or even the stranger stage (Tzeng, 1993).

Other components of love (intimacy and commitment) also were gradually developed in couples’ relationships. After the marriage, the couples would also directly develop intimate relations. Most of the couples who had intimacy were more stable and relaxed, calm, and also got mature love, conjugal love with caring reciprocally. Intimate or committed love impression gradually developed after passing a period of time. The intimate love started with calm and cold but gradually warm up over time, and then the couples would receive greater satisfaction over years. Intimacy was developing from sharing of talks, or together making a decision. Intimate and compassionate lovers were not only sharing arm and arm together, but also quietly sharing their personal feelings, attitudes and thoughts. Some activities were shared together, but each person was still allowed to develop his or her own independent interest as well. In sum, intimate love was a reciprocal relationship.

The intimacy and commitment which were mutually developed were required for a stable marriage, home, and children in order to build a strong bond. Commitment was an important component to prolong couple relationships. Generally, when men had committed on target women, they mostly agreed and committed to do something for the beloved, and also had some responsibilities for the beloved ones’ well-beings. For committed love, mutual commitment of the couples was required. Self sacrifice and devotion were necessary for not only interpersonal attachment between the couples, but also for their children and the whole families. After the couples had their own children, love was extended to be for the whole of their families. Everything they did and dedicated for their children and families and these

would be filled and collected as committed love. Commitment was cognitive and long term adaptable for their love relationships. Hatfield and colleague (2007) suggested that romantic or passionate love should be highest when there was a low role structure in the relationship. The role structure should be especially low in the early dating period and newly couple, but it should be highest in a long term marriage when a household was being established and children were arriving (Hatfield and colleague, 2007).

Over the long period of time, the strong and excited feeling of passion was successful and gradually declined. The couples usually transformed their feelings into their real lives of sharing and responsibility. Passion love over time was diminished, while intimate or committed love was gradually developing in their love experiences. Besides, Hatfield and colleague (2007) found that both passionate and companionate love diminished slightly over the course of the first year of marriage (Hatfield and colleague, 2007). According to the study findings, intimate love was collected from positive memories of shared experiences between the couples. Especially, a long period of time would develop commitment, and confirmed the long term love relations. Consistently with Tzeng's commitment stage, the two persons would form a long-term bond. Thus, commitment of the couple should include 'rights' and 'responsibilities' in social function, and it also would develop commonalities in physical and psychological maintenance, such as concerns of children, property, friends, and leisure activities (Tzeng, 1993).

After the stroke illness, most couples would take more responsibility and provide intimate cares for the patients who were loved and had positive feelings. Intimate care was provided for the patient in order to show her/his love. Touching, talking, looking into each other's eyes, holding hands, hugging were the ways of being intimate. Based on Sternberg's triangular love components, love was complex feelings; passion, intimacy and commitment, although passion seemed to be latent in previously Thai culture. The findings found that all components of love were dynamic along the marriage period also were affected by many factors. This will be discussed in the followings.

Research Question II: Regarding Rinaldi's dynamic model of love (return, instinct and oblivion), have these factors affecting dynamic meaning of love throughout time and stroke- paralysis crisis processes?

Research Objective III: To explore affecting factors of dynamic model of love based on Rinaldi's dynamic model of love (return, instinct and oblivion) through the process of time and the crisis process of illness with stroke and paralysis.

Another aim of this study was to explore factors affecting dynamics of love. Based on Rinaldi's dynamic model of love, there are three factors: return, instinct and oblivion that will determine dynamic equation of love relationship (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

Instinct reacting personal characteristic appeals

Regarding Rinaldi's dynamic model, he quietly mentioned about instinct that reacted to appeal was described one of the six properties in the love model. The term instinct (I_i) was described as the reaction of an individual i to his/her partner's appeal A_j ; however, the appeal was not only physical attractiveness, but it was also described by using evolutionary theory, such as young age, high education, earning potential and social position (Rinaldi, 1998; Rinaldi and Gragnani, 1998).

Physical attractiveness generally was a basic appeal and impression between men and women. Physical attractiveness was probably presented by facial and bodily characteristics that were most affected in the first impressions, and the physical attractiveness was important for falling in love and bringing to relationships between the opposite sexes. However, facial and bodily characteristics that are attractive are given by culture regard as visually appealing. (Lesko, 1991; Myers, 1996; Baron & Byrne, 2000). Physical attractiveness is also significant for both men and women on the process of dating and assorting mating (Buss, 1999; Baron & Byrne, 2000; Westheimer & Lopater, 2005)

Generally, a woman preferred economic resources or ability to provide resources in order to support her when she had to be pregnant for nine months, together with child rearing. In the village community, people had the rice fields that were required both men and women labors; therefore, ability to work hard which was a good character was required in both men and women in order to show their ambition

and willingness future. In contrast, persons who had laziness and roguish behaviors would show aimless and inability to provide resources in the future. Lazy ones were not demand as being any life couples in the future. For Buss (1999), economic resources are often the key criterion of women's mate preference in order to heavily weight the acquisition of resources. Generally, women desired financial resources in a marriage partner more than men, because women faced the marvelous burdens of internal fertilization, a nine-month gestation, and child lactation, therefore they would have benefited in selecting mates who possessed resources. In addition, high social status hierarchies or high positions in society would cue to control resources, as well as older men in several cultures (Buss, 1999). Good characters and resources were not only important in the mate selection process, but also for their couple lives. Ability to provide and support resources for their children and family were essentially required for maintaining their families.

Return or reaction factor, after the period of time, the less physical appeals and attractiveness were; consequently, it declined passionate love feelings. In contrast, intimacy and commitment were gradually developed to collect and shape the stable and constant love. Intimacy and sharing positive experiences between the couples were the ways to express love as being return. In Rinaldi's view, the return (R_i) referred to the reaction of individuals to their partner's love. Rinaldi used term "loves to be loved" and "hates to be hated" to explain reaction between partners. Reaction between the couple was very important in relationships (Rinaldi, 1998; Rinaldi and Gragnani, 1998). The findings of this study also showed that all the couples would collect some positive or negative experiences as related to their spouses in order to react or return to their spouses. For collecting positive experiences, the patient would receive a fruitful of their relationship, such as intimate care, sensitive sympathy, and soft touching. On the other hand, some couple who had received some negative experiences would return to their spouses during taking care of them, but in negative ways, such as ignoring patients' demands and a distant care. Return or reaction between the couples was very important for maintaining their positive feelings and prolong their relationships.

For oblivion based on Rinaldi's model, he proposed a term (O_i) oblivion, or forgetting previous experience, after an individual lost the partner or divorce. More time was needed in order to forget, because they mostly still remembered their relationships and the partners after separation. Besides, this forgetting was certainly influenced by culture and religion (Rinaldi, 1998; Rinaldi and Gragnani, 1998). The findings revealed that love feelings between the couple were embedded and dwelled in collective couples' experiences as commitment and cohesion of the couples that they tried to prolong and maintain their relationships. After their relations ended, the couples still had love feelings and needed more time to recover their own feeling and selves.

Research findings also found that having children was an important factor that tied the couple to prolong love relationships and to protect them from end up their relationships. For example, there were two couples who separated and declined in their relationships; however, after the patients got the stroke, their spouses turned back to look after the patients. They gave the reasons of their return, couple lives as owning to affectionate children and shared property resources. Regarding George Levinger's (1976) proposed *marital cohesiveness model*, he described three categories of barriers for ending love relationship: *material barriers*, including the loss of income associated with separation and the expenses incurred in divorce; *symbolic barriers*, such as concern about social disapproval or religious convictions regarding the indissolubility of marriage; and *affectional barriers*, such as the presence of dependent children that could help to remain present relationships by serving as preventions to ending the relationships (Levinger, 1965; Levinger, 1976; Rusbult, Coolsen, Kirchner, & Clarke, 2006; Regan, 2008). Rusbult (1983) also proposed *investment model* to describe *investment* factors and resources, such as time, emotional energy, personal sacrifice, or indirect resources, such as mutual friends, children, shared memories, shared material possessions that should become attached to a relationship (Rusbult, 1983 ; Rusbult, Coolsen, Kirchner, & Clarke, 2006). From this study, all the couple shared and invested a lot of resources together, such as houses, properties and belongings, especially in affectionate children. All these should tie the couples to get more cohesive relationships.

Research Question III: Within Thai socio-cultural contexts, what should be other interesting components or factors associated with the love dynamics throughout time and stroke-paralysis crisis processes?

Research Objective IV: To find out other interesting components and factors affecting dynamic model of love regarding paretic patients after stroke in Thai context.

In this study, young men and women knew each others as being neighborhoods and having same occupation as rice farmers. These socio-cultural backgrounds were affecting on love relationships. Basically, geography proximity, occupations, social relation, and culture of people influenced on their attraction and love relationships. Proximity would facilitate people to become attracted to and like people they are near to. Proximity was one of the most powerful predictors for two people were friends, and then also trended to romantic love. Mostly people marry someone who lives in the same neighborhood, or works at the same work place, or sits in the same class (Myers, 1994; Myers, 1996; Baron & Byrne, 2000; Westheimer& Lopater, 2005). Besides, similarity of some characters and demographic backgrounds would help compatibility on love relationships. These similarities make them easy to pursue their initial interests in another person, and maintain their relationships (Reiss, 1960; Myers, 1996; Westheimer& Lopater, 2005).

Besides social proximity, Thai cultures also influenced on love phenomena through values and beliefs. From the previous findings, the virginity values and norms regarding good man and woman had much influenced on parents and senior relatives in trying to control young men's and women's love relationships, and expecting them to have good performance as being social members. Moreover, Buddhist religious beliefs also affected couple's love and led them to have loving-kindness or "Metta" and compassion or "Karuna" for taking care of the patients. Basically, Buddhist minds also emphasized on gratitude and returning any good things back, and that confirmed with the return factor of Rinaldi's love dynamics model. Therefore gender beliefs and religious customs seemed to influence upon couples' love phenomena in all stages of love- mating and courtship, cohabitation and marriage, and illness after stroke.

Moreover, dynamics of love was also influenced by life threatening events and turning points. In this study, the couple had to cope with hardships in earning for

living and raising their children and the stroke illness affected on their processes of love. Stroke was a life threatening event that would affect on their lives, and mostly they would be disabled after the stroke. For the couple, they had to devote and provide a good take care of the patients in order to maintain their relationships. Based on Rinaldi's model, return and responsively reaction could describe as term "loves to be loved" and "hates to be hated" (Rinaldi, 1998; Rinaldi and Gagnani, 1998). The study findings found that the couples who collected and shared positive experiences would receive a fruitful of their relationships. In contrast, some couples who received some negative experiences would return in taking care with distance and ignorance. However, instead of a complete separation, they still took care of the stroke spouses because of Thai family bonding and religious beliefs of kindness and compassion.

Extra or alternated relationships and unfaithfulness were another essential factor for terminating all the love and its components. The alternated relationships would destroy love and trustworthy between the couples. George Levinger's (1976) proposed the *marital cohesiveness model*, and he described *alternative attraction* that pulled individuals away from their relationships (Levinger,1965; Levinger,1976; Rusbult, Coolsen, Kirchner, & Clarke, 2006; Regan, 2008). In Thai culture, commitment and social influences could still maintain the couples' relationships though their partners had some other affairs. Although the men had adultery, finally, after the men got stroke, wives would still take responsibilities to look after the patients. The wives still gave meanings of husbands as the same unit relation as them; therefore, women would feel commitment to take care of the patient as much as she could do.

In summary, love was dynamic through the process of time and life threatening events. For dynamic meanings of love were described as "like", "happiness" or "happy family" and "commitment", "responsibility" and "care" for the three main stages; first the stage of acquaintance and initial attraction, second in the stage of living together and being a family, and the last stage of stroke illness, and its recovery. Based on Sternberg's Triangular theory of love, the results revealed that love should be a multidimensional construct that was consisted of three complex components; passion, intimacy and commitment. Moreover, these three components were also dynamic over time and through the life threatening events or the stroke illness. After exploring affecting factors of love based on Rinaldi's model, the research

findings found that this three factors; return, instinct and oblivion could still describe the dynamics of love; however, in real life, Rinaldi's model was a only simply minimal model for describing love; there should be some more factors affecting individual love experiences, especial factors deriving from their cultural contexts, such as geographical settings, religious customs and gender beliefs which were revealed in this study. In conclusion, love was a social construct that socio-cultural factors and also life threatening events would affect its dynamics.

Moreover, the study showed that love was a universal emotion that could be appreciated by all people. Like Gottschall and Nordlund (2006) mentioned that love was an intense emotional experience, and it should be a universal experience. However, love was a subjective feeling and a social-cultural construct that differently belonged to times and places. In Thai context, although youngers have love feeling, the Thai socio-cultural values have tried to control and postpone their love until marriages. Therefore, cultures, times and events influenced on love meanings. In other words, love was dynamic with respect to time, places and events.

From the findings, love also related to giving care of the stroke patients. The spouses who had love would provide good and intimate care to support the patients. These supports were not only materials, but also emotional and spiritual supports for well-being of the patients. These would be interpreted that love was the positive emotion that could encourage positive behavioral patterns of the couples and led them to gain happiness and satisfaction in life. Therefore, positive of love emotion should be promoted in order to get strength feelings and to overcome crisis of life.

6.2 Recommendations

Recommendations for further implementation

The study had explored spouses who still committed on taking care of the stroke patients in order to understand love dynamics and factors influencing on their relationships. The study has found that love dynamics through the time and the illness could be developed in both positive and negative experiences of the couples' lives, and the experiences then affected intimate caring of the stroke patients. Love was also

expanded from individual feelings to the whole of their family bonds. For most of the couples who had prolonged good relationships after the stroke, their spouses would dedicate themselves to provide sensitive and intimate care of the patients; in contrast, a few couples who had rather negative relationships would give less care of the patients. Therefore, love relationships, as well as family bonds and strengths should be promoted in Thai communities and in the whole society.

According to the above findings, positive and good prolonged relationships of marriage couples should be firmly developed in all couples, such as interventions concerning actions, reactions or returning in couples' lives. These kinds of interventions should also be corresponded to the returning concepts of Rinaldi's model which had been found in the study. Generally, couples would collect positive and good memories between them; therefore, couples should persistently fill with lovely good and positive relations. After a trouble time, these positive experiences would support and maintain couples' love relationships. For encouraging themselves, thinking about good and positive relations between couples might be re-emerging or re-cycling their love relationships.

Regarding the three components of love, the study revealed that passionate love or attraction was an intense emotion that could emerge and might decline in a period of time, and then this kind of love might be less functioning. On the other hand, intimate love and sharing was more important for building up good relationships, and it also influenced on spouse's behavior in devoting and looking after the patients. Furthermore, commitment was essential to prolong couples' lives. Even though their partners got stroke illness, all love feelings, family bonds, social, norm and values, as well as religious principles, were combined to be what was called "committed love", or "compassionate love", and this love component would lead an individual to further his/her love to looking after the stroke patients. The compassionate love could be considered an encompassing with other constructs in religious and Thai society. This constructs included tenderness, caring, and empathy, and also other behavioral predispositions, such as self-sacrifice. From the findings, intimacy with commitment and compassionate feelings might be more enduring over time because they were collecting experiences; therefore, all couples and society should find some means for building up these components of love in order to maintain their relationships.

For affecting factors of love dynamics in the old Thai tradition, it was found that culture influenced on all couples' love relationships in the aspects of controlling and inhibiting passionate love, and also bringing about committed relationship between them. Therefore, the advantage of these Thai values and culture should be sustained; for example, parents should try to control passionate love in appropriated ways on matching and mate selecting. These good behaviors of individual partners were also influenced upon their relationships. Moreover, religious values of kindness, mercy and compassion for the patients after illness were still important in Thai culture, and these could lead the patients' spouses to take care of the patients without abandonment. Therefore, religious principles and doctrines should be continuingly socialized in Thai society.

Recommendations for further researches

Since this study was a retrospective one by using a narrative and historical approach, the findings were revealed through the informants' memory. Sometimes the couples could not remember and described their passionate love feelings of the early days of their relationships. Therefore, in further studies should examine love issue in recently marriage couple who were just falling in love or in the early stage of their couple lives, and the approach should be a prospective one. In addition, a cross sectional or longitudinal research should be conducted in order to capture and elicit their love experiences directly.

This study found that happily love relationships of the couples led the patients' spouses to take good cares of the stroke patients and provide comfortable environment to them; therefore, these patients would likely to get better in both physical and mental health. However, studies about love as related to promoting health and well-beings should still be conducted in order to reveal some more concrete interventions that may link to the physical neurobiological mechanism. From the findings, most of the couples who had loved would get happiness, especially in the early stage of their couples' lives; consequently, study about love as related to happiness should also be investigated in further studies.

From the study, love relationships mostly be presently in their expression of love; however, there were different in genders, men and women; therefore, gender

concept should also be studied as a variable influenced love relationships and its expression. Moreover, since this study was a qualitative research that tried to describe association of the data with emic interpretation; on the other hand, sometimes; measurements and quantitative research should be conducted in order to verify statistically different patterns and relationships among the variables.

This study also found that love relationships were given and taken relations on their experiences. Accordingly, for interesting future studies, compassion, spiritual and pure loves should be studied because there are pure virtues. People would offer good things for others without expecting any return. Although this study wanted to study love relationships of marriage couples; however, in the real life, there should be many love relationships that are worth to be investigated and promoted, such as mother and father love, brotherly love, friendship and close relationship.

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