

Engagement in occupation is proposed to enhance health and wellbeing. To date, few studies have demonstrated this in relation to people with mental health problems. This study aimed to evaluate occupational therapy's beliefs in the restorative powers of occupation from the perspective of people with enduring mental health problems living in the community.

Qualitative research methods were used in two mental health day service settings: a workshop, where woodwork was provided as a medium for creative therapy, and a drop-in facility. Participant observation was undertaken over 10 sessions and, during six in-depth interviews, the clients were asked about their occupational experiences and whether they had perceived any benefits from engagement in occupation. Content and inductive analysis as well as concept mapping of the data resulted in emergent themes and subthemes.

Occupation was identified both as a means for building competence through the acquisition of skills, coping with challenges and achieving success and as a medium for developing self-identity through the drive to create, feelings of usefulness and engendering a sense of self. These themes help to support the need for an increase in the provision of meaningful occupation for people with enduring mental health problems. However, further research is required to develop and corroborate the findings.

Mental Health Clients Confirm the Value of Occupation in Building Competence and Self-Identity

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Introduction

The founders of the profession of occupational therapy maintained that engagement in purposeful occupation was central to living a balanced and contented life. They believed that the full spectrum of human occupations was crucial to health and finding meaning in one's life (Bing 1981, Clark and Larson 1993). Cracknell (1995) noted that the founders believed in doing as a method of treatment and commented that becoming an occupational therapist in the United Kingdom (UK) in the 1950s was based on the idea that patients tended to feel better about themselves when they were busy. Wilcock (2001, p10), in her history of occupational therapy, confirmed that 'occupation can affect health in a positive way to such an extent that very complex therapeutic notions have developed over the twentieth century as part of a profession named and framed around it'.

The effects of enduring mental health problems, however, mean that clients often have great difficulty in coping with the demands of community living. Therefore, occupational therapists need to understand more of the client's real world, so that opportunities can be provided to establish a new occupational repertoire which is satisfying and meaningful and fulfils basic personal needs (Stonier and Shute 2001, Chesworth et al 2002).

Literature review

The human need for occupation

Much of the literature on the belief that there is a relationship between occupation, health and wellbeing is in the form of expert opinion. The evidence base, like that supporting the efficacy of occupational therapy in mental health, is in the early stages of development. The recent work by Creek (2003) defining occupational therapy as a complex intervention was conducted to provide a definition on which to base research. It did not include a review of the value of occupational therapy, accepting that occupational therapy was valuable.

An indication of the human need for occupation, as being essential to adaptation and survival, is the human drive to develop skills, competence and mastery (Wilcock 1993, Yerxa 1993). Through engagement in occupation, people can demonstrate and realise their potential (Rogers 1984). Following the creation of an object, the resulting sense of competence, described as an inner assurance, has value because it generates a sense of self, which is able to control, influence and master the environment (Fidler 1981, Wilcock 1993, Yerxa 1993, Holder 2001). Cracknell (1995) described the feeling of mastery when making a wooden bird box – a small, achievable task – was completed.

The role of occupation and mental health

Humans evolve and construct themselves, through occupations, into occupational beings. When this process becomes disrupted because of illness or disability, bridges may need to be built to link with the previous life and to reclaim a sense of self (Clark et al 1996). Participation in creative occupation provides opportunities for trying out ideas, experiencing feelings of mastery over tools, building confidence and control and adapting to the environment. Taking risks, coping with perceived failure, learning to accept mistakes and finding ways to rectify them can also be experienced (Yerxa 1980, Fidler 1981, Roddis 1997). Success and pride in workmanship can engender or restore a sense of competency and self-worth (Yerxa 1980, Roddis 1997, Holder 2001). People come to realise themselves through their occupation and becoming absorbed in a 'just-right challenge' is seen to be therapeutic and influential to an overall sense of wellbeing (Townsend 1997, Emerson 1998, Emerson et al 1998, Nagle et al 2002).

Occupational performance and the completion of an object help to bring 'the very soul of man ... to the full sense and appreciation of actuality' (Meyer 1922, p641) by providing concrete evidence of existence. Relating to inanimate objects is particularly important for people with enduring mental health problems who often have major emotional difficulties in relating to themselves and others. Communicating through object making can facilitate emotional growth and create the means to connect to others and the world in a self-determined way (Roddis 1997).

Occupational therapists need to learn from their clients the occupations that are important and meaningful for health and wellbeing (Law et al 1998). Finding and facilitating ways to enable people to engage in meaningful occupations is the challenge facing occupational therapists in mental health.

In a qualitative study using in-depth interviews, Nagle et al (2002) elicited the occupational choice of eight people with enduring mental illness living in the community in Canada who were not in paid employment. The participants wanted to be productive and to develop their skills, as well as engaging in more interesting and fun occupations; however, they made daily choices about their level of involvement in occupation because they were aware of the link between their occupations, social connections and health. Although they all wished to do more, they appreciated that their health restricted their occupational choice. Nagle et al (2002, p80) suggested that people with mental health problems are 'active agents in shaping and choosing occupational opportunities to maintain and enhance their health'.

This importance of clients choosing their occupational engagement is evident in the study by Chesworth et al (2002) to determine the effectiveness of the Canadian Occupational Performance Measure (COPM). These authors conducted a retrospective analysis of 60 clients with mental health problems in the UK who had received occupational therapy. In contrast to previous studies of COPM where clients had chosen to focus intervention on self-care, the

majority of clients (62%) in this study chose to focus on leisure. The authors noted that much effort by health care professionals was centred on symptom reduction and suggested that, perhaps, occupational therapists should concentrate more on enhancing opportunities for clients to engage in leisure occupations. Although the study was not designed to explore the value of occupation and thus there was limited detail about occupational choice, it illustrated the importance of client choice.

Shimitras et al (2003) studied 229 adults with schizophrenia in the UK. Using individual interviews and time budget methodology, they identified how the participants had spent the previous day by recording occupation and duration of engagement. Thirty-seven participants lived in hospital and 192 lived in the community, of whom 28 attended a day centre. The participants spent little time in productive occupations or active leisure, although those who attended a day centre spent more time in active leisure and social occupations. The authors supported the involvement of occupational therapists in enabling people with mental health problems to engage in occupations.

Reviewing the literature on occupation as a means to mental health, Rebeiro (1998) noted the gap between the profession's belief in occupation and the published evidence in mental health. Contributing to the evidence, Legault and Rebeiro (2001) used three in-depth interviews in a single-case study of a man with schizophrenia, who attended an occupation-focused day service for people with mental health problems in Canada. He experienced benefits through participation in occupation, including an improved feeling of self-worth and wellbeing, a sense of achievement and, like the participants in Nagle et al (2002), improved control over his illness. Legault and Rebeiro (2001) concluded that his opinion supported occupational therapy's beliefs and theoretical frameworks. Correctly recognising the limitations of single-case studies, they encouraged other therapists to undertake more of them to contribute to the evidence base.

Although using a different methodology, the purpose of this study was to evaluate occupational therapy's beliefs in the restorative powers of occupation from the perspective of people with enduring mental health problems, living in the community.

Method

The method was first presented in Mee and Sumsion (2001) and is repeated here for clarity. This study employed a qualitative approach in two separate mental health day service settings, a workshop and a drop-in facility. The approach focused on descriptions of people's occupational experiences and their interpretation of those experiences. An informal, face-to-face, in-depth interview, lasting between 35 and 50 minutes, addressed the following issues:

- Motivation for attending the day service
- Occupations that the members were involved in or would like to be involved in

- How they felt when engaged in occupation
- The importance of being involved in an occupation
- How engagement in occupation affected their sense of time passing
- The possible value or benefits of engagement in occupation.

Two types of interview instrumentation were applied to the interviews. The standardised open-ended approach, combined with the interview-guide approach, permitted flexibility in exploring the meaning of occupation in more depth (Patton 1990, Britten 1995). Four interviews were tape-recorded by agreement and transcribed verbatim. A summary of the content of each interview was sent to the interviewee to check for the accuracy of the data. Two members preferred not to have their interviews taped, so the researcher hand-wrote their responses and the data were checked for accuracy during these interviews.

An ethnographic approach was also used to increase understanding of the cultural and environmental influences, which had an impact on the experiences and interpretations under investigation (Patton 1990). The researcher (JM) attended five participant observation sessions at each day service, which lasted 3-7 hours per session. This provided an opportunity to see the effects of engagement in occupation on behaviours and interactions. Whilst observing what took place during each session, the researcher took part in the same occupations and activities as the members; for example, woodwork at the workshop and tea drinking and games at the drop-in facility. This allowed time for rapport and trust to develop prior to any interviews taking place, which was crucial to this client group. Descriptions of what had been observed during all the participant observation sessions were recorded on tape by the researcher immediately after leaving each session and then rigorously transcribed into fieldwork notes (Patton 1990).

A more structured member-checking exercise was undertaken during the last session at each setting. By asking the members to corroborate the researcher's perceptions, this exercise focused on ensuring the accuracy of the observations and impressions that had been gathered during the previous participant observation sessions (Patton 1990, Krefting 1991).

Settings

To maintain confidentiality, the day service settings have been named as 'the workshop' and 'the drop-in facility'. They were registered independent charities funded by grants and aimed to address the needs of people with enduring mental health problems, who lived in the community and required long-term support. The intention was to provide a place of belonging and ownership that might well be for life; moving on to a different service was each member's own choice. With a paucity of local day service provision, the people known to the mental health service were referred to these two day services. Neither service employed an occupational therapist, although occupational therapists from local community mental health teams had close working links with both settings.

The workshop was open 5 days a week with places for 10 members per day and offered a programme centred on woodwork. The members were empowered to make their own choices regarding engagement in occupation and produced a wide variety of items for their own use or as gifts for others.

The drop-in facility was open 5 days a week and provided continuing social support in the community. It was located within a parade of shops and set in a large café. There was no structured programme although gardening, table-top games and quizzes were available, mainly initiated by staff. The members sat at tables in groups or alone and could buy drinks and/or a hot lunch. Some members accessed a computing course run on the same premises.

Participants

The criteria for interview required the participants to be under the age of 65 years, articulate and able to concentrate for a minimum of 30 minutes (Patton 1990). A requirement of those attending the workshop was engagement in the occupation of woodwork, whereas there was no requirement for those attending the drop-in facility to be engaged in any particular occupation. Convenience and purposeful intensity sampling was applied to the selection of six information-rich interviewees who, during participant observation sessions, were identified as fitting the criteria for interview. The potential participants were approached via a third party, that is, the manager, and given the option to agree to participate.

Two women and one man selected from each setting ensured that the sample was matched by gender and all had required continuing support from mental health services during the past 5 years or more. Demographic information about the participants was reported in Mee and Sumsion (2001).

Ethical considerations

Approval for the study was granted by the ethics committees at the university and the local National Health Service trust. Agreement to undertake the study was obtained from each of the day service directors through signed consent. The members invited to participate in an individual in-depth interview were given additional, more detailed, written information about the interview process, including assurances about confidentiality and anonymity. The interviewees were asked to sign a consent form regarding their involvement in the interview. With the interviewees' agreement, additional signed consent was sought from the medical consultants responsible for their care.

Data analysis

Inferences drawn from the data as well as intuition, previous theoretical knowledge and practical experience were used as resources for generating the categories. These were extended, modified, amended or discarded as required throughout this process (Dey 1993). During data analysis, it became apparent that patterns were emerging that participants could not describe, so the researcher found appropriate terminology, such as 'self-identity', to define these inductively generated categories (Patton 1990).

The second stage consisted of the systematic coding of the data into categories. A concept map was then drawn, linking the categories together, which assisted with visual categorisation and the subsequent identification of the main themes and subthemes (Patton 1990, Dey 1993). The data were also coded independently by a second person and a consensus was reached regarding patterns and eventual themes (Patton 1990, Krefting 1991, Mays and Pope 1995). The fieldwork notes of observations and the outcomes of the member-checking exercise were also analysed in relation to the emerging themes (Patton 1990).

Trustworthiness

An independent person checked that all the transcripts were an accurate reflection of the original tapes and the handwritten scripts. Triangulation of the data, by cross-checking accuracy with both interviewees and an independent person, helped to safeguard the credibility and dependability of the data (Patton 1990, Krefting 1991, Britten 1995, Mays and Pope 1995).

To ensure the credibility of this study, one strategy used by the researcher was to spend prolonged time with the members, checking perspectives, building rapport and discerning the context. The member-checking technique ensured that the researcher had recorded the members' viewpoints accurately which, it was to be hoped, decreased the chance of any misrepresentation (Krefting 1991). Detailed documentation of the research process would allow an external auditor to follow the logical progression of events and to be able to understand how and why decisions were made, which led to ultimate conclusions (Krefting 1991, Richardson 1996).

Findings

The data from the fieldwork notes and the participant observation provided the context of the study and contributed to the trustworthiness of the data. However, the findings are derived principally from the interviews and so narrative statements, illustrated by direct quotations shown as indented text, are used in presenting the findings. These quotations convey the participants' perspectives, so that the reader can enter directly into the situation being described and have immediate access to the participants' own thoughts and feelings (Patton 1990).

Themes and subthemes

Three main themes, each with three subthemes, emerged from the content and inductive analysis of the data. For clarity, the subthemes have been defined as separate entities; however, there was considerable overlap between the different categories (see Table 1). The first theme, *generating motivation*, was presented in Mee and Sumsion (2001). The second and third themes – *building competence* through the acquisition of skills, coping with challenge and experiencing achievement, and *developing self-identity* through the drive to create, feelings of usefulness and a sense of self – are presented here.

Table 1. Themes and subthemes

<i>Generating motivation</i>
■ Sense of purpose
■ Organisation of time
■ Environmental influences
<i>Building competence</i>
■ Acquisition of skills
■ Coping with challenge
■ Experiencing achievement
<i>Developing self-identity</i>
■ Drive to create
■ Usefulness
■ Sense of self

Building competence

Engagement in productive occupation was described by the participants as a means for building competence through the acquisition of skills, coping with challenges and experiencing the joy of successful achievement:

It makes you think you're capable of doing something ... you know like everyone else. You can do things.

Discovering previously unknown capabilities through actual involvement in woodwork and witnessing the finished products formed a source of great satisfaction to the participants:

I wanted to see what I could do, even though I'd never done anything like it before. I didn't know what I was capable of. I enjoyed it when I made the plant troughs, because after I'd made one, I was confident enough to do it on my own and that felt pretty good, because I did five in the end.

Acquisition of skills

Engagement in woodwork and computing was seen by the participants to be a route not only for acquiring skills but also for improving coordination and building confidence. At the workshop, the participants described the meaning invested in the process of object making and recognised the need to continue to practise using tools in order to become more skilled and confident in their own abilities:

Finding out what you can do with the tools, as well finding out what they do and what they don't do ... it helps with your coordination.

Similarly, at the drop-in facility, the increase in abilities and confidence that came through engagement in computer skills training was described:

The more you train, the more you learn. I'm starting to feel my confidence is coming back slowly and my mind is more active.

One participant described her fear and frustration, whilst at the same time recognising her own lack of knowledge and expertise:

I'm terrified of the machines ... I'm frightened of making a mistake ... I wish I had the confidence to do more on my own, even if I was to make a mistake ... sometimes I get frustrated

that I can't do the next bit without help and I get angry, but then I've never done woodwork before, so how would I know how to do the next bit anyway?

Another participant, however, recognised the importance of 'hands-on learning' because originally, when she had been taught to make wood-turned pens, the teacher had done it all. This method had left her without either any sense of personal achievement or the acquisition of a new skill. Now she felt sufficiently skilled and confident in her own level of competence to share her expertise with others

Coping with challenge

Facing and overcoming challenges relating to occupational achievements emerged strongly from the data. Learning new skills and developing competence were seen as a challenge. One participant likened progression through the different levels of accomplishment on the computer to the way that challenges are faced in everyday life:

It's new to me and it is a challenge. There's always something different on there. You start on a low level and work yourself up. That's how you go through life really.

The participants expressed their enthusiasm for the way that they designed and adapted plans, faced challenges and ensured the eventual success of their goals. Carrying out a complicated project, a chair that turned into a set of steps, was described as a challenging and rewarding experience, embedded with personal meaning:

The chair/steps, it was brilliant, I loved it all the way. It was a challenge, because we didn't have a template. Making it from a picture was better, because it was more of a challenge than following instructions from a book. Each bit was learning. You asked yourself, have I done it in the right sequence?

Experiencing achievement

All the participants described how experiencing a sense of achievement had personal meaning for them. At the workshop, they talked about the various items that they had made, expressed pride in their workmanship and described their feelings of satisfaction engendered by successful completion of their projects. With the joy of achievement came mixed feelings of regret at finally completing an object that had given so much pleasure during its creation:

It's the satisfaction at the end of the day of standing back and saying blimey, you're a clever old devil ... I have achieved that ... and I'm quite sad when that comes to an end.

A participant at the drop-in facility explained how much voluntary work meant to her because it gave her a real sense of achievement. She also suggested that people with mental health problems needed to experience a sense of achievement by doing things because otherwise they might lack self-worth:

I think with most people ... When they've done something they feel better ... rather than thinking ... they're no good, worthless.

Developing self-identity

For the participants, engagement in occupation appeared to play an integral role in the development of their self-identity. Satisfying the drive to create, demonstrating usefulness and generating an inner sense of self through object making were all seen to contribute to the development of an integrated self-identity. The feelings of pleasure engendered by success, which the participants experienced and expressed, together with positive feedback from others all seemed to contribute to a personal sense of integration:

You look at it and you think ... that's brilliant. You feel you want to show everyone.

In the workshop, the researcher witnessed verbal and non-verbal expressions of pride and joy, faces lit up and self-fulfilment made manifest through the actual making and successful completion of an object. However, not all the participants seemed to experience such positive feelings about their occupational achievements. One person appeared to need to rely on feedback from others, being seemingly lacking in self-worth and unsure of her own judgement about what she had achieved:

Pleased and critical at the same time. I could see all the flaws in it, but everyone kept telling me it was okay.

Drive to create

At the workshop, being involved in productive occupation gave the participants the opportunity to satisfy the innate drive to create and make a mark which, in turn, contributed to a sense of their own identity:

It gives you a chance to be creative ... finding out what you can do.

I once made a guitar ... it's absolutely beautiful ... you make things, they're a one off.

One participant explained how she was able to express her individual creativity through designing a table-top:

I knew what I wanted straight away ... I wanted something unusual and I wanted the wood to play a big part in it ... the different sorts of woods ... the shape came first before the colours.

At the drop-in facility, the drive to create was illustrated by a participant who was engaged in gardening:

I've always liked gardening you know, you see the fruits of your labour ... I've great confidence in gardening.

Usefulness

Within both settings, the participants described their need to feel useful. At the drop-in facility, this focused on the aspiration of offering assistance to others who were perceived to be less fortunate:

I just want to help people, you know, people that ... need more help than I do. I think the best thing I ever did was ... go and work for the Stroke Association.

In the workshop, the participants demonstrated the need to feel useful by the way that they planned and produced things either for themselves or for their families and friends:

You look in books and see if there's something you like which will be handy for you or a present for someone else ... when you think about what to make and get the wood ready, it makes you feel that you are not useless. I'm doing something not just for me, but for other people as well.

The participants also indicated their need to be of use by their behaviour towards each other and the researcher. Frequently, they were observed offering encouragement and assistance by, for example, making helpful suggestions, holding the wood steady, locating tools and sharing their skills:

I like to do different things and help other people ... nowadays my time is taken up with helping others at the workshop ... it makes you feel wanted and makes you feel valuable and everybody wants to be wanted don't they?

Sense of self

Within the workshop, woodwork seemed to play a significant role for the participants in generating a sense of self:

Here you don't have to struggle ... trying to be something that you're not. You get involved with something ... and just be yourself.

Developing an integrated sense of self as a result of completing a project successfully was illustrated by another participant, who described the personal meaning that it had for her:

Man, it makes you feel brilliant, really good. You don't think you've got a mental health problem.

The recognition of their own vulnerability by most participants regarding their sense of self-integration was reflected in the way that the participants at the drop-in facility responded when asked what they might be doing if the day service was not available for them:

I wouldn't have been able to live in the community very well if I hadn't attended here ... I went to prison because I broke the law and if it wasn't for [staff's name] I'd still be there, really the [drop-in facility] saved me from there.

Going to pubs and drinking again I suppose. That was part of my illness as well, I was drinking too much.

... the possibility I could've been in hospital again, you know.

At the workshop, it was a similar scenario with two participants indicating the same fragility. One could only think of staying at home with nothing to do while the other participant could not imagine living at all. If the day service was to close, she said she would be:

Hanging from a tree with a rope around my neck.

One workshop participant, however, identified the inner strength that came with experiencing feelings of satisfaction associated with his occupational achievements. Recognising

the importance of occupation, he said that if the day service were to close he would look for something else to do to take its place:

It's the satisfaction at the end of the day ... I have achieved that ... it gives you a lot of inner strength. Now I've been here ... if it did close, I wouldn't go and sit indoors. I'd look for something else to do ... I'd always find something to do.

These findings showed how much the participants valued their attendance at each setting. They identified the benefits of engagement in purposeful occupation, including some of the associated anxieties. They also recognised that occupation was a way of developing skills and increasing confidence through coping with challenges. Achieving success provided personal satisfaction, as well as building competence. They demonstrated clearly how the need to create, feel useful and interact with others, to generate their own self-identity, was promoted by their engagement in purposeful occupation.

Discussion

The findings supported Rogers' (1984) assertion that the healing value of engaging in occupation can often be learnt from the client's own narrative experiences. Here, the participants described their engagement as a means for building their competence and developing self-identity. These two major themes are discussed in relation to the literature.

Occupation: means for building competence

The literature suggested that it was through occupational achievements that individuals demonstrated their capabilities and developed a sense of competency, which evolved from an accumulation of experiencing achievement and mastery (Fidler 1981, Wilcock 1993). It was by their occupational performance that people could show what they were or what they hoped to be (Wilcock 1993). These concepts are clearly demonstrated by the findings. However, the participants expanded on this, explaining that engagement in occupation also improved coordination, increased concentration and built confidence, which led to feelings of self-worth (Legault and Rebeiro 2001). Added to this was the need to practise skills in order to increase proficiency and overcome initial feelings of inadequacy and incompetence.

Engagement in woodwork provided opportunities for trying out new ideas, taking risks and experiencing mastery over tools (Roddis 1997). All the participants at the workshop experienced this, but their reactions differed. Making a complicated chair, adapting plans and thinking through how to achieve each stage was described as a rewarding experience, embedded with personal meaning for one participant, echoing Cracknell's (1995) description of the achievement of making the bird box. However, another participant felt frustrated by her lack of confidence and described her constant need for assistance when

undertaking a new project. Even when others complimented her achievements, she found it difficult to believe them.

Learning new skills and developing competence were seen to be a challenge by most participants. Some welcomed the need to face and overcome challenges at different levels of learning. Therefore, occupational therapists need to discover the skills that could be acquired by clients and, through encouraging engagement in occupation, aim to facilitate the right amount of challenge for individuals with mental health problems (Cracknell 1995, Emerson 1998, Emerson et al 1998, Shimitras et al 2003).

The participants at both settings also described how experiencing a sense of achievement had personal meaning. In addition, at the workshop the participants were able to talk about what they had made, express pride in their workmanship and describe feelings of personal satisfaction. Their discovery of previously unknown abilities through engagement in woodwork was also a source of great satisfaction. The suggestion that through engagement in occupation people can demonstrate their abilities, both to themselves and to others, and realise their own potential was borne out by these findings (Fidler 1981, Rogers 1984, Holder 2001, Legault and Rebeiro 2001).

The participants were keen to display the concrete evidence of their own competence. This supported Fidler's (1981) assumption that the ability to do, create or make happen becomes obvious to oneself and to others and a sense of competence evolves from an accumulation of experiencing achievement and mastery. The assumption that success and pride in workmanship can engender or restore a sense of competency was also borne out by the study's findings (Yerxa 1980, Legault and Rebeiro 2001).

Occupation: medium for developing self-identity

Discovering routes to restoring self-identity is crucial for people with enduring mental health problems because they often have great difficulty in developing and maintaining a sense of their own identity (Howard and Howard 1997). Engagement in occupation, however, appeared to play an integral role in the development of the participants' own identity. Satisfying the drive to create, demonstrating usefulness and generating an inner sense of self through object making contributed to the development of an integrated self. From these findings, it appeared that occupation could be the means for providing opportunities and choices that led to realisation of purpose, meaning and self-actualisation (Wilcock 1993, Chesworth et al 2002, Nagle et al 2002).

The participants expressed how occupation played a vital role in the development of an integrated sense of self, supporting the opinions that it is through occupation, with its personal meaning component, that people make sense of their existence (Meyer 1922, Wilcock 1993). The phrase 'making one's mark' encapsulates the symbolic and concrete need to express oneself and is centrally involved in creating a sense of identity (Roddiss 1997). Woodwork provided the means for the participants to focus themselves and recreate

a sense of being. Wilcock (1998b, p59) suggested that 'creativity requires the ability to conceptualise outcomes from actions' and this was seen by the way in which the participants planned their designs and followed them to completion. Although little is known about how people experience joy and satisfaction from their own actions (Yerxa 1993), the participants were seen to express their joy and satisfaction emanating from the completion of their work (Emerson et al 1998).

All the participants expressed their need to feel useful and valued, which they believed would lead to a personal sense of self-worth. Their ideas supported Meyer's (1922, p641) belief that 'it is the use we make of ourselves that gives the ultimate stamp to our every organ'. The findings also supported that people need to engage in occupation because it provides a way of relating to others, which in turn reinforces a sense of one's own self-identity (Rogers 1984).

One participant explained that should the day service close, he would look for something to take its place, now that he had experienced the benefits of engagement in occupation. The personal development and awareness that he related echoed Wilcock's (1993, p18) assertion that 'occupational achievement usually results in self development and growth experiences'.

Implications for occupational therapy

The findings of this study, which was based in settings where no occupational therapist was employed, have major implications for occupational therapists in mental health. Interpreting the findings contributes to the knowledge base of occupational therapy and should assist in the planning of appropriate day services for people with enduring mental health problems. However, this will not happen unless occupational therapists direct their energies and resources towards developing services that focus on the use of occupation as a therapeutic tool. They need to be proactive in helping people to transform their lives by facilitating talents and abilities not yet in full use (Wilcock 1998a).

There is a clear directive from the Department of Health (1999) that access to meaningful occupation for people with enduring mental health problems is to be provided. If occupational therapists do not become proactive in this provision, it is likely that others will. With their unique understanding of the value of occupation as therapy within mental health, occupational therapists need to recognise their role in promoting occupation as a route to building competence and developing self-identity (Christiansen 1997).

This study has shown that the participants perceived that engagement in occupation had benefits for them. They expressed awareness of the need for community-based services that provide the opportunity for engagement in occupation, in order to address their requirements and restore dignity and self-worth and, in doing so, contribute significantly to their health and wellbeing (Legault and Rebeiro 2001, Nagle et al 2002). Therefore, there is a pressing requirement for occupational therapists to add to the evidence base by researching the use of occupation as a treatment medium in mental health.

Strengths and limitations of the study

A strength of qualitative research is that it is carried out in naturalistic settings with minimal controlling variables (Krefting 1991) while fully using human insight and experience (Patton 1990), which was the basis for this study. It also relies on the creativity of the researcher, which can generate new insights and possibilities. However, this can be a limitation as well because it is thoroughly dependent on the skill of the researcher, together with training, intellect and discipline (Patton 1990). Carrying out the member-checking exercise was an added strength because it enabled the accuracy of the researcher's understanding to be confirmed by the members.

Although individual perceptions and experiences were under investigation, in order that common links could be made with other similar settings a larger study would have been beneficial. It was recognised that a small number of participants 'cannot adequately represent the true variability among human beings' (Graziano and Raulin 1993, p132).

Conclusion

The participants highlighted that with the acquisition of skills, the right challenges and the personal meaning associated with successful achievement, they worked towards building a sense of their own competence. Each participant was at a different stage of progress towards this sense of personal competence. Similarly, the participants were at different points in the development of their self-identity and this was influenced by engagement in occupation, satisfying both the innate drive to create and the need to be of use.

Describing the personal benefits of engagement in occupation, the participants confirmed many of the assumptions, beliefs and opinions contained in the literature relating to the human need for occupation and the philosophy of occupational therapy. These findings show that the emphasis for occupational therapists should be to work in partnership with clients to develop mental health services that will maintain, restore and transform the existence of those whose lives have been disrupted by enduring mental health problems.

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