

Royal New Zealand Foundation of the Blind
Te Tuápápá O Te Honga Kápó O Aotearoa

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“Seeing” a Brighter Future: Health through Occupation

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The theme of this year’s hui is ‘Beyond the Horizon’. In our presentation today, I hope to take you beyond the horizon of your everyday work to consider changes in New Zealand society as well as recent research findings that make the work of the Royal New Zealand Foundation of the Blind all the more important. I will also offer a renewed vision of the contribution each of you might make to the well-being of New Zealanders with visual impairment.

Let’s first consider the changing context in which the Foundation provides its services to members. One key change is the way in which the New Zealand population is getting older. That is, people aged 65 and over are increasingly and ‘disproportionately’ represented in the country’s demographic profile (Poole, 2003). Currently, slightly more than 12% of us, or 1 in 8 people, are aged 65 or older (Statistics New Zealand, 2007). Of this group, approximately 8,000 are members of the Foundation, with more than 6,000 of them being over 80 years of age (RNZFB, 2007). In other words, three quarters of the Foundation’s older members are aged at least 80. This sounds like a significant number, however it is likely to be just the beginning of an age transition within the Foundation’s membership.

When many of our grandparents were born, the average projected lifespan was 61 years for men and 68 for women. Now, many of our fathers live to 76 and our mothers to 82 (Statistics New Zealand, 2007). This means our parents are expected to live about 15 years longer than our grandparents. And for us, this pattern of living longer continues. Combined with the ‘baby boom’ of the 1940s to the 1960s, the proportion of the population who are 65 or older is set to grow exponentially. In another 30 years when most of us will be in our 60s, our 70s, our 80s or into our 90s, we will be part of the part of the ever-growing group which will make up one in four

New Zealanders. That is, by 2040 a quarter of our population will be 65 or older (Statistics New Zealand, 2006); double the current figure. We are part of a radical demographic transition. Of particular importance to you, given the Foundation's current membership, is the indication that the strongest growth will be in people aged 85 and older. I am, and many of you will be, part of this group which has a projected six-fold increase in the first half of this century (Davey et al., 2004). When we consider that more than half of the Foundation's members are currently aged 80 and older, the projected 600% increase for this age group is likely to translate directly into the membership profile. For this reason, our presentation to you today is focused on ways of 'seeing' a brighter future for the older members of the Foundation.

Moreover the makeup of older New Zealanders is changing. For example, an increasing proportion of Maori are surviving beyond 65 years of age. Currently only 4% of Maori reach this age. In the next 20 years or so the proportion of elder Maori is estimated to more than double to reach 10% of all Maori (Poole, 2003). And given the recent changes in patterns of migrants to New Zealand, the makeup of older adults in our communities is set to look very different in the near future. Alongside this, there is a projected increase in couples without children, or with children living overseas, and more older adults, particularly women, will be living in one-person households. This means the types of informal support currently provided by families is likely to diminish over time (Statistics New Zealand, 2007). So what's over the horizon for the Foundation is the probability of working with hugely increased numbers of older people, and the likelihood that those people will be increasingly diverse. Looking at last year's annual report, the Foundation is already gearing up for this transition (RNZFB, 2007).

The work of the Foundation is also important because of the focus of your services; including participation in employment, education, craft, reading, travel, everyday communication, and recreation and social activities. Indeed, the right of blind and vision-impaired people to "have the same opportunities and choices as other citizens to participate fully in society" is the Foundation's vision (RNZFB, 2007, p. 7). One reason to work towards achieving this right is that participation in everyday occupations is one pathway to good health. Four examples of participation supporting health through occupation are celebrated in the Foundation's 2006-2007 Annual

Report: The Blind Sailing team “took top honours” at the sailing championships (p. 29), children at a weekend camp at Whangaparoa “had a blast exploring the bush and beach” (p. 25), members who stayed at the Sir Edmund Hilary Outdoor Pursuits Centre on Great Barrier Island had “a ‘magical’ and ‘inspiring’ experience” (p. 5) and Doug Johnston received the Chairman’s award for not letting “limited vision get in the way” of a productive career and raising a family” (p. 71). These descriptions closely align with peoples’ experiences of well-being as feeling on top of the world, or feeling nourished, contented, transformed, at peace, strong, interested, fully alive, or as experiencing intense concentration (Wilcock, 1998). Such views are largely in keeping with the Ottawa Charter, which asserts that to attain complete well-being, “an individual or group must be able to identify and to realize aspirations, satisfy needs, and cope with the environment” (Ottawa Charter, 1986, p. 1).

Participation in everyday occupations is now internationally recognised to be vital to health and well-being. The World Health Organization (2001) has identified links between impairment to vision and other body structures and functions as having a direct bearing on learning, communication, mobility, self-care, domestic life, relationships, work, and community, as well as social and civic life. It is this link between participation and well-being, particularly for older adults, that I wish to focus on.

There is good evidence that participation in everyday occupations influences people’s physical, mental and social health. For instance, a large-scale study of older Americans showed that people’s risk of dying is reduced as much by participation in social and productive occupations as by physical activities (Glass, Mendes, Marottoli, & Berkman, 1999). The more older Americans garden, dance, play golf or bowl, swim, cycle or jog, or walk for exercise the better their mental functioning is likely to be. Participating in such occupations also seems to reduce the likelihood of depression and to strengthen social networks (Vance, Wadley, Ball, Roenker, & Rizzo, 2005). Similarly, older people in residential care in Britain live longer and are less likely to be depressed if they are aware of opportunities to be occupied and enjoy the things they do (Mozley, 2001). Soon we will have information about the relationship between older New Zealanders’ participation in everyday occupations and their health and well-being. I am part of a multidisciplinary group currently gathering

comprehensive information from 100 older Maori and non-Maori in the Rotorua and Bay of Plenty region which will add a local flavour to the compelling international research findings.

In contrast, lack of participation is known to have serious health implications. People who do not engage in sufficiently demanding occupations such as gardening, swimming, riding a bicycle, playing sport or doing the cleaning have increased risk of cardiovascular disease and cancer (Wallis, Miranda, & Park, 2005). Walking reasonably quickly for at least 30 minutes a day, 5 days a week is considered the minimum requirement to maintain health (Wallis et al., 2005). Estimates of the number of people who achieve this level of activity vary. Only 6% of Norwegians over 65 years meet this exercise guideline (Loland, 2004), and in the United States, only 6.2% of people 75 years and older engage in vigorous physical activity five times a week (CDC, 2004). Lack of social and intellectual occupations is also harmful. For example, while the short and long-term impact of boredom on well-being is unknown, workplace boredom has been associated with low morale, depression, and engagement in destructive activities (Long, 2004).

I recently spoke with Curly who was in his 98th year of life and has lived alone since his wife died 5 years ago. From his experience, doing things each and every day was what kept him alive and active. He said:

I like to read the newspaper to see what is going on outside and overseas and so on. I think it is good to keep up with things. And I do the crossword puzzle every day which I find interesting. I have always been interested in crosswords but some of the clues they give are entirely out, they are not right at all. But it occupies me for a while. I mean, I must be doing something whether it is crosswords, reading, listening to music, or playing patience. I am not one to sit down and do nothing; that is no good. I do the crossword to keep my mind working. Yes everything you do keeps your mind active, it's when you don't do anything that things seem to pall.

What stimulates people to engage in occupations that enhance health and well-being is much debated. One suggestion is that humans have biological needs, such as feeling cold or thirsty, that stimulate us to take action. In addition we are propelled to acquire

and practice the skills required to solve problems and plan, interact with others, do whatever generates our livelihood, and so on. Finally, we are prompted to engage in everyday occupations and rewarded for doing so by feelings of purpose, satisfaction and fulfilment (Wilcock, 1993).

Task: To pull these ideas together, we believe that it is important for everyone, including people who are blind or vision impaired, to do things that make them feel purposeful, satisfied, fulfilled, on top of the world, nourished, contented, transformed, at peace, strong, interested, fully alive or intensely involved in the things they do. Furthermore, we believe that such experiences are at the heart of well-being, staying off boredom, depression, and ill-health. I invite you to take a moment to talk to the person next to you about occupations you engage in that give you a sense of well-being.

I now invite a few examples from this group. Perhaps share something that the person you spoke to does which gives them a sense of well-being.

Just before we move on, I will leave you with a couple of questions:

1. Do you believe that the same experiences are important for the Foundation's members?
2. Is this something you routinely ask about in your practice?

Focusing on What the Foundation Does For the Best Health Outcome

Material produced by the Foundation seems to suggest that understanding each member's functional vision is an important focus of your "Seeing the Possibilities programme," ensuring that you tailor the services provided to individual abilities and needs. Recognising that members' participation in things they choose to do is the Foundation's overarching vision, we'd like to bring those two ideas together. That is, let's think about functional vision as experienced when participating in occupations that are fully involving, and those that give a sense of satisfaction and fulfilment; the things that make the people you serve feel alive and nourished. But how might you ask about participation in such everyday occupations and how can you come to understand how it contributes to the person's well-being?

A 10-year Swedish study of retirement is instructive because it asked participants about the things they do with their time. From what they were told, the researchers generated common-sense descriptions of retirees' experiences (Jonsson, 2008). Two basic patterns of talking about doing things in the everyday were identified: flat narratives and fluctuating narratives. Flat narratives were those where participants described the things they do without drama or any sense of engagement. This happened when they spoke about finding things to do to pass the time. Fluctuating narratives were more animated and contained more excitement. This occurred when participants expressed being concerned about making the time to do some things. These occupations stood out from the rest. People with flat narratives spent their time doing **basic** occupations, the things one has to do such as "getting food, cleaning, and sleeping" (Jonsson, p. 6). Once that was done, they spoke of finding things to do to kill the time. There was no real engagement; **time-killing occupations** were just something to do to pass the time. Occupations such as reading, listening to the radio, and taking walks were mentioned. There were also **irregular** occupations, things that were pleasant but come and go, like going to the movies or going on vacation. They are chosen and positive but intermittent. This pattern of participation was not connected to feelings of well-being, and the experience was dominated by having too much time to kill in a day.

In contrast, fluctuating narratives showed there was much more going on. These participants described basic and irregular occupations, but also described engaging, social, relaxing, and regular occupations. **Engaging** occupations were highly meaningful, involved intense participation (in terms of both duration and regularity), gave a sense of identity, and were associated with commitment or responsibility of some kind. They tended to involve a community of people with a common interest and to consist of a cluster of related occupations. **Social** occupations were things like meeting friends or family or going to a meeting, where the primary purpose was to interact with others. Occupations done because they were **relaxing** included reading the paper, watching TV, listening to music or having a rest. **Regular** occupations were part of a weekly or monthly routine, but with no real sense of engagement. Overall, engaging, social and relaxing occupations were identified as highly significant to well-being, and as indispensable as basic and time-killing occupations.

In terms of these findings, we are confident that the Foundation of the Blind addresses participation in basic occupations necessary to life. This is evident in the latest Annual Report in its references to life skills development, demonstrations of adaptive technology, and using the phone and information technology. It is also evident that the Foundation provides some services around social occupations, such as craft groups. For some members, travel, talking books, social and recreational activities, and being able to access various means of communication will bring engaging occupations within reach. Nonetheless, what is less evident is support to help people with vision impairment take up or continue their involvement in those engaging occupations that make their everyday worthwhile. Isolated examples are celebrated in the Foundation's reports, but to be a standard setter as your organisation aspires to, to fully achieve members' well-being through occupation, you may need to be alert to occupations that are intensely involving, provide identity, and generate a sense of commitment and responsibility. Achieving this would require new understandings of the people the Foundation serves.

Task: Let's relate this thinking to what you do in your work. When you're with one of the Foundation's members, think about how might you find out about that person's intensely engaging occupations? Take a few moments to think about the question you might ask and practice your question with the person next to you.

I call for some volunteers to share the question that you were asked; one that drew you to talk about the most engaging things you do.

The language of 'engaging occupations' is not how we usually talk about what we do. You might come to understand the person through indirect questions, such as: "If you had a few hours to do anything at all, what would you do?" Or "Tell me about a good day that you had recently." Listen for what the person talks about. Listen for the things that make a day a good day for them.

In your work, it seems you find out about the person's functional vision. Let's think about taking that a step further to identifying occupations that make people healthy.

Identifying Occupations that Make People Healthy: Ways of “Listening” for Functional Vision

Our experience of asking people about what they do in their day shows there is a natural tendency to tell general stories rather than describe particular events, as they are lived. Yet if we want to understand how someone goes about doing something, we “hear” different things when a story is told about a specific event or moment in a day. Let me illustrate by sharing with you a conversation I had with Christina. Christina is 93 years of age and much of her week is spent on activities related to two engaging occupations; coaching an adult choir group for her church and teaching piano to a few private pupils. Some years ago she retired from her longstanding position as a high school music teacher. One of her irregular occupations is presenting the music award at the end of year ceremony at the high school. I met Christina at her home and she took me upstairs to her lounge. She told me that going up and down her 14 steps several times a day kept her legs strong for getting out and about in her community. In her words, Christina suggests that, in general, she has no trouble doing stairs.

I had already seen Christina climb her stairs at home with ease. I could have assumed that she was comfortable with doing stairs in general. But I asked her to tell me about the last time she went up or down stairs when she was out. Listen to her story:

I have to present a cup for music at the local College prize giving each year and last year they had a temporary stairway placed in front of the stage. It had 15 steps but no rails on the side and for the first time in my life I felt a bit uneasy going up the steps. My sight has been weak all my life but the hesitation is unusual.

So, I didn't go up the steps. The headmaster was quite gallant and came down the stairs to me. I presented the cup at the base of the steps instead of going up. Now I had gone up the steps at the side of the stage for 12 years, but the new temporary stairs with no supports were a bit worrying to me. But that is a bit strange for me because I had never even thought about going up stairs before.

I think it was because of my sight. I lost the sight of one eye through an accident when I was two, and I only have peripheral vision in this

right eye so I have to work with the left eye all the time. I find that going down steps, unless they are marked on the tread, is worrying for me. I just have to be very careful. And I had never thought about it before. The hesitation was most unusual for me because I have 14 stairs here and I used to run up and down them. It is something that has come with the age I think. I don't mind walking because I have walked so much all my life. I walk from here to the shops.

I was always reticent as a child growing up but this is a different thing. This was something where I hesitated, especially with the steps, and that annoys me.

Listening to Christina's story of this one event we can hear how her words disclose something which I did not hear in her general talk about doing the stairs. We can hear her feeling *a bit uneasy* with these stairs and how she is suddenly having to think about going up the stairs at the prize giving when she has *never thought about* going up steps before, she just did. In this particular story, we hear Christina *hesitating*. I was listening for how 'being aged' showed in her everyday. You would likely be listening for how Christina's 'functional vision' shows. However, the same message applies. In your conversations with Foundation members, eliciting stories of particular events in their everyday will disclose different experiences of functional vision than general explanations do. General stories tend to cover over how things really are.

Task: For you, think about a conversation you recently had with a member of the Foundation in which you were aiming to understand something of their functional vision or functional ability. If you don't work directly with members, think of a time when you were talking to someone about something they do.

Recall and write down one of the questions you asked. Or write down the sort of question you usually ask when finding out about functional vision.

If your typical question asks for a general response from the person, re-draft your question, or write a new one, which asks about how functional vision was

experienced in a particular moment in the day. Write a question which is likely to elicit a story about a particular event or experience.

Reflect on how this style of questioning may be different from your usual way of asking about functional vision.

Eliciting Experiences as they are Lived:

If you take a conversational approach to learning about the person's functional vision, you don't need to bring pre-set questions into your dialogue. While talking with the person, listen for the things they talk about doing. Then ask about particular, recent experiences of doing that occupation. For example, if they talk about difficulty doing their shopping you could ask:

“Tell me about the last time you ‘went shopping;’” or

“Describe your last trip to the shops.”

If the story turns from this particular event to a general story of what usually happens when shopping, gently return the person back to the moment such as saying “What happened then?”

In the talk, listen for how the person talks about their day and what they do. Listen for the ‘flat’ narratives and the ‘fluctuating’ narratives. ‘Listening’ for engaging occupations and how functional vision is experienced may also include getting a feel for the person's everyday environment. If you are together in the person's own environment, look at what they have around them. What things within the person's everyday space let you ‘hear’ who they are and what they like to do? It is a matter of listening beyond the horizon of the basic and time-killing occupations, the things that maintain the person and help them merely pass the day. It is a way of listening for the things which are engaging and highly meaningful; the thing or things which make the person who they are and make them feel valued within their family or community.

Conclusion

In bringing this presentation to a close, we have aimed to highlight the importance of people's engaging occupations to health and well-being. We have particularly focused on older adults based on the high representation of people aged 65 and older within the Foundation's members and given the context of New

Zealand's aging population. The Foundation's vision is for the right of blind and vision-impaired people to "have the same opportunities and choices as other citizens to participate fully in society" (RNZFB, 2007, p. 7). This means you are already providing services which focus on peoples' participation in their everyday and in their communities. The World Health Organization suggests that to attain complete well-being, "an individual or group must be able to identify and to realize aspirations, satisfy needs, and cope with the environment" (World Health Organization, 1986, p. 1).

By bringing in a way of understanding people's experience of everyday occupations we have aimed to illustrate different ways of finding out about the things which people find engaging. And we have shown how eliciting particular stories about everyday events might uncover new understandings of functional vision. You may already bring such understandings and ways of listening to the person to your everyday practice. Or perhaps you may take from this some new ideas. In essence, we encourage you to embrace the promotion of people's participation in the occupations which they identify as engaging as a way of 'seeing' a brighter future for themselves.

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