

A Phenomenological Study of Occupational Engagement in Recovery from Mental Illness

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Abstract

Background. Recovery from mental illness has been described as a process involving personal growth and a search for meaning. Occupation is a primary medium for human development as well as the creation of life meaning, suggesting the exploration of recovery from an occupational perspective is warranted. **Purpose.** To explore the experience and meaning of occupation for 13 people who self-identified as being in recovery from mental illness. **Methods.** Recovery narratives were collected from participants in conversational interviews that were recorded and transcribed. The transcripts were analysed using hermeneutic phenomenology. **Findings.** A range of experiences were evident in the recovery narratives, from complete disengagement to full engagement in occupations. Insights into the experience and meaning of different states of occupation were revealed. **Implications.** All forms of occupational engagement, including disengagement, can be meaningful in the recovery process. Increased understanding of different modes of occupational engagement will assist therapists to support recovery more effectively.

Keywords: Engagement in occupation, Meaning of occupation, Meaning making, Mental illness, Phenomenology.

Recovery from mental illness has been described as a process of healing physically and emotionally and of adjusting one's attitudes, feelings, perceptions, beliefs, roles, and goals in life (Anthony, 1993; Spaniol, Gagne, & Koehler, 1999). The process may involve great anguish and a search for meaning, but it can also lead to self-discovery, self-renewal, and transformation (Deegan, 1988). A growing focus in recent literature is the notion that recovery does not just occur in the person or in the environment but through ongoing transactions between an individual and his or her world (Davidson, 2007; Davidson & Shahar, 2007; Onken, Craig, Ridgeway, Ralph, & Cook, 2007). Research findings suggest that it is the interactions of everyday life, rather than particular interventions in mental health settings that are the primary medium through which recovery occurs (Borg & Davidson, 2008; Leufstadius, Erlandsson, Bjorkman, & Eklund, 2008; Mancini, Hardiman, & Lawson, 2005). The view of recovery as a transactional, everyday process aligns with an occupational perspective, in which meaning making and transformation are believed to occur in the interplay of person and environment during routine occupations (Hasselkus, 2002).

Mental health services have been called to work towards a vision of recovery for all service users, with principles such as self-determination, creation of meaning, and participation in communities as essential aspects of service delivery (Anthony, 1993). With a focus on person-centred enablement and expertise related to the dynamics of people in their everyday environments, the profession of occupational therapy is well placed to lead recovery-focused practice and research (Rebeiro Gruhl, 2005).

While there is a long standing assumption that occupation is beneficial for mental well-being, there is limited research exploring the experience and meaning of occupation in the context of the recovery process (Davidson, 2003; Hvalsoe & Josephsson, 2003;

Leufstadius et al., 2008). To date, research has focused on the outcomes of occupational engagement for people experiencing mental illness, often in structured therapeutic settings. The benefits include greater capacity for performance and an associated sense of competence, identity, belonging, and purpose (Kelly, Lamont, & Brunero, 2010; Mee, Sumsion, & Craik, 2004; Rebeiro, 2001; Schindler, 2008). Other research has explored occupational engagement in the everyday lives of people with mental health issues (e.g., Bejerholm & Eklund, 2006, 2007) but has focused on broader patterns of engagement rather than specific experiences of occupation.

Hasselkus (2002) has stressed that engagement in occupation for the sake of the experience, for how someone *feels* when doing, is equally if not more important than its outcome or purpose. A significant theme in the literature is the call for more in-depth and process-focused research, in which the actual experience and making of meaning through occupational engagement is explored in the context of recovery from mental illness (Aubin, Hachey, & Mercier., 1999; Hasselkus, 2002; Laliberte-Rudman et al., 2000; Leufstadius et al., 2008). For example, Bejerholm and Eklund (2006) emphasized the need “to study the possible relationships between occupational engagement and the illness process, symptomatology, and the recovery of self” (p. 117).

The study reported here addresses this perceived gap in the literature by exploring the experience of occupational engagement for people in the process of recovery. The notion of occupational engagement refers to the subjective state of being “involved” or “occupied” in everyday activity, and occupational therapists have an interest in understanding the nature, intensity, and meaning of people’s engagement (Polatajko et al., 2007). By articulating the experience of occupational engagement, something of the personal significance or meaning of the doing can also be revealed (van Manen, 2001).

Human beings make sense of their experience in an ongoing hermeneutic or interpretive process, and this occurs at multiple levels, from the immediate embodied experience to broader interpersonal, temporal, and socio-cultural levels (King, 2004). This study aimed to highlight aspects of the participants' occupational experiences and uncover something of the multilayered significance of occupational engagement in the recovery process. The central question asked in the study was, "What is the experience and meaning of doing for people who are recovering from mental illness?"

Methods

Methodological Approach

As the research question was concerned with the meaning of subjective experience, an interpretive approach was necessary. To this end, the study was guided by phenomenological methodology, and rich descriptions of lived experience were sought and interpreted using the hermeneutic philosophy of Martin Heidegger. Heidegger (1962/1927) wrote extensively on the nature of the human being and began his analysis with everyday, practical activity, suggesting that people's primary way of being in the world is through intentional action. For Heidegger, it is through doing that individuals are shaped and, in turn, shape their very being in the world. Heidegger's writing aligned well with the study's focus on occupation and highlighted the way that different moods and states of being open up or restrict engagement in the world.

The aim of hermeneutic phenomenology is not to create irrefutable evidence, but rather to provoke thinking about the phenomena of interest and uncover aspects of human experience (Smythe, Ironside, Sims, Swenson, & Spence, 2008). Drawing on Heidegger, van Manen (1990) proposed that the experience of lived body (*corporeality*), lived space

(*spatiality*), lived time (*temporality*), and lived other (*relationality*) are fundamental aspects of all human experience. These four “existentials,” along with Heidegger’s notions about the nature of being in the world, were used as a foundation for exploring the phenomenon of occupational engagement in the context of recovery from mental illness.

Recruitment

Ethical approval for the study was granted by the Auckland Ethics Committee. Participants were recruited through community-based mental health services with the use of intermediaries to avoid coercion. Each participant was informed about the study verbally and in writing, and consent was gained to audio-tape and utilise their recovery stories in the research. Phenomenological research calls for rich descriptive data, usually from a small number of carefully selected participants (van Manen, 1990). Purposive sampling was used to ensure that participants were able to articulate their experience in some depth and that a range of diagnoses, ages, gender, ethnicities, and recovery experiences were presented in the study. Recruitment ended after 13 participants were interviewed; at that point the general themes of the recovery stories became repetitive, indicating data saturation.

Participants

Of the 13 participants, 8 were women and 5 were men, with ages ranging from mid-20s to late 50s. All were New Zealanders; four identified as being Maori, and the rest were of European descent. Three had a primary diagnosis of major depression; six, schizophrenia or a psychotic disorder; three, bipolar affective disorder; and one post-traumatic stress disorder with associated depression. In addition to their primary diagnosis, several had experienced issues with drug or alcohol abuse, and two had addiction issues that required specialist residential treatment. Most participants had required periods of

hospitalisation when they were most unwell, and two had spent years in a secure institution.

At the time of the interviews, all participants were living in the community, three in supported accommodation, three in their own homes with a partner, and the remaining seven lived on their own or with one other person in a rented home. All had some form of paid work, with most working part-time, either in supported employment or in consumer-representative and peer-support roles. All of the participants self-identified as having recovered from the major effects of their illnesses but also saw recovery as an ongoing process.

Data Collection and Analysis

Interviews were held in a quiet place of the participants' choosing, and most preferred their homes or workplaces. In accordance with the methods of hermeneutic phenomenology, a "conversational" style of interview was used (van Manen, 1990). Using open-ended questions, participants were initially asked to talk about their recovery in general, and then the conversation focused on occupational engagement during specific periods or events in their recovery process. Prompts were used, such as, "Can you tell me about doing something that really helped you during that time?" "What did you find difficult to do during that time?" Participants were encouraged to describe in detail particular moments of occupation so as to capture the prereflective, or "lived" experience in words (van Manen, 1990). Interviews lasted one to two hours, and only two participants felt the need for a second interview. Analysis and collection of data was concurrent, with early analysis informing the questions in later interviews (van Manen, 1990). The interviews were transcribed verbatim, and names and identifying information were altered to preserve participant anonymity.

The transcribed data were analysed using hermeneutic methods, which is “not a rule-bound process but a free act of ‘seeing’ meaning” (van Manen, 1990, p. 79). First, each transcript was read in its entirety to get a sense of the “whole,” and then specific descriptions, phrases, or words that showed something of the experience and meaning of doing were drawn out. Initial themes were identified from the first reading before specific accounts of interest were condensed and extracted from the transcripts, separating the parts from their original narrative context. The writings of Heidegger (1962/1927) and van Manen (1990) were used to stimulate reflection and dialogue with supervisors about the nature of the experiences. The use of notions from hermeneutic philosophy added both depth and breadth to the researcher’s thinking about the participant accounts, although it was important that the analysis always remained “grounded” in the data itself (Smythe et al., 2008).

The next phase of analysis involved a recursive process of writing, reflecting, talking, and rewriting, constantly moving between the “whole and the parts” of the recovery narratives before reconstructing the separated textual parts as a thematic whole (van Manen, 1990). When looking across all of the participant accounts, distinct states or “modes” of occupational engagement emerged as being significant, and each was characterised by particular experiences of body, time, space, and others. These modes became overarching themes in the study. Participants were provided with a description of the themes and samples of analysis and invited to provide feedback as a form of member checking. The responses confirmed that the analysis reflected the participants’ accounts and resonated with their lived experience.

Trustworthiness

Several strategies and processes outlined by Koch (2006) were used to increase the trustworthiness of the research findings. A careful and consistent process was used for interviewing, transcribing, and analysing each participant's story, with each account being approached with an open mind as to the possible meanings. This required the researcher to avoid applying pre-determined categories of meaning, to look for the uniqueness as well as the commonalities of each participant account and to consider multiple perspectives in the interpretation. The reflexivity and credibility of this process was strengthened by regular supervision, where the introduction of hermeneutic notions, reflective questioning and counter arguments were used to broaden thinking. This often resulted in the journaling of new insights and the re-writing of analysis. All participants were given an opportunity to check their interview transcript and request alterations, but none requested changes.. The dependability of the analysis was enhanced through the open reporting of the research process in the first author's doctoral thesis. The possibility for transferability was increased through the use of purposeful sampling, detailed descriptions of the participants, and the rich descriptions of lived experience.

Findings

A range of occupational experiences emerged from the participants' stories, from complete disengagement from the everyday world to full engagement in it. For many of the participants, the notion of "normal" or everyday engagement in routine occupations was a touchstone that provided a point of comparison for other modes of doing. Becoming unwell involved a process of "undoing" as ordinary patterns of occupation unravelled and participants were left negotiating unfamiliar modes of engagement in the world. The following discussion focuses on four points on a continuum of engagement, described as "disengagement," "partial engagement," "everyday engagement," and "full engagement".

Each of these occupational states was characterised by particular dynamics, and each had the potential to support recovery by reconnecting participants to key aspects of their being. The characteristic experiences of each mode are summarised in Table 1, along with the associated meaning.

Disengagement

Most participants described times during their recovery when they were completely disengaged from the world of everyday occupations. For example, one participant described a complete lack of agency and a sense of disconnection from daily life:

I just lie in bed all day and night. I don't do anything. I feel dead, well, I don't know what it feels like to feel dead, but you're dead, you have got no senses. You don't want to see anyone. You don't want to talk to anyone. You don't want to do anything. You just want to be left alone and lie there. [June]

In this non-doing mode, participants lost all intentionality for being in the world and felt numb and heavy. Everyday meaning was stripped away and ordinary life became senseless. Disengagement suspended all movement of time and space for the participants who found themselves caught between empty detachment and a sharp sensitivity to the demands of the everyday world. Another participant's account points to the possibility of becoming a nonperson through disengagement: "When you're completely devoid of motivation or ability to do anything you almost feel like a non-person. It is like you have no purpose, you have no identity, and you have nothing to define yourself." [Sue]

In the absence of routine occupation, the interaction between self and world, characteristic of everyday life, ceased leading to a potential loss of meaning and sense of

self. The participants' embodied awareness was largely attuned to the threat of demands from the everyday world, to which they could not respond.

Despite experiencing an existential struggle associated with the loss of self and everyday meaning, the participants' accounts also suggested that disengagement could create a space of *asylum* if it provided protection from the demands of daily life. The word *asylum* comes from the Greek *asylon*, meaning a refuge where one cannot be seized or occupied (Allen, 2000). For some participants, withdrawing from routine occupations created distance from everyday concerns, which was protective, preventing further undoing and allowing room for reflection and reconnection with their fundamental being. In this removed space, everyday matters had little significance, and the participants were left to grapple with deeper issues of despair and hope, carelessness and care, and passivity and active responsibility. Several of the participants described a turning point when, in the depth of their despair, they saw that there was something about the everyday world that was worth living for. Hope was found in the possibility of caring for and committing to something, such as a particular cause, faith, or important relationships. Paradoxically, stripping back everyday existence and disconnecting from routine occupation created space for regrouping, getting perspective, and reconnecting with the volitional foundations of everyday life.

Partial Engagement

The participants also described periods of time when they could not involve themselves fully in the everyday world with others but were able to engage in some way with the immediate world around them. Participants either pulled themselves into this mode after periods of disengagement or deliberately sought the mode to escape from the fast pace of

everyday life. In this state of partial engagement, participants experienced their bodies as heavy or slow, and simple occupation required effort, as one account of digging shows:

Every shovelful was hard work. . . . It was really plodding type of work and that was how I felt in myself. It was like I was walking through mud. Everything was difficult. . . . It was mindless activity that I really didn't enjoy . . . but I didn't want to stop it. I felt like at that time it worked and it kept me occupied. I had to keep on—it took me 3 days just to get it finished. [Mike]

While engagement was a struggle in this mode, it required participants to attend to whatever called for their concern in the immediate environment. This change in attunement was significant because it brought the participants into the immediate “here” and “now” and occupied them in the present. The basic interplay between self and world created movement in time and space, even though there was not always a clear direction for the participants' engagement. The value of this mode of doing was not so much related to pleasure or satisfaction but to a more calming effect and experience of connection that emerged through simple occupation:

I got into using chalk pastels and those are very tactile things you smudge with your fingers. I just get in there with my hands . . . just the rubbing of colours in and moulding, you are sort of connected with it—not at the end of a pencil or a paintbrush. You are in contact with what you are doing. I didn't actually feel at the time that it had great benefit, but I definitely felt calmer at the end and I would go back and do it. It is not a pleasure thing, it is like a connecting thing, it is the right thing to do. [Amy]

The process of engagement was “grounding” for participants as it reconnected them with their embodied being as well as with specific people and things in their immediate worlds.

While disengagement had the potential to support recovery by providing asylum, partial engagement ideally created a space of *respite* where the participants could gradually get back in touch with their bodies and the world-at-hand. The word *respite* comes from the French *respit*, to linger or tarry (Allen, 2000). These origins suggest that *respite* is not completely passive, but rather a state of slow plodding and meandering. True *respite* was a lived space in which participants were somewhat disconnected from the bigger picture of everyday concerns and were free from being or doing anything in particular, able to linger with what was immediately present. In the mode of partial engagement, the process of occupation was often more important than the outcome, as simple activity created movement in time and space, allowed expression of self, and opened up other possibilities of being. The leeway between the complete detachment of disengagement and the entangled pressure of the everyday world provided space for reconnecting with the embodied sensations of interaction with the immediate world-at-hand.

Everyday Engagement

In states of disengagement and partial engagement, participants avoided interaction with people in everyday situations as they felt unable to live up to the expectations of the public world. However, in other accounts of occupation, the participants entered into a mode of everyday or “normal” engagement, which involved having direction, having increased commitment, clarifying and meeting expectations, and synchronising with others’ time and space. For some participants, it involved recollecting the embodied “how to” of being part of something shared and negotiating uncertainty and risk:

Over the whole period my major problem was not actually doing the job, the practicalities of it, it was the people interaction—it was being part of the world. It is not feeling like you fitted in it. It was literally like doing something totally

against your grain. It would be a bit like prostituting yourself when you are not like that. That is what it felt like. It didn't seem to affect my reasoning or anything like that, just people and being out there and part of life was the difficulty. [Amy]

Participants grappled with self-doubt, stigma, and the fear of not living up to expectations, but they also “played” the required roles and acted “as if” they knew what they were doing until engaging in everyday ways came more naturally: “I can remember going in once, like ‘oh that wasn’t so bad’—I could actually feel that difference. Something inside must have settled a little bit. . . . I was getting more comfortable with the people” [Amy].

The participants’ stories showed several benefits of reconnecting with the uniformity of routine occupation in the public world. When engaging with others and meeting expectations, participants found a sense of stability and structure as well as a sense of purpose, identity, achievement, and worth. For example, the following excerpts show the benefits of re-engaging in work: “I started to feel like I had a purpose and I brought new clothes. I wouldn’t work long, but I would be given things to do and I would achieve them—that was one really big step” [Mike]; and “Accepting the job was actually a huge turning point in the way I felt about myself . . . the feeling of worth, that I was actually contributing to the world” [Sue]. Commitment to the everyday world of others obliged participants to act in certain ways, but it also enabled a sense of belonging and the articulation of a social identity. Possibilities opened up through the struggle of engagement in public spaces with others, and participants recovered a sense of being and becoming in relation to a wider social world.

Full Engagement

While involvement in the everyday world was important in their recovery process, participants also described times when they were so engrossed in occupations that the ordinariness of everyday life was transcended. This absorbed mode of doing was characterised by focused attention, great enjoyment, integration of the person with his or her environment, and the flow of action and time. As one participant's account of cooking illustrates:

Just being creative and it flows. It just seems to take over and do itself. It takes me out of the head space because I am totally engrossed in what I am doing. My mind has been totally focussed and being one . . . my mind's been totally clear. I'm enjoying good feelings. Being right in the minute, in the now and totally absorbed in it. Not being aware of the environment because I am focussed on what I am doing. [Kay]

In times of full engagement the participants' bodies were responsive and able to meet the demands of activities with relative ease. This responsiveness was energizing and participants described being so engrossed that the boundaries between their embodied being and the world dissolved. The accounts also indicated that the mode required a particular kind of attunement to the world: "If I am anxious I am not going to get absorbed in anything. I need to be in a pretty calm sort of state and what I am doing needs to be mentally stimulating enough" [Beth]. One participant described the experience of full engagement as being "in my element." According to Heidegger (1993), the element is what properly enables one to be one's "own most" self. The notion of being in one's element was reflected not only in accounts of single occupations, but also in whole occupational roles:

I have certainly had times when I felt very strongly this is me . . . just a sense of rightness about it. It's a real gratitude of having a job that I like. It is sort of like a

blessing because it is not like going to work; the drudgery of it isn't there. It is sort of like, "wow this is made for me." It is getting this buzz of I am so lucky to be in a job that I feel is me. The only way I can describe it is as a sort of internal connecting or some balance happening where things feel right. I can see myself over time and what I have achieved. [Amy]

In the dynamic of full engagement, the participants experienced moments of being "right" with the world, where their embodied being and world came together as a perfect fit. This state did not last forever as eventually the ordinary demands of everyday existence called. However, the mode of complete engagement was significant in participants' recovery as it transported them beyond the everyday and reminded them of their particular strengths and talents. One participant captured this notion when discussing particularly meaningful occupations: "These are real connecting things. These are part of me, not just something I do. These are me and I need them"[Beth]. The participants suggested that in full engagement they were able to reconnect with a sense of their own uniqueness, integrated and connected to a wider world.

Table 1

A Continuum of Occupational Engagement

| Aspect of experience | Disengagement | Partial engagement | Everyday engagement | Full engagement |
|----------------------|---|---|--|--|
| Body | Numb: body a sense-less dead weight, may be hypersensitive to light, noise, expectation | Awkward: actions heavy, deliberate, reawaken physical senses, not pleasurable but grounding | Responsive: actions skilled, goal directed, reawaken "social senses," fatiguing but satisfying | Integrated: unconscious actions, no need to attend to body, energizing and pleasurable |
| Time | Static: endless present with no progression from past to future | Slow: progression of time drawn out, plodding | Synchronous: alignment of time with others, "clock" time | Infinite: time disappears, hours seem like minutes |

| | | | | |
|--------------------------|---|--|---|--|
| Space | Oppressive vs. asylum: simultaneously enclosed/restricted and remote/distant | Isolated vs. respite: limited to what is of immediate concern in the world-at-hand | Public/Shared: engaging in public spaces with shared concerns, norms, goals | Boundless: freedom of being in one's element, space opens up |
| Relationship with others | Disconnected: others a potential threat to asylum or a thread to everyday life | Uncomfortable: others a potential threat to respite or support for engagement | Comfortable: everyday interaction, attuned to others' expectations and norms | Interconnected: one's uniqueness creates deeper connections to others |
| Meaning | Existential struggle: potential for re-connection with fundamental <i>care</i> and <i>hope</i> through withdrawal from everyday doing | Embodied struggle: potential for reconnection with <i>body</i> and <i>immediate world</i> through familiar doing in the moment | Social struggle: potential for re-connection with <i>social self</i> , belonging and identity through doing with and for others | Transcendence: potential for reconnection with <i>own most self</i> and complete integration through doing |

Discussion

The participant accounts indicate that people dwell in a range of occupational states throughout their recovery. Significantly, the states of engagement were not experienced as set stages in a unidirectional progression but rather were ways of relating to the world that fluctuated over time. This finding aligns with other research that has highlighted recovery as a nonlinear process (e.g., Strauss, Hafez, Lieberman, & Harding, 1997).

McCann and Clark (2004) suggest that while the monitoring of symptoms is typically a focus in mental health practice, it also is important to find out how people in recovery “embody” their illness. The present study illustrates how time, space, and changing relationships with others are all experienced through the body. For example, according to Heidegger (1962/1927), lived space is not measured in physical distance and direction but is shaped by the fundamental and embodied mood in which individuals find themselves. What is “closest” in lived space is what is of most concern, irrespective of its physical presence or proximity. In disengagement, a sense of guilt and the threat of expectation were often of

concern and weighed heavily, closing in the participants' lived space. While in full engagement, participants were attuned to the possibilities of creating and accomplishing something, which opened up space.

It could be argued that different forms of occupational engagement are part of the human condition, experienced by people living with and without mental health issues. However, both Heidegger's (2001) writings and the findings of this study suggest that it is the loss of freedom to move in and out of different modes of engagement that is significant for people experiencing mental health problems. Even a state of hypomania, in which sustained and pleasurable absorption in occupation is possible, holds a risk for individuals if they are not free to shift to an everyday mode of engagement when needed.

It is important that the findings support the notion that specific occupational forms and contexts can *call* for a shift in attunement for individuals (Reed, Hocking, & Smythe, 2010). For example, one participant found that playing his guitar could completely absorb him and allowed him to transcend his immediate situation, even when he was hearing voices. Conversely, another participant described being in a state of highly agitated mania, unable to be *held* by the immediate environment and routine occupation. However, she found respite in the simple and rhythmic activity of painting glass jars, which grounded her in the immediate world rather than enabling her to transcend it.

The present study has the potential to inform practice by revealing key dynamics in the different modes of engagement, allowing a more nuanced approach to supporting people in different states. The findings move beyond a focus on typical occupational performance and respond to the call to explore the experience and meaning within different forms of engagement (Doble & Caron Santha, 2008; Polatajko et al., 2007). This focus aligns with the research of Berjerholm and Eklund (2006, 2007), who found that different levels of engagement had an associated rhythm and sense of meaning for people

experiencing schizophrenia. They concluded that high levels of engagement should not be the only goal for people in recovery, and activities that facilitate self-definition and correspond to the internal needs of being are equally as important.

The descriptions of disengagement and partial engagement reflect the findings of other studies that show how alternative ways of relating to the world can support coping and reveal aspects of being during recovery from mental illness (Corin, 1998; Frese, 1997; Gould, DeSouza, & Rebeiro-Gruhl, 2005; Roe, Chopra, & Rudnick, 2004). For example, Corin (1998) found that the way people with schizophrenia interpreted their disengagement from everyday life had a significant impact on their recovery. Individuals who placed less value on “normal” ways of being and doing and saw withdrawal from everyday occupation as a positive form of coping had significantly lower rates of hospitalisation over time. Roe et al. (2004) found that people in recovery actively regulated their involvement in the world and provided accounts that align with the notion of partial engagement: “I have been doing things slowly. I take my time, I do not rush like I used to” and “there is only so much I can handle . . . to really take control over my life, I have to take one step at a time” (p. 124).

Other authors have highlighted the need to better understand the meaning attached to “average” and “ideal” forms of engagement (Davidson & Shahar, 2007). The descriptions of everyday and full engagement in this study provide insights into both average and desirable modes of occupational engagement and builds on other research that emphasizes the importance of routine engagement in recovery. While normal life can be alienating and lead to a loss of integration for the person, it can also provide a ground of interesting possibilities (Bryant, 2008). Engagement in occupation with others affirms “being” and creates opportunities for becoming and belonging (Rebeiro, 2001; Rebeiro & Cook, 1999; Rebeiro, Day, Semeniuk, O’Brien, & Wilson, 2001). For example, Gewurtz

and Kirsh (2007) described how a cycle of “doing and becoming” assisted people in recovery to understand their potential for being a worker.

The participant descriptions of full engagement align with psychological research into states of *flow*, where the right balance of skill level and challenge create positive experiences (Csíkszentmihályi, 1990). This research suggests that time spent in a state of full occupational engagement is associated with increased happiness and well-being, and supports the notion that full engagement is significant in the recovery process (Slade, 2010).

Implications for Practice

Addressing the loss of freedom to freely engage and make meaning in different forms of occupation should be a central focus of occupational therapy practice. Previous research findings suggest that helping to organize an individual's daily occupations should be a significant aspect of providing mental health services (Eklund, Hansson, & Bejerholm, 2001). The participant accounts show how different forms of doing have a particular attunement and point to the need to consider each person's lived experiences in the interpretation of their occupational engagement. The way mental health services are provided, including the practice of occupational therapy, has the potential to either open up or close in the lived space of people in recovery. Environments that provide opportunities for people to engage in occupations that meet their own needs for being are more conducive to enabling occupational performance rather than prescribed activities (Rebeiro, 2001). The task of enabling occupation involves creating space for the “play” of doing, that is, to open the interplay of being and world. It is in the space between embodied being and world that the transaction of occupation takes place and new meaning is created (Hasselkus, 2002).

The notion of supporting disengagement contradicts the emphasis on occupational performance typical in mental health practice. However, withdrawal from everyday life can be seen as a necessary part of the recovery process (Sells, Stayner, & Davidson, 2004). Supporting people to find asylum and make meaning within the disengagement mode sends an important message that they are valued for their being as much as for their doing. Periods of non-doing can be understood as opportunities to make sense of undoing and recover a more meaningful foundation for everyday living. Heidegger (1962/1927) suggests that everyday existence is structured by “care,” so helping individuals reconnect with what they care about most is an important step in the recovery process.

Environments with the quality of true asylum are comfortable places for resting, where people who know and care for the person are present but allow leeway for getting in touch with “being.” Asking the person “What is this space for?” and helping him or her to reconnect with what really matters appear to be key ways of enabling the interplay of self and world within the non-doing space. Everyday expectations may need to be renegotiated and responsibilities for everyday concerns taken out of the person’s hands. Along with clearing space for rest and reflection, facilitating access to significant people and objects is also critical. Preserving even one commitment with a partner, friend, therapist, or a particular cause may be vital in maintaining a binding to the everyday world and reconnecting with fundamental care and hope for recovery..

Supporting respite in the mode of partial engagement involves freeing individuals to set their own pace and choose their own way of engaging in the immediate world. Freedom from everyday commitments allows the partially engaged person to linger with what is immediately present and reconnect with themselves as embodied beings interacting with an available world. The reawakening of the participants’ physical being in the world suggests that recovery is not only a psychological and social process but also a sensory-motor one.

People with mental health issues are often marginalised and deprived of occupation, so creating opportunities to find pleasure and to make sense of the world through the physical sensations of occupational engagement is an important aspect of supporting recovery (Townsend, 2012). The findings align with the notion that participation in familiar, repetitive, rhythmic, tactile, and kinaesthetic occupations is beneficial for modulating arousal and emotion (Champagne, 2008). The participant accounts indicated that creative pursuits and interaction with nature was particularly powerful due to the rich sensations, lack of rigid expectations, and low risk of judgement from others. By emphasizing the experience of engagement and helping people tune into the sensations of familiar occupations, therapists can support people as they “inhabit” their bodies again.

In addition to supporting engagement in unfamiliar modes, occupation-based practice should also support involvement in the everyday world. People re-engaging in the everyday, public world may require support to adjust to the shared time and space and the expectations of specific roles and situations. Individuals may feel exposed and vulnerable in the everyday world, so the provision of supportive spaces for engagement is vital. Advocating for workplaces and other arenas of public life to provide choice, accommodate difference through flexible options, and allow for the gradual recollection of co-occupation with others is a key aspect of supporting everyday engagement (Townsend, 2012).

The everyday world also holds possibilities in which one’s unique way of being can be discovered and maintained in states of full engagement. The focus of mental health services should go beyond reducing symptoms and returning basic functioning; they should support people to find their ‘element’ so that they can flourish through full re-engagement in life (Slade, 2010). Assisting people to find and express their *own most* way of being and use their abilities in varied and demanding occupations is a powerful recovery tool.

Implications for Research

The modes presented in this study are broad points along a continuum of experience and future research should continue to explore the different modes of engagement along this continuum. In-depth case studies would be beneficial to expand current understandings of occupational engagement as a lived process and a state of being as well as to identify helpful strategies for enabling movement between the modes. The perspectives of people in recovery, as well as those that support them, could be collected to highlight strategies for opening up the interplay of self and world through different states of occupational engagement.

Study Limitations

The findings show aspects of the experience and meaning of occupation for 13 people in recovery from mental illness. As in all phenomenological research, the study points to aspects of experience that are of interest, but the understanding is never complete and is always “on the way” (Smythe et al., 2008). Inevitably there are stories and voices from people in different age groups, different cultures, and with different diagnoses that are not reflected in the findings. While the researcher ensured that Maori participants were involved in the study, a distinct Maori perspective did not come through strongly in the narratives. Some of the Maori participants stated that they did not identify strongly with the Maori culture after being institutionalised and estranged from family, but it is possible that others did not feel safe to disclose aspects of their experience in a cross-cultural conversation. The experiences of younger people and older adults with mental health issues were not represented in the study. It would have been interesting to note whether generational differences in mental health treatments and opportunities for engagement in the community may have resulted in variations of occupational experience and meaning. In addition, the use of single interviews relied on the participants to recall recovery

experiences from several years ago. This retrospective view may have limited the range and depth of the descriptions in relation to the participants' occupational engagement.

Conclusion

The study findings provide insights into the dynamics of different states of occupational engagement and suggest that all modes of doing are potentially meaningful in relation to the recovery process. It is essential that occupational therapists strive to understand the experience and meaning of people's engagement and support recovery by opening up the interplay of the person and his or her world in different modes of occupational engagement.

Key Messages

- An occupational perspective of recovery focuses on the interplay of self and world during engagement in occupation, valuing the experience and process of occupational engagement just as much as the content and outcome of performance.
- Reading the dynamics at play in any moment of occupational engagement and facilitating the exploration and expression of meaning through occupation is an important aspect of supporting recovery.

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