



OCCUPATIONAL NARRATIVES OF PEOPLE LIVING WITH RA

workshop



Why are we looking at this topic?

- We are *occupational* therapists
- We listen to *stories* about daily life all the time
- Narrative research within health care is well established

- **How are we going to do this?**
- Mixture of individual work, group work – role play and presenting research findings
- **Structure of workshop**
- Look at occupations
- Look at narratives – in research terms and then in clinical terms
- Look at current research findings
- Close with discussion

Aims of the workshop (from my perspective):



- Consider what we mean by Occupations
- Think about use of narratives in research
- Consider importance of narratives in our patient contacts

OCCUPATIONS



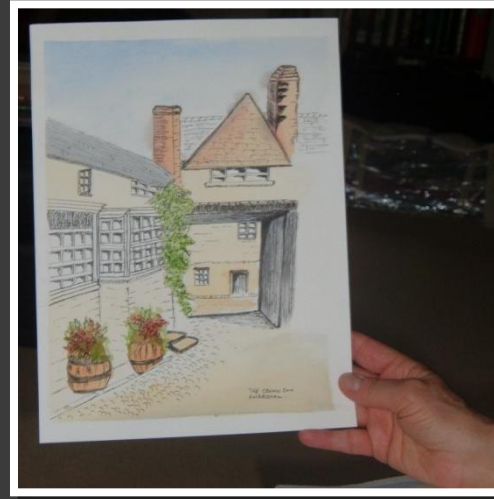
Self care, productivity and leisure.....?



First activity of the afternoon

- Write down *your* occupational story...
- Turn to your neighbour and tell them your story....

WHAT ARE NARRATIVES?



- *“stories function to alter the way we view the mundane, everyday events. Stories can indeed accomplish change”* (Reissman 2008 p 63)

Use of narratives in research

- Social science and medical sociology
- Medical anthropology
- Occupational therapy literature

Move away from the passive respondent towards the active participant.

2nd Activity

Work in three`s: Role
play

FINAL PART OF THE WORKSHOP



LIVING WITH RA – 5 INDIVIDUALS

- Key themes to emerge
 1. Changing occupations
 2. Environmental factors count
 3. Taking control over occupations
 4. Complexity of occupations
 5. Being or becoming `normal`
 6. People and objects matter
 7. Hopes and dreams matter

1. Changing occupations:

Re-engaging in previous occupations, and taking on new:



“the 2 hours just flies by, in the blink of an eye. Its relaxing...its rewarding..it`s fun as well...I really, really, really enjoy it...my paintings aren`t brilliant, but I get a satisfaction out of it” Ann



“I`ve started doing cross stitch ..I donne wanna be sitting around doing nothing all day, it`s better to be occupied...I don`t knit no more, not since I`ve had my stroke” Betty

1. Changing occupations:

Shifting the entry point to the occupation:

“ just before I was diagnosed I shovelled 6 tonnes of gravel....things like that have gone by the wayside...but there`s other ways of participating.” Ann

2. Environmental factors count:

Creating a unique
environment:

*“ it`s not like swimming in a pool
or anything...I do it cause it`s
just really nice to be in the
water...just surrounded by the
trees...with ducks and
things..it`s just lovely....there`s
such an incredible feeling of
well being afterwards...it`s just
incredible” David*

3. Taking control over occupations:

Creative agency

“I`m probably a bit more positive about it because my body...I do quite a lot of these physical things that are kind of to do with, you know, using my body...whereas 5 years ago would never dream of...getting into town under my own steam, I would have gone in the car or the bus or the train..now I get there under my own steam and that`s my body doing that”

David

3. Taking control over occupations:

problem solving for themselves:

“I’ve sourced a pen that really suits me...I went through all the arthro pens and none of them suited me...I thought they were absolutely rubbish...I don’t know how people use them...I use a traditional, it was a market (pen)” Ann



4. Complexity of occupations:

Multiple meanings eg gardening, tied in with bird watching and enjoying glass of wine on the patio with hubby...

*“I`m home by twenty past four...then we sit out here with a glass of wine...it`s lovely, it`s relaxing, it`s beautiful..I like all the trees...you get the birds in the garden, and we`ve got a racing pigeon that`s appeared...we`ve got wood peckers..I often see wood peckers”
Lisa*



- 4. Complexity of occupations:
- Work matters, objects matter, work as therapy...
- *“I am absolutely 100% positive that work helps..work helps because it gets you up in the morning, it makes you have a shower, it makes you..get yourself to work and do something...you have to do it... and you have to think about something else...at all costs I get myself to work” Lisa*
- *“I’ve gone to work through thick and thin...I absolutely love my job, I absolutely adore it....I suppose it’s a big part of my life. It’s a very positive job...I give people positive affirmations to stick up in the bedroom..because I know they work that’s not part of the*

5. Being or becoming again `normal`:

“if you walked into my house, you wouldn't think there would be any...you wouldn't see anything in my house that would determine me as someone with any problems” Ann

“in terms of the arthritis I tend not to tell people about it ...I really don't want to be... labelled in that way...and maybe that's a kind of denial as well, but most people probably wouldn't ...I've told close friends and family..about it, but, eh, most people wouldn't be aware of it and I don't think I show, I mean I don't look like someone with arthritis, I don't know..” David

6. PEOPLE MATTER

Co-dependency works:

“oh yes, me and Gina have lived together for 28 years, we do everything together... I gets myself washed and dressed alright, and I make a cup of tea...we like cooking...I do bits and pieces...(G) you choose the recipes..(B) opening a packet of biscuits is really tricky...I asks Gina to do it..” Betty

6. Hopes and dreams count :

“there`s just things that I want to do...and the arthritis might get in the way of that...I used to do a lot of hill walking....and you know how these things get squeezed out of your life cause you`re busy...I`ve tried to make more time for that kind of thing...taking up cycling as well and swimming ” David

CONCLUSION :

POINTS FOR DISCUSSION?

- What have you have learnt from this session?
- How do you think this is relevant to practice?
- Will you change anything about your practice?
- Any other comments welcome!