Occupation in Lifestyle Redesign: The Well Elderly Study
Occupational Therapy Program

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Recent changes in health care are challenging occupational therapists to document the effectiveness of their treatments (Foret, 1996; Ostow, Lieberman, & Merrill, 1985). Responding to this challenge in the belief that principles of occupational science can be translated into innovative treatment advances, our investigative team at the University of Southern California (USC) conducted a rigorous experimental test of a preventive occupational therapy intervention designed to enhance the health and psychosocial well-being of community-dwelling older adults. The primary purpose of this article is to describe the development and content of the underlying treatment model, the Well Elderly Program.

An in-depth presentation of the experimental design and study results pertaining to our evaluation of the Well Elderly Treatment Program is contained in Clark et al. (1997). To provide the context for the ensuing discussion, the wider Well Elderly Research Study is briefly summarized below.

The USC Well Elderly Research Study
The Well Elderly Research Study, supported by funding from the National Institutes of Health and the American Occupational Therapy Foundation, was conducted in the Los Angeles area between 1994 and 1997. The research
participants were 361 African American, Asian, Caucasian, and Hispanic men and women aged 60 years or older (mean age = 74.4 years) who resided in or frequented federally subsidized apartment complexes for independent seniors. Participants were randomly assigned to three conditions for 9 months: one-third of the participants received preventive occupational therapy, one-third engaged in a nonprofessionally led social activities program, and one-third remained untreated.

The occupational therapy program involved 2 hours per week of group-based intervention, supplemented by 1 hour per month of one-on-one therapist–client interaction. Within the context of a general emphasis on preventing the health risks of older adulthood, the program featured a process of developing customized plans of lifestyle redesign in which the participants were encouraged to creatively employ occupation in a personalized way to adapt to the challenges associated with aging. Four occupational therapists administered the treatments over the course of the project, with each therapist overseeing three to four groups of 8 to 10 elders each. Participants in the nonprofessionally led social activities condition engaged in diversional group activities such as viewing films, visiting with one another, playing games, attending dances, and going on community outings. For the purpose of experimental control, the total number of treatment hours in the social activities program was identical to that in the occupational therapy program and consisted of four sessions per month of 2 hours and 15 minutes each.

Of the four occupational therapists, two were master's level and two were baccalaureate level practitioners. On the average, the four therapists had 9 years of prior experience. Two of the therapists had previous exposure to occupational science concepts by virtue of having graduated from the USC Occupational Therapy Program; the other two therapists had no instruction in occupational science before their participation in the Well Elderly Research Study. All therapists underwent 2 weeks of preliminary training in the treatment protocol, led by three of the occupational therapists on the Well Elderly Research Study Team, before administering treatment.

Three persons with no prior training in any health care field directed the social activity group sessions. Two held associate of arts degrees. All three had records of successful employment in working with the public, had exhibited the capacity to work independently, and had excellent social skills. Before their involvement in the study, the social activity group leaders received 2 weeks of orientation.

Both immediately before and at the conclusion of the 9-month treatment phase, all of the study participants were assessed on a battery of measures to detect potential changes in their health and well-being. The results showed that, compared with those assigned to the control groups, the elders who received occupational therapy exhibited greater gains (or fewer declines) in physical health, physical functioning, social functioning, vitality, mental health, and life satisfaction (all p values < .05). This robust pattern of favorable outcomes led to the conclusion that preventive occupational therapy is capable of reducing the health risks of older adulthood (Clark et al., 1997). Further, this experiment documented the importance of occupational therapy professional leadership and judgment as key ingredients in enabling elders to benefit from activity, insofar as the elders who participated in the social activity control condition, led by nonprofessionals, had similar outcomes to those who remained untreated.

The Derivation of the Well Elderly Treatment Program

Because the Well Elderly Treatment Program was designed through the explicit application of occupational science theory and research, the treatment's success demonstrates that occupational science can strongly contribute to the practice of occupational therapy (Clark et al., 1991; Yerxa et al., 1989). Thus, the Well Elderly Program is an example of how occupational science principles can be employed to build new occupational therapy treatment efforts. Below, the philosophical background of the treatment program and the preliminary research that supported its development are described.

The Program's Occupational Science Philosophical Background

Occupation as an emergent phenomenon. Occupational science, which can be defined as the systematic study of the form, function, and meaning of occupation (Clark et al., 1991; Clark & Larson, 1993; Zemke & Clark, 1996), emphasizes the critical role that occupations play in affecting health and psychological well-being. Within occupational science, occupations are defined as "chunks" of activity that are culturally and personally meaningful, such as dining, reading, or fishing (Clark et al., 1991; Yerxa et al., 1989; Zemke & Clark, 1996). However, this definition should not be taken to suggest that there is a static nature to occupations, as if they existed in isolated, concrete forms. In developing the Well Elderly Treatment Program, we emphasized the nature of occupations as unfolding phenomena that are the generative product of multiple interrelated considerations such as the larger sociocultural order, the specific environmental context, and the individual, given his or her past symbolic experiences (DeVault, 1991; Lave, 1988; Zemke & Clark, 1996).
Occupations occur within specific socioculturally defined settings but are modified by the persons enacting them. Individuals, with their past emotions and personally defined systems of meaning, come to those settings to reciprocally interact, thus generating occupations. Although two persons may partake in what appears externally to be the same occupation, in actuality occupations are individualized because of the dialectical interaction between the person and the setting (Lave, 1988). Furthermore, occupations are dynamic enterprises that, when engaged in, have the potential to transform the person, the context, and, at times, the sociocultural order. For example, for some Native Americans the occupation of fishing may entail coming to the river (setting) under a set of defined systems but are modified by the persons enacting them. They come to those settings to fish as a sport and are subject to sets of rules engaged in, have the potential to transform the persons, and, at times, the sociocultural order. For example, for some Native Americans the occupation of fishing may entail coming to the river (setting) under a set of defined systems but are modified by the persons enacting them. They come to those settings to fish as a sport and are subject to sets of rules

fishing possesses an engaging quality that has the dynamic capacity to transform its participants physically, mentally, and emotionally, the purpose and significance of fishing may differ widely between members of varying cultures, as well as among individuals within a given culture. In framing the Well Elderly Treatment Program, we believed that a recognition of this dynamic, generative quality of occupations was essential in attempting to improve elders’ health-related quality of life.

Meaning. The Well Elderly Treatment Program was based on our belief in the transformative effects of occupation and on the assumption that the ability to find meaning through occupation is a central consideration in people’s lives (Clark, 1993; Clark & Jackson, 1989; Clark et al., 1991; Yerxa et al., 1989; Zemke & Clark, 1996). Individuals attach significance to their occupations, from the seemingly most mundane chore to the once-in-a-lifetime opportunity. This significance derives from the person’s beliefs, identities, experiences, goals, and life narratives. For example, a woman may spend hours cooking homemade noodles for a family gathering because she remembers times when, as a child, she enjoyed helping her mother cut and unroll the moistened noodles for drying. On the basis of occupational science principles, we have posited that the ability to experience meaning in the context of one’s occupations is a key component of successful aging (Clark et al., 1991; Jackson, 1996) and consequently we included this emphasis as a central feature of the Well Elderly Treatment Program.

Beyond imbuing specific occupations with meaning, people develop global themes of meaning throughout their lives. Global themes emerge from a compilation of ideologies embedded in current sociocultural circumstances, from persons’ life opportunities or lack of opportunities, and from the particular interpretive slant that persons apply to their situations (Jackson, 1996). Themes of meaning are malleable; for example, at times productivity and independence may be in the forefront of a person’s life and yet later recede while creative expression emerges. Such foreground-background exchanges can occur many times throughout the course of a person’s life (Bateson, 1989; Jackson, 1996). Additionally, catastrophic changes in a person’s life such as the death of a spouse, sudden disability, or unexpected job termination can demand an almost unpredictable cycling of one’s themes of meaning or rearrangement of their expressions in occupation (Bateson, 1989).

Themes of meaning are not simply abstract ideologies or convictions embraced by a person. Rather, they are concretely embedded within one’s occupations, insofar as they guide the manner in which occupations are chosen and performed. Themes of meaning may help people organize their overall everyday pattern of occupations or may provide a framework for interpreting certain occupations as particularly salient or satisfying within the broad context of their lives (Clark, 1993; Gallimore, Weisner, Kaufman, & Bertheimer, 1993; Jackson, 1996; Kaufman, 1986).

Themes of meaning can also be viewed in the larger context of life narratives. Narratives provide coherence across the life span, as individuals reflexively link together various life experiences under an umbrella of meaning (Bruner, 1990; Polkinghorne, 1988). When individuals, especially older persons, are forced to contend with disruptions in their balance of occupations as a result of factors such as illness, financial upset, and social loss, it is important for therapists to consider their personally valued themes of meaning in attempting to help them reorganize their lives during the resulting periods of transition.

Dynamic systems theory. Dynamic systems theory, considered as a framework for interpreting patterns of change and stability in human occupation (Gray, Kennedy, & Zemke, 1996), provided an additional conceptual basis for the Well Elderly Treatment Program. In accordance with the tenets of dynamic systems theory (Prigogine & Stengers, 1984), it was assumed that elders have the potential to reorder their patterns of occupations from states of disequilibrium to more complex, stable patterns. Due to the theoretical contention that within a dynamic system even a small shift in one component can cause unpredictable and complex systematic changes in a system such as a human being (Gray, Kennedy, & Zemke, 1996), we designed the treatment plan with the recognition that adaptive changes are neither predetermined nor

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Thus, our job was not to create a set of specific occupations that could enhance health and psychological well-being, but rather to provide information and occupational experiences that would help each participant understand his or her occupations, recognize the potential for positive change, and identify the multiplicity of variables that could effect lasting change. As a result, each participant was able to develop a personalized plan of lifestyle redesign.

**View of the human as an occupational being.** In their interpretation of Heidegger’s philosophy, Calhoun and Solomon (1984) stated, “To be human is to be situated in a worldly context: a workshop, study, supermarket, garden or office” (p. 233). Occupational science embraces the belief that humans are caught up in a world of occupations through which the self is continually constructed and disclosed. It is through one’s immersion in the world of occupations that new discoveries about one’s potential and a forward movement of one’s life take place.

Fear of immersion in occupation can lead to stagnated lives. When fear becomes overwhelming, people remain uncomfortably stuck in their situations, not able to move forward in life. This is a state Heidegger referred to as inauthentic because movement is halted. Authenticity occurs when one is active and engaged in ordinary situations, not with a sense of staleness, but rather “with some overview of what is at stake in living” (Calhoun & Solomon, 1984, p. 232).

Because people often have neither the knowledge nor the ability to determine the health-relevant consequences of their occupations, we tailored the intervention to educate the participants about the power of ordinary occupations so that they could construct daily routines in a manner that would optimize their health and psychosocial well-being. In general, participants were taught how occupations contribute to physical integrity, productivity, creativity, and the serenity that accompanies knowing one has accomplished his or her goals at the end of the day. They also considered how occupations can produce a sense of helplessness, depression, emotional weariness, emptiness, loneliness, or physical and cognitive fatigue. The program prepared the participants as “reflective individuals” (Giddens, 1991) who, after gaining a greater knowledge and appreciation of the power of occupations in the process of keeping healthy, possessed the tools to consciously recognize their options and overcome fears, make choices that promote health, and experience meaning and satisfaction in their daily routines. It was our hope that, once equipped with occupational knowledge and reflective skills, the participants could begin to imagine, and subsequently enact, healthy occupational lives as they aged. In essence, participants learned a process of lifestyle redesign (Clark, 1993; Clark, in press; Clark, Ennever, & Richardson, 1996).

**Preliminary Occupational Science Research**

The Well Elderly Treatment Program was strongly influenced by two research investigations pertaining to occupations and their relationship to well-being among older adults. The first study was a qualitative description of the adaptive strategies used by an exemplary group of elders who had disabilities and were living in the community (Jackson, 1996). The findings revealed that engaging in symbolically meaningful occupations was essential to well-being among this group of elders. Creating meaningful lives entailed saturating one’s present occupations with personally relevant themes of meaning that had developed within one’s past or present experiences, as well as apprehending the significance of those occupations in one’s own and others’ lives. Other factors important for living a meaningful existence in old age were (a) having the ability to control one’s participation in essential occupations through redesigning one’s occupational routines after financial, personal, or physical changes; (b) seizing opportunities to take risks through engaging in new occupations; (c) assisting in changing one’s environment to enhance accessibility to occupation; and (d) maintaining or recreating social connectedness and an occupational temporal rhythm (Jackson, 1996).

The second preliminary study was conducted to uncover knowledge of occupation and adaptation among culturally diverse elders residing in Los Angeles, the targeted population for the Well Elderly Treatment Program. In this study, qualitative procedures were used to document the life domains of the elders, as well as to obtain pilot data on occupationally relevant adaptive strategies within each domain (Clark et al., 1996). Ten life domains were identified: activities of daily living, adaptation to a multicultural environment, free time usage, grave illness and death—spirituality, health maintenance, mobility maintenance, personal finances, personal safety, psychological well-being and happiness, and relationships with others. This typology of life domains played an important role in defining the topical content areas within the Well Elderly Program. Further, the pilot findings concerning adaptive strategies were in many cases incorporated into therapeutic suggestions for helping the elders successfully meet key challenges associated with aging.

**The Well Elderly Program Model**

Figure 1 depicts the Well Elderly Program Model, including its topical content areas, methods of program delivery, and proposed dynamic changes in occupation that we believe led to beneficial health-related outcomes. Each of the four main areas outlined in Figure 1 is discussed below.
The Well Elderly Treatment Program consisted of a series of eight content areas that were designed to enable the elders to acquire and act upon visions of themselves as occupational beings, a process we have entitled occupational self-analysis (analysis extends to an ongoing process that involves both self-perceptions and action within the environment). This process was initially formulated in a class taught by the last author to undergraduate students, and was modified for the Well Elderly Treatment Program. Each of the eight content areas is briefly introduced below. A list of the discussion topics and activities within the group sessions for each of the eight content areas of the program is provided in the appendix.

1. Introduction to the Power of Occupations
   - At the outset of the treatment program, participants were introduced to various concepts to help them understand the importance of occupations and how their own occupational choices can considerably affect their well-being. The elders delved into the various characteristics of occupations, such as their physical, social, emotional, and cognitive dimensions, with the intent of understanding how various occupations create healthy and unhealthy states. They also examined how particular occupations shape their time and create a daily occupational rhythm through occupational temporality (Zemke & Clark, 1996). In addition, the participants explored the role of rituals, such as holiday events, in creating positive or negative emotions.

   The therapists sought to instill a keen awareness of how personalized experiences of meaning are intricately connected to engagement in occupations, and geared the program so that the elders could begin to identify how they found and expressed meaning within their own lives. The therapists also discussed how an inability to perform occupations due to physical, social, or financial changes could disrupt one's sense of continuity, reduce one's ability to contribute to society, or impede personal growth.

2. Aging, Health, and Occupation
   - Within the second content area, health and wellness were explored, and each participant analyzed his or her personal level of health in relation to ongoing occupational involvements. Often health is equated with physical fitness, and thus exercise is commonly deemed the cardinal route to achieving health. However, in the Well Elderly Treatment Program health was conceptualized much more broadly, as evidenced by the results of an exercise in which the elders generated their own list of “25 Ways to Stay Healthy.” The elders maintained that staying healthy included mental exercise, social activities with friends, amusement, proper diet, maintaining a positive mind-set, among other things. Given this broad perspective on health, participants were introduced to various tools they could use to improve their health such as dancing exercises, awareness of how to read nutritional labels, numerous puzzles and games designed to exercise their mental abilities, and community excursions that addressed various aspects of health. Subsequently, many of the participants discovered the thrill of new occupations (e.g., using public transportation) or reinstated previous occupations (e.g., table tennis). A key intent of this program content was to enable each participant to determine which occupations affected his or her sense of well-being. Equipped with this knowledge, each participant was positioned to begin to thoughtfully weave his or her occupations into a coherent personalized health-promoting pattern.

3. Transportation
   - Transportation, though essential in a downtown metropolitan area, was particularly challenging to many of the elders, who typically did not own cars or who used walkers, canes, or wheelchairs. Within this

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### Figure 1. Occupational-science-based Well Elderly Program Model: Recognizing the self as an occupational being through lifestyle redesign.

#### Topical Content Areas

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Methods of Program Delivery (Individualized and Group Based)</th>
<th>Dynamic Change in Occupations</th>
<th>Health-Related Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Social Relationships</td>
<td></td>
<td>2. Experienced meaning</td>
<td></td>
</tr>
<tr>
<td>6. Cultural Awareness</td>
<td></td>
<td>a. Enactment of Flow</td>
<td></td>
</tr>
<tr>
<td>7. Finances</td>
<td></td>
<td>b. Improved Connections to Life Course</td>
<td></td>
</tr>
<tr>
<td>8. Integrative Summary</td>
<td></td>
<td>c. Enhanced Meaning in Daily Routine</td>
<td></td>
</tr>
</tbody>
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content area, the participants explored how transportation was related to their occupations and learned about the range of available forms of transportation.

The elders also discussed their individualized obstacles and inhibitory fears regarding their use of transportation. After their acquisition of practical information about traveling options, groups of participants embarked on a number of trips using the bus, subsidized cabs, and the Metrolink. One advantage to the group situation was that the members differed in the types of travel with which they were familiar. By sharing their experiences with each other they traded valuable information and motivated each other to continue using the available transportation options.

Beyond the specific knowledge about types of transportation and how to access them, the participants acquired an image of themselves as urban travelers. Some older adults spend their retirement years embarking on vacations, cruises, or cross-country car trips. Due to financial constraints such extravagant getaways were not feasible for the elderly persons in our groups. However, as urban travelers, the participants were able to take economically feasible getaways in which they departed from their home surroundings to enjoy new sights. One participant captured this concept of urban traveler when he embarked on the Metrolink to a city 30 miles away and stated, “You gave me the courage [to] get on that train to watch all those wonderful people. It was just like going to Paris.”

4. Safety. Concern on safety was included because our prior research suggested that safety concerns often hindered the smooth performance of occupations both in the home and in the community (Clark et al., 1996). Living in a high-crime area, some participants were fearful to even walk across the street to the market to buy food, much less venture four blocks away to the library. Safety education was reinforced by exposure to a presentation from a Los Angeles police officer, through viewing an instructional video on crime prevention, and by practicing community safety techniques within the security of occupational therapy outings. Home safety focused on keeping one’s home safe from burglary and on maintaining the home environment in such a way as to reduce the likelihood of falls or other injuries. Each program participant conducted his or her own home evaluation, recorded information about personal valuables, learned safety tips for rugs and furniture placement, was introduced to proper body mechanics, practiced techniques for getting up from the floor, and had the opportunity to experiment with various types of safety-enhancing adaptive equipment.

5. Social relationships. As one ages, relationships inevitably change due to the death of family members or friends, moving, or disability. Within the treatment program, the participants explored the effect of changing social relationships on occupational routines. It was emphasized that healthy social relationships enable occupations to happen and that, conversely, occupations can mediate the acquisition and maintenance of relationships. Additionally, the treatment meetings and associated group outings provided opportunities to form friendships, an outcome that was especially important for those elders who had been previously bound to their homes. Through the joint pursuit of new and exciting occupations, many friendships emerged between participants. Participants who were resistant to starting new friendships (e.g., due to the death of many of their friends) became more receptive to the possibility of making friends with persons outside of their therapy group.

6. Cultural awareness. An unexpected outcome of one of our preliminary studies was the extent to which interpersonal clashes between members of different ethnic groups can impede healthy living for multicultural, urban-dwelling well elders (Clark et al., 1996). Sometimes these clashes cause serious misunderstandings, generate anger, or lead to the segregation of selected elders. Within the Well Elderly Treatment Program, an attempt was made to open new doors of understanding within the context of occupation. Participants had the opportunity not only to learn didactically about other cultures but, more importantly, to interact with persons from other cultures in the context of occupations in which they were mutually involved.

Within this topic area, elders explored the concept of culture and were exposed to the traditions and products of particular, diverse cultures. For example, the participants took part in holiday celebrations pertaining to unfamiliar cultures, enjoying new types of food and music. Additionally, the elders visited culturally oriented museums such as a new Japanese-American museum and the Museum of Tolerance, which is intended to instill an awareness of the deleterious consequences of discrimination, both subtle and overt. Issues that affected participants on a daily level, such as elevator etiquette, were also addressed.

7. Finances. Although the sites for the Well Elderly Treatment Program, from which the participants were drawn, were designated for people with low income, income levels did vary among the participants. Generally, money was carefully watched and wisely spent. Within the portion of the treatment devoted to finances, instruction was provided that suggested how the participants could optimize their occupational experiences and enjoyment of life while living on a marginal income. Bargain hunting became a theme for creative adventures geared
toward searching for affordable occupations. Jazz concerts in the park and eating out at bargain restaurants exemplify the types of occupations that were financially accessible to all of the participants and enhanced the quality of their lives. Money management as a means of enabling participation in occupations typically outside one's budget was also discussed.

8. Integrative summary: Lifestyle Redesign Journal. The final content area required each participant to crystallize his or her own occupational analysis. This was accomplished by creating a book composed of personally relevant information gathered throughout the 9 months of the program, along with photographs depicting the participant's occupational experiences. In assembling these memoirs, the elders reviewed each meeting and, by using their global understanding of the program as a whole, rearticulated their new and personally applicable appreciation of the relationship between occupations and well-being. We posited that the occupational analysis book would also contribute to long-term retention of the occupational knowledge they had attained, as well as facilitate the maintenance of adaptive patterns of participation in occupation.

Methods of Program Delivery

The context in which the Well Elderly Program was delivered incorporated a balance of individualized and group approaches. As occupational therapists are concerned with individuals and the idiosyncratic manner in which they manage their occupational lives, we included a personalized dimension to the program in the form of 1 hour per month (9 hours total) of one-on-one, therapist-client interactions. Even within the group meetings, emphasis was placed on personalized applications of the topical areas. However, to reap the benefits of a group environment (e.g., elders can become socially involved with each other and mutually reinforce their occupational experiences) and provide a potentially more cost-effective treatment, we chose to treat the elders primarily in the context of small groups of 8 to 10 individuals. We believed that the greatest therapeutic value could be attained by melding individualized and group approaches.

The process of program delivery emphasized didactic presentation, peer exchange, direct experience, and personal exploration. Typically, participants were first educated by the therapist or by guest speakers in a group setting. As the groups evolved, the participants became experts, sharing the knowledge of their own successful experiences. After new concepts were introduced, participants practiced them in local environments, generally in the context of group outings. For example, after the guest lecture by a Los Angeles police officer about safety, the participants embarked on a community outing, paying attention to the safety rules they had learned. The combination of didactic education and direct experience allowed the participants not only to understand community safety, but also to begin internalizing the information through praxis by experiencing themselves as community-safe citizens.

Attendance at a community festival approximately 20 miles from the treatment site further exemplifies the direct experience with occupation that was an integral part of the Well Elderly Treatment Program. Although the participating elders traveled as a group, the meaning of the adventure differed for each person. One man was familiar with the music and market and wanted to share this delight with others. For him both a leadership position and social meaning were attached. For several women the trip itself was challenging, a risk that entailed both pleasant excitement and suspense—they did not know whether or not they would succeed. For others the food was their driving force. Engagement in this outing constituted a kind of resistance against the belief that aging means passivity. In fact, given participants' previous lessons on various aspects of participation in occupation, they could now interpret this trip as a physical, social, and mental exercise. For example, lunch provided an opportunity for participants to incorporate nutritional guidelines or diets when beyond their homes; safety tips that had been discussed were put into practice while using transportation and when walking around the fair; and energy conservation was practiced, with each person choosing rest breaks and using reasonable time for walking. Thus, the occupation of festival attendance integrated cognitive information with participants' direct experiences to foster enhanced confidence in performing a variety of health-promoting objectives.

Two special programming components consisted of elders' self-generated "Videos of Life" and the Healthy Pleasures Faire. Videos of Life were developed within the individualized sessions. Each person orchestrated his or her own video depending on its purpose. For some, the video was a creative expression of their personal history. For others, it served as a gift to their children, a prompt in the life review process, or a retrospective view of life's themes of meaning and how they were lived out. Although the videos were self-orchestrated, participants were encouraged to tell stories about their occupations. Such occupational storytelling (Clark, 1993) is a powerful therapeutic tool that enables people to weave together the themes of meaning that are salient within their lives and possibly use this process of reflection as a springboard for envisioning a future they wish to secure.

Healthy pleasures are daily or otherwise frequent occupations that often go unnoticed but provide a sense of contentment (Ornstein & Sobel, 1989). This concept
became a theme for a fair. The Healthy Pleasures Faire was a one-day extravaganza that involved creating a festive environment at the treatment site in which nine booths featuring various occupations were set up. The booths included opportunities to garden, make bows, engage in a variety of computer games, participate in tea tasting, decorate pretzels, create velvet roses, and participate in sports activities such as catch, golf-putting, horseshoes, and table tennis. Similar to a day at the fair, participants spent time at various booths of their choice, trying occupations linked to daily pleasures that could later be introduced into their lives. The festive atmosphere encouraged the participants to take a chance and try something new. The therapists’ observations suggested that the participants covered information about new activities that they could use to create an improved life for themselves. They quickly learned the value of ordinary occupations such as watering the garden, even when wedged between stressful physician’s appointments. The Healthy Pleasures Faire aroused curiosity, opened opportunities not previously considered, and encouraged participants’ attempts to mine occupations for their healthful qualities.

Within the context of emphasizing direct experience, a critical component of the Well Elderly Treatment Program was the belief that optimal personal growth is facilitated by opportunities to embrace self-chosen risks in occupation. The therapists encouraged experiences that involved risk-taking by the participants within safe, optimal environments. As Reilly (1962) has stressed, the human drive for exploration and competence has positive ramifications for adaptation. Yet, historically certain groups such as older adults and persons with disabilities have been labeled as being passive, and consequently individuals in these groups have been steered away from opportunities to experience challenge or excitement (Crewe & Zola, 1983; Cummings & Henry, 1961). Commonly, such negative attitudes have led to occupational deprivation (Wilcox, 1993) for individuals in the groups, resulting in stunted personal growth and reduced adaptation to changing life situations. Because risk takes on various forms for different persons, our attempt to promote risk-taking required a keen sensitivity to the elders’ individualized needs. For example, learning a new skill, talking within the group, giving a public lecture, taking a new bus route, or embarking on one’s first hike constituted risks for various persons within the program. Over the course of the treatment, numerous exciting breakthroughs were witnessed as elders experienced a profound sense of renewal and vitality in their lives through successful occupational risk-taking.

**Posited Dynamic Changes in Occupations and Intended Health-Related Outcomes**

As suggested by the preceding description of the content areas and methods of delivering the Well Elderly Treatment Program, it was our intent to facilitate the operation of multiple factors capable of increasing the participants’ ability to construe themselves as occupational beings who would incorporate their newly acquired knowledge of occupation to redesign their lifestyles to promote their own health. On the basis of previous theory and research in occupational science, including our preliminary studies described earlier, we posit that the dynamics responsible for the success of the program consisted in enhancing the manner in which the elders (a) selected which occupations to perform and (b) experienced meaning in their occupations.

Relative to the dynamic involving selection of activities, the program was designed to help the elders improve the amount of self-identified balance among their occupations, to heighten their flexibility in choosing occupations, and to promote their use of overt planning and strategizing to achieve health through occupation. Each of these conditions has been theorized to promote well-being (Baltes & Baltes, 1990; Christiansen, 1996; Clark et al., 1996; Jackson, 1996).

An enhanced ability on the part of the participants to experience a sense of meaning in their occupations represents a second probable reason for the program’s effectiveness. Through the program, the elders were introduced to the importance of flow, were instructed to search for occupation-based connections with their prior life courses, and were made aware of the importance of experiencing a sense of meaning in their daily routines. These aspects of meaningfulness have all been linked to elevated subjective well-being (Clark, 1993; Csikszentmihalyi, 1990; Jackson, 1996; Moen, 1995).

Due to the multifaceted, broadly based nature of the intervention, multiple outcome domains were targeted for improvement, including physical health, mental health, occupational functioning, and life satisfaction. As noted earlier, the program proved to be successful in positively impacting each of these areas (Clark et al., 1997).

**Conclusion and Implications for Practice**

The results of the Well Elderly Research Study demonstrate that occupational therapists can importantly contribute to preventive health care through their focus on the benefits of occupation. Consistent with the emphasis of the profession’s founders (Meyer, 1922/1977; Peloquin, 1991), the current project demonstrated that occupations have powerful, lasting therapeutic effects that radiate to numerous dimensions of well-being.

The success of the Well Elderly Treatment Program has potentially important implications for the health care industry: Occupational therapy programs such as this may in the long term reduce morbidity and the effects of dis-
ability. Currently, the United States government spends 45 billion dollars (approximately 60% of its Medicare and Medicaid budget) on nursing home care (Thompson, 1997). Given this enormous outlay, it may be in the public’s interest to require insurance providers, managed care, and government health programs to include coverage for preventive occupational therapy in their plans.

The results of the Well Elderly Research Study were contrary to the cliche that “keeping busy keeps you healthy,” insofar as we found that elders who were regularly engaged in social activity fared no better or worse than those who did not receive any treatment at all. In contrast to the nonprofessionally led activity groups, the occupational therapy sessions involved the intersection of several key factors that we believe contributed to the treatment’s effectiveness. These factors include the therapists’ solid grounding in traditional occupational therapy, sensitivity to individual and cultural differences, ability to allow for self-direction at the group and individual levels, flexibility in programming, and skill in assisting the elders to develop a healthful diet of occupations laden with personal meaningfulness. Consequently, we think that the ability to obtain optimal results through such a program requires the use of therapists who have at least some understanding of occupational science and who are familiar with the pressing life concerns within whatever treatment population is targeted. When possible, treatment recipients should be interviewed before intervention proceeds to assess their local needs and variations.

As implied above, the effectiveness of the Well Elderly Treatment Program was dependent on the therapists’ ability to allow for self-direction on the part of the clients and to properly modify the treatment procedure in accordance with individual variations. The necessity of using such a customized approach becomes apparent when considering the diverse needs of well elders. For example, to help one woman experience a fuller life it was necessary to teach her how to step safely onto the bus. If the treatment had employed a preset protocol with unchanging content, the therapist would have been prevented from focusing on this woman’s individual need, as instruction on stepping onto the bus was irrelevant to nearly all of the participants and would have therefore been excluded from the program. Although on the surface it may appear that the effects of the Well Elderly Treatment Program may be hard to reproduce due to the partially shifting, responsive nature of the treatment, it should be stressed that traditional education for occupational therapists requires them to exhibit flexibility in assisting individuals with their occupational needs. Therefore, we anticipate that, with appropriate contextual modifications, the program’s successful implementation is highly replicable. It should also be noted that studies of therapeutic process have emphasized the importance of fluid, spontaneous decision-making as a key aspect of effective therapy in general (Mattingly & Fleming, 1994).

Finally, the results of the Well Elderly Treatment Program demonstrate the effectiveness of occupational therapy in the preventive arena. Because occupations have a cumulative effect on our health, they may determine whether we can live independently in older age or must enter a nursing home. An important key to remaining independent is having a history of health-promoting occupations. As society’s chief custodians of the use of occupations to promote health, occupational therapists are currently positioned to play a major role in improving the health of older adults through applying preventive treatment efforts in other community settings. ▲

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Appendix
Discussion Topics and Activities Within the Group Sessions of the Eight Well Elderly Program Content Areas

1. Introduction to the Power of Occupation
   Discussion Topics
   What is occupation?
   Humans as occupational beings.
   How occupations shape our days and lives.
   How our lives shape occupation.
   What are our temporal rhythms?
   What are our daily, weekly, monthly, and annual patterns of occupations?

   Activities
   Exercise: 24-hour occupational pie.
   Historical time line with personal overlay.
   Elders’ production of handout with key points and quotes.

2. Aging, Health, and Occupation
   Discussion Topics
   What is health?
   How do occupations contribute to health?
   How does health contribute to occupations?
   How has aging affected your occupations?
   Do you believe in the stereotypes of aging?

   Activities
   Exercise: What is your aging IQ?
   Sixth-sense video.
   Adapted exercise routines.
   Range of motion dance.
   Relaxation and stress reduction techniques.
   Playing mentally challenging games.
   Outings: incorporating physical, social, and mental exercises.

3. Transportation
   Discussion Topics
   What are the available forms of transportation?

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4. Safety

Discussion Topics
- How might safety concerns inhibit occupation?
- How might occupations enhance safety?
- What are the common causes of falls?
- What are the key safety concerns in your life?
- Disaster planning (how to deal with earthquakes on the subway).

Activities
- Joint protection, energy conservation, risk taking, and safety techniques.
- Practicing falling and getting up from the floor.
- Home evaluation.
- Lecture by Los Angeles Police on public safety techniques.
- Completed medication documentation.
- Exploring and practicing with adaptive equipment.
- Outing to practice body mechanics.

5. Social Relationships

Discussion Topics
- Why is community important?
- How do you plan with other people?
- How does sharing our stories bring us closer together?
- Helpful tips for good communication.
- How does aging affect social relationships?
- Discussion of the grieving process.
- How can occupations be used to build new relationships?
- How can new relationships lead to new occupations?

Activities
- Social bingo.
- Planning events with old friends and new friends.
- Camera exercise: documenting a social activity with photos and sharing them with group members.
- Making a meal together.

6. Cultural Awareness

Discussion Topics
- Explore concept of culture at various levels (national, urban, family, religious, personal).
- How do we learn about culture?
- How does culture affect our occupations?
- How do occupations affect culture?
- How is culture infused into everyday occupations?

Activities
- Elevator etiquette.
- Heritage potluck.
- Cross cultural outings: restaurants, neighborhoods, museums.

7. Finances

Discussion Topics
- How do finances inhibit or facilitate occupations?
- What are resources for understanding financial parameters?
- How to find meaningful occupations for low cost.

Activities
- Exploring guides and resources to inexpensive occupations, including the phone book, newspapers, the radio, senior weeklies, and community newsletters.
- Exploring senior discounts (e.g., movies, museums, restaurants).
- Outings to free events.

8. Integrative Summary: Lifestyle Redesign Journal

Discussion Topics
- Reweaving occupational topics and experiences.

Activities
- Construction of journal, including assembling handouts and exercises, choosing photos that meaningfully reflected their group experience, sharing phone numbers and memories, and personal salutations.
- Graduation exercise and party, including a certification of completion.

References


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**Occupational Therapist**

Evaluate, plan, and fully implement prescribed occupational therapy programs. Work chiefly with long-term-care nursing facilities. Treat and evaluate patients with neurological and orthopedic disorders; Parkinson’s; Alzheimer’s. Perform administrative and treatment according to policy. Work will be performed at various unanticipated locations throughout Illinois and the United States. Must have Bachelor’s degree in Occupational Therapy. Must be licensed in State of Illinois. Must have 2 years of experience as Occupational Therapist; experience must include work with patients with physical, neurological, and orthopedic disabilities. Must be willing to relocate every 2–3 months as required by employer and assignments. 40 hrs/week; M–F: 9:00 a.m. to 5:00 p.m., $49,000 per year. No overtime. Must have proof of legal authority to work permanently in the United States.

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401 S. State Street–7 North
Chicago, IL 60605

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