The Canadian literature explicitly alerts the profession to focus practice on the unique role of enabling occupation for persons whose disability, impairment, or handicap interferes with or constrains their pursuit of, participation in, or enjoyment of occupations within chosen environments (Canadian Association of Occupational Therapists [CAOT], 1997). Similarly, the international literature is saturated with articles that encourage occupational therapists to identify their unique contributions to health and to provide an evidence-based practice (Law, Steinweinder, & Leclair, 1998; Letts et al., 1999; Wilcock, 1993, 1998; Yerxa, 1998). Occupational therapists now recognize the need for an evidenced-based practice that is grounded in research and that demonstrates the benefits and outcomes of the use of occupation as therapy (Letts et al., 1999; Yerxa, 1991). The need for an evidence-based, occupation-focused practice is clearly required of mental health practice in Canada and elsewhere. Rebeiro (1998) extensively reviewed the occupational therapy mental health literature and identified that “a discrepancy exists between what the profession theoretically advances about occupation and the research conducted in mental health” (p. 12). Rebeiro suggested that occupational therapists need to actively research and publish evidence that supports a professional claim to the use of occupation as therapy and as a means to mental health and well-being. Research, she said, “will assist the profession of occupational therapy to secure a unique role and function within the field of mental health, and elsewhere” (p. 12).

Single-case designs may provide a means for occupational therapy clinicians to contribute to the knowledge base, despite heavy caseloads (Bray & Rebeiro, 1998; Rebeiro & Allen, 1998). Single-case studies that tap into and document the “insider’s” experience and perceptions of engaging in occupations are proposed as a viable means of research. Collectively, single-case studies can contribute to a growing body of empirical data and, subsequently, contribute to what we know about occupation as a means to mental health and well-being. Creative and collaborative partnerships with consumers that examine the meaning of engaging in occupation appear essential to understanding the importance of human occupation to mental health and of the benefits of full participation in occupation within environments of choice and need (Bray & Rebeiro, 1998; CAOT, 1997; Law, 1991; Rebeiro & Allen, 1998; Yerxa, 1998).

This article describes a single-case study conducted with one person with chronic schizophrenia and details his experiences of participating in an occupation-based mental health initiative. The findings highlight how the provision of choice and opportunity for participation in meaningful occupation resulted in an enhanced sense of self and well-being, a sense of personal accomplishment, and a substantial reduction in the perceived constraints to participation.
Literature Review

Theoretically, occupation has an important influence on health and well-being and is highlighted as a central tenet of occupational therapy practice (CAOT, 1997; Kielhofner, 1995; Wilcock, 1993; Yerxa, 1998). In her reflections on doing, being, and becoming, Wilcock (1998) spoke about the basic essence of occupation as a cornerstone to health and well-being and to one's sense of self. Similarly, other authors have spoken to the importance of occupation as an innate human need and of its effects on the health and well-being of persons with disabilities (Kielhofner, 1995; Wood, 1993; Yerxa, 1998).

Support also exists for a relationship between a lack of occupation and disability (Law et al., 1998; MacGregor, 1995; Wood, 1993). Withdrawal of or changes in occupation can have a major impact on a person's self-perceived health and well-being (Law et al., 1998) and on his or her satisfaction with life (MacGregor, 1995). According to Law et al. (1998), “increased stress, physiological changes and decreased health” (p. 84) are the resultant effects when occupation is removed from one's life. More recently, Zarate, Liberman, Mintz, and Massel (1998) found that vocational disability, or an inability or lack of participation in paid work, is associated frequently with psychiatric disorders. Vocational disability is cited as an important element in the diagnostic criteria for many mental health disorders (American Psychiatric Association, 1994), and there is growing evidence that the benefits of participating in occupation warrant greater attention in the delivery of community mental health services (Church, 1997; Clark, 1995; Rogers, 1998; Scheid & Anderson, 1995; Sherman, 1992; Strong, 1995). Yet despite the evidence, many persons with mental illness remain unemployed, poor, and with few meaningful occupations to fill their day (Church, 1997; Rebeiro, 1999). It is not surprising, therefore, that persons with psychiatric disabilities, who often experience a significant rate of unemployment, are being denied many of the health benefits associated with productivity (Anthony & Liberman, 1986).

In a recent study by Rebeiro (1999), many of the participants spoke of “limited opportunity for meaningful involvement,” despite their vocalized need “to keep active in order to stay well” (p. 146). In this study, all mental health reform documents and mission statements of mental health agencies reviewed support meaningful occupation as an important outcome for persons with serious mental illness. This support, however, did not translate into occupation-based programs or services within the community or the human and fiscal resources required to support the occupational needs of persons with serious mental illness.

Researchers have identified some of the factors that play a role in enabling occupational performance and, thus, successful community living for persons with psychiatric disabilities. Rebeiro and Cook (1999), for example, discovered that the provision of an affirming, social environment combined with the provision of opportunity rather than the prescription of activity were important in enabling the occupational performance of women with chronic mental illness. In their study, the women's participation in occupation resulted not only in enhanced subjective well-being, but also in enhanced participation in occupations of choice beyond the group and in their daily lives. An interesting finding in Rebeiro's study was that despite the perceived benefits of participation and having knowledge of mental health services in the community, “these participants did not perceive that there were opportunities for meaningful occupation, nor that the environments of these community services and programs were enabling of personally valued occupational goals” (p. 144).

In a follow-up study (Rebeiro, 1999), an effort to explore occupational opportunities within the community revealed that major systemic barriers to the pursuit of meaningful occupation for persons with a serious mental illness existed. The participants' pursuit of meaningful occupation was extremely compromised by an extensive “labyrinth” of systems and bureaucracies, leaving few resources to meet needs beyond basic survival, including that of meaningful occupation. This labyrinth (a conceptual representation of participants' pursuit of meaningful occupation within the community) was identified as the single most important barrier to participation in desired occupations.

Despite evidence that supports occupation as important to mental health and well-being, the literature remains somewhat lacking in evidence that supports the use of occupation as the primary means of treatment and the desired or primary outcome of occupational therapy intervention. It is postulated that the current, limited empirical data are insufficient to support the profession's claim to and use of occupation as therapy and the relationship between occupation and mental health. The present qualitative study is an attempt to explore this important relationship with one person who participates in an occupation-based program developed out of Rebeiro's research and to hopefully contribute to what is known about the use of occupation as means to mental health.

Method

Design

A qualitative single-case design was used for this study. Qualitative method was chosen for two reasons. First, we sought to explore the phenomenon of occupation as a means to mental health. According to McCracken (1988), qualitative method is ideally suited to the exploration of phenomena that are poorly understood. Second, qualitative methods, especially the in-depth interview (Holstein & Gubrium, 1995; McCracken, 1988), are well suited to the exploration of subjective experiences, such as mental health, mental illness, and well-being.
The study design was divided into three phases. In Phase I, a grand tour question (Tell me about your experiences at NISA/Northern Initiative for Social Action) was used to explore the participant's voluntarism experiences in the program (Spradley, 1979). In Phase II, a second in-depth interview was conducted to “member check” the information and interpretations of Phase I, to ask descriptive questions about the participant's experiences, and to flesh out the main domain categories derived from the initial data analysis. In Phase III, a member check of the identified overarching theme was presented to and confirmed by the participant. The first author conducted all interviews in this study.

Participant

David (pseudonym) was a 27-year-old, unmarried man with chronic schizophrenia. He had received this diagnosis at the age of 22. David stated that before NISA, he was “wasting his life away” and “had a pretty dead lifestyle” as a result of his condition. David moved to northern Ontario approximately 1.5 years before the study to be closer to his family. He is known to the second author through his participation as a volunteer in the NISA program. David's treatment at the time of this study, included multiple drug trials. He was taking clozapine and risperidone, and he attended a clozapine clinic every 2 weeks for medication support. David was unemployed but was actively seeking part-time employment. He resided in the community in his own apartment.

The pseudonym, David, is used to protect the participant's identity, and other minor identifying information has been altered to maintain anonymity. David's volunteer experience included attending NISA a minimum of 3 days a week, often for 4 hours per day. He was an active participant in the Writer's Circle, which involved daily journaling of his experiences of schizophrenia and composing poetry and first-person accounts about his life. These writings did either for pleasure or for submission to the NISA journal, Open Minds Quarterly. David recalled the day his story “Twisted and Demented” was published as being “the happiest day of my life.” Subsequently, he submitted several of his poems and stories to external poetry and short story competitions. David also participated in several activities that supported the NISA organization, including assisting with the setup of art exhibits, obtaining lunches from the hospital kitchen for NISA members, and keeping the kitchen clean. Since the time of the study, David has actively participated in making patchwork quilts for persons who are homeless and pursued correspondence education to earn a high school diploma. He stated at the time of the study that he hoped other mental health consumers “can relate to his story” and that this article could have “a good influence on what people think of mental illness.”

Consent Procedure

A letter of request was posted in the main lobby of the NISA facility requesting participants for a single-case study project. David volunteered to relate his experiences of working at NISA to an occupational therapy student. A consent form and letter of information were provided to David to ensure that he understood the purposes of the study and that he was in a position to provide informed consent.

The NISA Program

Established in 1997, NISA is a nonprofit, charitable organization developed by and for consumers of the mental health system. NISA's objectives are to (a) provide a safe and supportive work environment within which to recover and gain confidence and skills, (b) provide opportunities for participation in personally meaningful and socially valued occupations, and (c) support and empower consumers to become contributing members of society. NISA is based on the belief that all people have a basic need for occupation and that a person can play a key role in his or her recovery. NISA is also based on the belief that stigma surrounding serious mental illness and the bureaucracy of the mental health system are major barriers to a person's pursuit of and fullest participation in occupations within the community (Rebeiro, 1999).

NISA is an alternative to traditional mental health services. It is committed to the overall wellness of the community and the person's role in creating his or her own opportunities for good quality of life. NISA is grounded in the belief that consumers of the mental health system can function well in society and make valuable contributions when given the opportunity and support to do so. The mission and objectives of NISA are fulfilled through a variety of programs and initiatives, including a research unit, a quarterly publication, an artist's loft, a patchwork quilt project for persons who are homeless, and a computer recycling project. NISA is also grounded on the notion that meaningful occupation and leading a healthy lifestyle are key to optimum wellness. (For a more detailed description of program initiatives, visit NISA's Web site at www.nisa.on.ca.)

Currently, NISA has 38 members on site, with an international outreach to more than 700 consumers through the Internet, art exhibitions, and the quarterly publication. Forty-two percent of NISA members have schizophrenia; 16% have bipolar affective disorder; 23% have chronic depression; and 19% have other conditions. Eighty-four percent of members are currently seeing a psychiatrist; 81% are taking some form of medication; and 90% are receiving supported income. In the past 2 years, 71% of members had an admission to the hospital before starting NISA. Since attending NISA, members have collectively accrued only 3 hospitalization days, and 8 mem-
bers have obtained paid employment either at NISA or within the community.

Data Collection

Primary data collection during each of the three phases of the study was carried out by the first author, who was an occupational therapy student at the time. All interviews were audiotaped and transcribed. Interview questions were both grand tour style and descriptive in order to verify the main domain categories and to expand and flesh them out (Spradley, 1979). The first author initially wrote field notes in condensed form and later expanded them (Spradley, 1979). She also participated in many of the program initiatives with NISA members for a period of 4 months. She maintained a personal field journal throughout the study, and her reflections were incorporated into the presentation of the results.

Data Analysis

Data were categorized into preliminary domains on the basis of their apparent semantic relationships (Spradley, 1979). For example, David’s experiences were categorized as being the result of his participation (cause–effect), as a reason for participating (rationale), or as a way to better control the signs and symptoms of his schizophrenia (means–end). The preliminary analyses were verified in the interviews, and descriptive questions were used to further clarify and expand existing domains that highlight David’s experiences. The second author supervised and guided the first author throughout the study, auditing all interviews, transcriptions, analyses, and results to ensure that the findings and the domain categories reflected the interview transcripts. The second author also rewrote this article for publication. The results reflect the analyses of transcripts and convey David’s personal story of living with chronic schizophrenia as well as his perceptions of the benefits from participating at NISA.

Results

The results are organized by the main theme and domain categories, which help to illustrate David’s experiences of living with chronic schizophrenia, ways he had learned to cope with this illness, and his journey in recovery since attending NISA. The overarching theme—“and now that light is NISA”—helps to explain David’s recovery journey and the hope that he has developed from his participation. This theme and the domain categories that support it constitute the basis of the interpretations and discussion in this article (see Figure 1). The results were confirmed by David in a follow-up member-checking meeting.

Coping With Schizophrenia

David spoke extensively about his experiences of living with chronic schizophrenia. Specifically, he spoke of the long-term effects of “his mentor” and of “hearing voices” on his daily function, his self-image, and his hopes for the future. David stated that his soul had been “tormented” and “attacked” by his mentor for 10 years. (Mentor is the term David uses to describe the hallucinatory voices he hears in his head.) He described being ultimately con-

![Figure 1. Domains of David’s experience at NISA/Northern Initiative for Social Action.](http://ajot.aota.org/ on 10/18/2018 Terms of Use: http://AOTA.org/terms)
trolled by these voices, so much so that he had come to believe that his mentor "controls most of your feelings, your spirit, your soul; experiments continually with your mind; makes you feel really weak; and, ultimately, drives you insane." An ongoing, 10-year struggle with schizophrenia and these voices had taken its toll on David. He perceived that he had "wasted my life, lost my mind, and...had become a dead-head." Further, David sincerely believed that he no longer "had any spirit or soul left." He had come to expect that "every second of my life [was] going to be a voice to hear or a hallucination." Before involvement at NISA, David believed that he had lost the battle of "fighting the hallucinations." He came to view himself and his soul as "emotionless; totally feelingless; and, ultimately, pretty lonely." David perceived that there was little hope for him in this world and that he was "wasting my life away."

Wasting my life away. David described both himself and his life in negative terms and attributed this negative identity to the ongoing effects of living with schizophrenia. He perceived himself as "lazy, unproductive, overeating, oversleeping, and not doing anything." He believed that he had spent the past 10 years of his life "having coffee, watching TV, smoking, [doing] drugs and alcohol, or sleeping."

Using drugs and alcohol. David stated that he had previously used alcohol "to get out of my schizophrenia" and would go back to bed shortly after waking because "it was going to be a boring day and there was nothing to do." David clearly indicated that living with schizophrenia was not a pleasant experience and that he desperately desired a change in his life. More importantly, he believed that NISA was a much-needed "substitute for drugs and alcohol."

NISA: A Clear Way Ahead

Despite his illness, David said that he could "see a clear life ahead" as a result of his participation at NISA. He identified several ways he had learned to live with his schizophrenia, which helped him to cope versus wasting his life away. For example, David would "play mind games with the schizophrenia" or attempt "to ignore my symptoms." He also identified "keeping busy" as one of the main coping strategies he used to keep well: "I have no time to think about my problems since I concentrate on how to do my job properly." David identified that "doing something more productive through NISA's programs, the help of therapy, and the help provided at NISA" were instrumental to his daily coping with schizophrenia. Specifically, he identified that writing about his experiences of schizophrenia in a daily journal and composing first-person accounts of illness, health, and recovery were ways to keep busy at NISA and, ultimately, to keep well. Through his participation at NISA, David came to believe that despite his disability, he was coping with chronic schizophrenia. Since the time of this study, David has participated in most NISA programs, has obtained a subsidized work placement with NISA, and has begun seeking employment beyond NISA.

Characteristics of NISA. The main domain of "a clear way ahead" begins to describe David's recovery journey since attending NISA. This domain is further explained by the category, "the help at NISA." The help at NISA includes a variety of attributes of the program that David found helpful in his journey. He described, in detail, those attributes that he found most helpful, including the people and the environment. These attributes, in turn, help to explain the reasons why David continues to come to NISA and the perceived benefits that have resulted from his participation.

The environment at NISA. David commented extensively on the environment at NISA, describing it as "very stable, positive, and friendly." He spoke of NISA as a "normal workplace" and as a place where "I can work at my own pace." He perceived the NISA environment as one that assisted him to become "more productive."

The people at NISA. David commented that he received a great deal of "encouragement and compliments" from the people at NISA and perceived the social environment there to be welcoming of him as a person ("I'm wanted here," "I'd be welcomed back with open arms"). He spoke of the people at NISA as being helpful to his recovery, openly expressing his gratitude for them: "[They are] concerned, understanding, and...I can talk to them about anything." David spoke extensively about the social relationships he had developed at NISA and of the importance of the social support offered to him there. This support is nicely illustrated by his comment that the people at NISA are "like family and friends."

The occupational therapist at NISA. David stated that the occupational therapist was helpful to his participation at NISA. He spoke of the close bond that he had developed with the occupational therapist, who he refers to as "the mother": "I can always count on [the occupational therapist], and she'll give me ideas on what to do." David commented that the occupational therapist was someone who was "there to help everybody and was very thoughtful and loving," concluding that she was "probably one of my best friends."

The occupational therapist at NISA assists the members in a variety of ways. For example, she might provide practical assistance in learning how to use a computer and word processing program to get a writer started or provide editorial support and feedback on a story. She ensures that the members have the space and supplies needed to pursue their desired occupations. She is also responsible for the clinical support of all NISA members, including, but is not limited to, monitoring their mental status, acting as liaison with the psychiatrist if warranted, providing one-to-one counseling when needed, providing continual psychosocial feedback regarding appropriate social and work-related behaviors, and working individually with new members to encourage and foster their involvement in occupations of...
choice. (See Bybyk et al. [1999] for a detailed description of the occupational therapist’s philosophical orientation.)

And Now My Light Is NISA

David identified several reasons for participating at NISA. When describing the program, he used the following words: “interesting,” “achievement,” and “just [being] happy to be a part of it.” To “cope” and “relax” were also reasons why he comes to NISA. Additionally, David stated, “I feel needed,” “I know I belong,” and “[NISA] is the most productive thing I’ve done in the last 10 years.” When he spoke of the people at NISA (“I have friends here at NISA,” “we have a very powerful bond”), he appears to be highlighting the importance of social relationships and how these relationships play an important role in his motivation to come to NISA. David cited NISA as a reason “to get up in the morning,” and he felt motivated to attend because he perceived “a future here at NISA” for him.

David described many personal benefits resulting from his participation at NISA. He described himself as being “stable and happy” and that his life “seems to be balanced out.” David perceived that he now had “power over my mental illness, that I know what I’m doing in life” and that this had resulted in “total confidence in myself.” David also perceived that coming to NISA has resulted in “showing me that I had potential somewhere.” In reference to his illness, David perceived that he did not have to be as heavily medicated or seek alcohol or illegal drugs as a means of coping with schizophrenia: “I don’t need to be so heavily dosed up on medication, and although I might still be schizophrenic, I can still do something with my life.” He also perceived that his spirit and soul had come back: “It’s creating a lifestyle for me—something really, really powerful and bonding, something new.” According to David, this new lifestyle is something that holds great personal meaning for him: “I’m building up, I care about it, it feels so delightful, it’s knowledgeable, it’s beautiful, it’s loving—I’m benefiting from NISA.”

In closing, David clearly perceived that NISA had a positive impact on his life, which was nicely summed up in his closing interview statement: “Previously, there never was a light for me to go toward, and now that light is NISA.”

Discussion

The results of this study appear to support a positive change in David’s perception of himself and of his illness since he began participating at NISA in 1997. Although David clearly indicated that he had been “wasting his life away” before coming to NISA, the study revealed that he had a sense of hope and optimism about himself, his potential, and his future.

Occupational therapy values and beliefs about occupation, the person, the environment, health, and client-centered practice have been consciously used in this consumer-run program. Therapeutic relationships that are built on a respect for clients and their expert knowledge about themselves as well as a valuing of client choice are foremost considerations in the NISA program. Personally meaningful and socially valued occupational opportunity is the cornerstone of the program. Law et al. (1998) stated that it is challenging for occupational therapists to find methods “to broaden our practice patterns to enable persons experiencing difficulties in occupational performance to engage in occupations that are meaningful in their lives” (p. 90). According to David, the environment, the people, the therapeutic approach, and the occupational opportunities available at NISA have enabled his participation and assisted him in coping with chronic schizophrenia, whereas previous interventions did not. Preliminary findings from a formative evaluation study on NISA support David’s story and are encouraging, especially with respect to the program’s impact on members’ quality of life, self-confidence, and need for hospitalization (Rebeiro, Day, Semeniuk, O’Brien, & Wilson, in press).

An important aspect of NISA is that it is client driven. An occupational therapist is available to help guide, assist, or facilitate participation. NISA, however, was developed out of a series of research studies and by the persons who participate in the program. According to Wilcock (1998), the “evaluation of a client’s perceptions of [his or her] doing, being, and becoming should become a part of standard practice” (p. 255). The consumers decide what they will work on and how often they will participate. Then, it becomes the occupational therapist’s responsibility to work with the consumers, with their presenting skill levels and mental health status, in whatever occupational initiative that interests them.

From David’s view, participation at NISA, particularly in the writer’s program, helped give meaning to his life and to cope with schizophrenia. The importance of social support, as stated by David, is well documented in the literature (Anthony & Blanch, 1987; Anthony & Liberman, 1986). The present study highlights one person’s story in one unique program. The challenge will be to continue to develop an evidence base that is sustainable over time with multiple consumers.

Qualitative research methods, specifically single-case designs, are suggested as a means to examine the important relationship between occupation and mental health for persons with mental illness. Although our findings support occupational therapy’s claim to the use of occupation as means to mental health, more research is needed. Single-case studies are a realistic method for conducting research within busy clinical caseloads, can contribute to the professional knowledge base, and help to support occupation-based programs, such as NISA. A solid evidence base that supports the occupational claim to the use and application
of occupation as therapy, however, will require a commitment by many occupational therapists, especially clinicians, to conduct research in mental health practice and elsewhere.

**Conclusion**

A single-case, qualitative study was conducted with one member of an occupation-based mental health initiative through the use of in-depth interviews. The findings support current occupational therapy beliefs and theoretical frameworks, specifically an enabling occupation approach (CAOT, 1997). The participant highlighted several benefits that he has received from participating in the program, most notably, better control of his illness, a sense of self-worth, and a hopeful optimism that he too can be a productive and contributing member of society. Occupational therapists are encouraged to undertake single-case studies within their practice as a means of further developing an evidence base that supports occupation as a means to mental health and fuller participation in occupations of choice for persons with disabilities. ▲

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