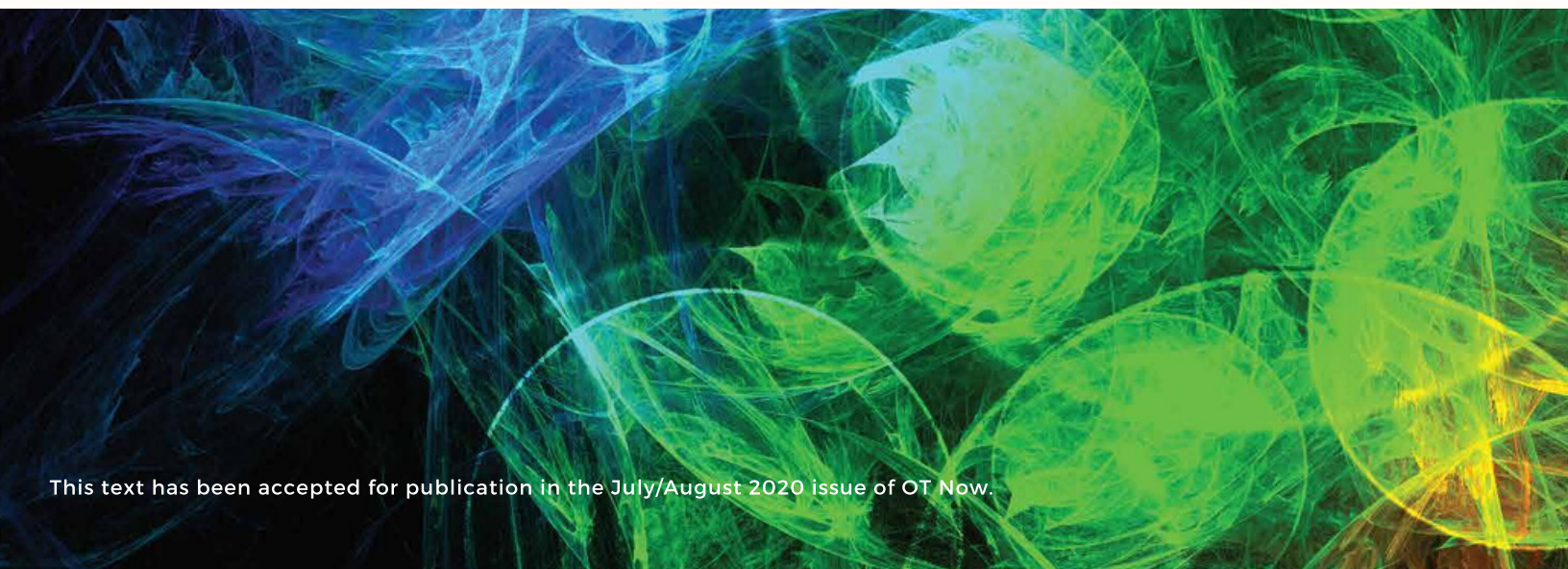




ENGAGEMENT IN LIVING DURING THE COVID-19 PANDEMIC AND ENSUING OCCUPATIONAL DISRUPTION

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Measures being taken to slow the spread of the COVID-19 virus have disrupted the lives of countless millions of people around the world. For many of us, life “before” seemed seductively predictable; our diaries full of the appointments, commitments, events and trips that constituted an envisioned future. And then everything changed.

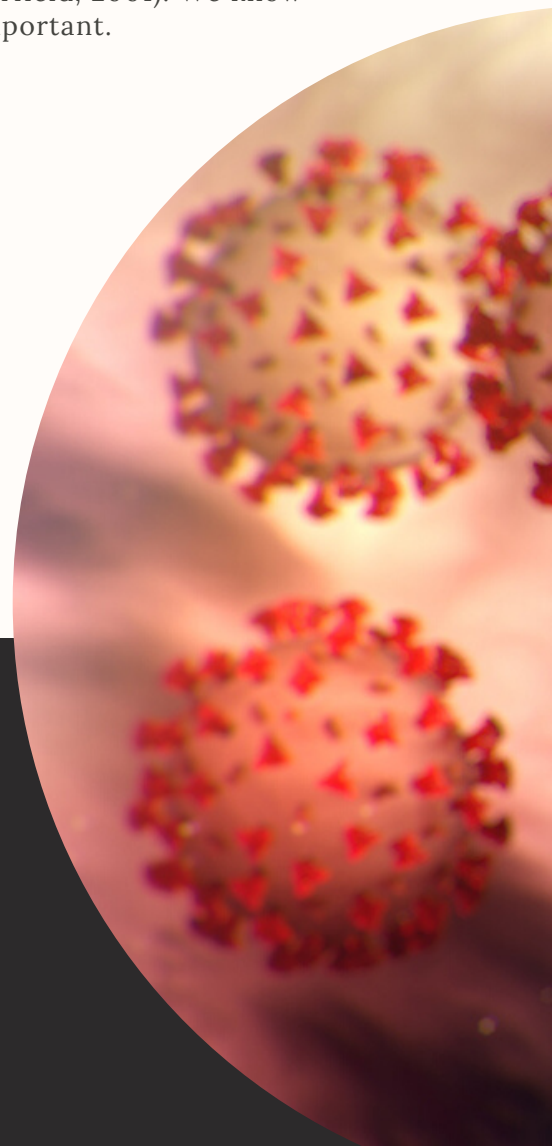
For the many people who share with me the experience of social privilege that accompanies our class, educational, professional, cis-gendered and “able” statuses, it has been frustrating to endure - albeit temporarily - the sort of deprivation of occupational opportunities usually reserved for disabled people and others marginalized and disempowered by poverty, racism and the legacies of colonialism; people for whom life is consistently unpredictable and fraught with uncertainty. Now, much of the population is sharing the fear of financial uncertainty and concerns about obtaining food and other necessities. Daily experiences that have constituted everyday life for many of those on the margins are now shared by the majority population: the lack of opportunity to access educational and employment settings, the inability to access buildings, libraries, public spaces, arts, cultural, social, recreational and other public resources and the loss of opportunity to move freely within our own communities or around the world. These constraints on the abilities and freedoms many formerly viewed as rights and entitlements - and fear of the virus itself - have left intense feelings of anxiety and uncertainty.

Fortunately, as occupational therapists, we already possess the knowledge required to fully engage in life despite the current, formidable challenges. We have had the opportunity to learn from the experiences of so many clients whose seemingly predictable lives - and the mundane, taken-for-granted expectations, plans and routines that had structured those lives - have been disrupted by factors beyond their control, such as serious injury or illness, job loss, acts of violence, natural disasters, or forced migrations. From our clients and the research evidence we know that resilience in the face of crisis is the norm rather than the exception. We know that the problem-focused coping style (“what do I need to do?”) that is the norm within many global cultures is associated with lower levels of anxiety and ill health than the ubiquitous Western, emotion-focused style of coping that centres on “how am I feeling?” (Summerfield, 2001). We know that “doing” is important.

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From clients confronting the devastating life disruption of severe physical injury we have learned that when it is no longer possible to engage in previous occupational patterns it is important to focus on what we can do and not on what we can't, and to seek out alternative occupations through which we can apply our existing skills, knowledge and strengths to contribute to others, and to maintain a positive sense of competence and self-worth.

From clients with mental health problems we have learned the importance of occupational engagement to provide order, routine and structure, to alleviate stress and reallocate cognitive resources from ruminating about our problems, to distract, keep busy and manage time, to experience enjoyment and fulfilment, to build a positive sense of self-worth and to foster hope.

From our work among refugees and other people who have experienced forced migration, we have learned that hope is an anti-dote to disillusionment; and we know that hope is one of the most important determinants of recovery among people with mental illnesses, and is integral to the ability to find meaning in one's life. We also know that occupations that link our present to the past and to the future are effective in engendering hope.

Our occupational therapy literature informs us that the process of rebuilding a life and fostering wellbeing following profound occupational disruption demands attention to some specific needs: to take care of ourselves and others, to experience a sense of belonging and connectedness, to foster a sense of self-worth, to experience pleasure, purpose and meaning through engagement in roles and occupations we

value, to enact choices in our lives, and to experience hope and a sense of coherence and continuity within our lives (Hammell, 2020). As occupational therapists, we know that each of these contributors to wellbeing has strong occupational dimensions, and that mental health is enhanced when people experience a balance among occupations that foster belonging, connecting and contributing, occupations that build routine, occupations that are creative or productive, occupations that are chosen or essential, and occupations concerned with the care of bodies and minds.

In addition to the opportunity to draw on what we have learned from clients about how everyday lives might be rebuilt within constraining parameters that are not of our choosing, we also have the opportunity to learn from the insights that Canadian occupational therapist Dr Rachel Thibeault (2002, 2011) has derived from her international work among people who have endured extremes of trauma, violence and torture. Drawing from both her own experiences and from research evidence Thibeault has outlined five activities that play an important role in building resilience, in reviving a lost sense of control over one's life, and in reconstructing a meaningful life in the context of profound disruption. These are "centring", or engagement in undemanding, routine and repetitive occupations that foster calmness; "contemplation", such as meditation, mindfulness or absorption in nature; "creation", or engagement in creative occupations; "connectedness", which describes occupations that strengthen a sense of belonging, such as to family, culture, friends, nature or country; and "contribution", that is, engagement in occupations that fulfil the need to contribute to others.





Health promoters in the UK, who had already been encouraging people to eat at least five portions of fruit and vegetables a day, have provided another evidence-informed “five a day” campaign that aims to promote mental health. This “five a day” list has particular relevance in the present crisis: connect, give, be active, take notice, keep learning.

As occupational therapists, we have the resources and knowledge to cope in the presence of uncertainty; to choose healthy occupations that contribute to our self-care and the wellbeing of our families; to foster interpersonal connections and a sense of belonging; to find new ways to fulfil important roles; and to discover the occupations that can provide structure, routine and meaning within our disrupted lives. And we have the opportunity to make a contribution to our nation’s wellbeing by sharing what we know with others.

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