

THESIS

EXPLORING THE OCCUPATIONAL EXPERIENCES OF INDIVIDUALS WITH  
MENTAL HEALTH CONDITIONS LIVING IN THE COMMUNITY

Submitted by

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## ABSTRACT

### EXPLORING THE OCCUPATIONAL EXPERIENCES OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS LIVING IN THE COMMUNITY

**Background.** One way to help meet the needs of individuals with mental health conditions in the recovery process is through supporting participation in meaningful and purposeful activity (SAMHSA, 2018; WHO, 2018). Previous researchers have explored how individuals with mental health conditions spend their time and experience meaning within their recovery process, however little is known about how individuals experience their activities within the context of their actual time use. **Objective.** The purpose of this study was to explore the experiences associated with the everyday activities of individuals with mental health conditions. The research questions were: 1) what are individuals with mental health conditions' experiences of pleasure, productivity, and restoration within the context of their daily activities and 2) what factors influence individuals with mental health conditions' experiences associated with their daily activities. **Methods.** Nine individuals who attended a community-based behavioral health center volunteered to participate in this study. Participants used the Pleasure, Productivity, and Restoration Profile to capture the subjective experiences they had within the context of their daily activities. The researcher then conducted interviews with the participants to discuss their experiences within their daily activities and create a plan to support their engagement in the activities that they associated with their desired experiences of pleasure, productivity, and restoration. Using a qualitative descriptive approach, the researcher transcribed and coded the interviews and then analyzed the codes for themes within and across participants. **Results.** Three

themes emerged for each research question through participant PPR Profiles and interviews that reflected how participants described their experiences of pleasure, productivity, and restoration within the context of their everyday activities. Productivity was associated with getting things done that “I need to do,” pleasure was associated with enjoying activities that “I want to do,” and restoration associated with feeling energized by caring for myself. Person and contextual factors, experiences carry over, and routine were the three themes that answered the second research question exploring what factors influenced participants’ experiences associated with their activities. **Conclusion.** Exploring individuals with mental health conditions’ experiences within their daily activities provides insight into how pleasure, productivity, and restoration are experienced by the individual and the dynamic factors which influence these experiences. These findings emphasize the need for occupational therapy professionals to facilitate participation in activities that evoke experiences of pleasure, productivity, and restoration, which contribute to a sense of meaning and purpose as necessary for supporting the recovery process for individuals with mental health conditions.

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## CHAPTER ONE: INTRODUCTION

According to the World Health Organization, the needs of individuals with mental health conditions are not being adequately met by health systems across low, medium, and high-income countries (WHO, 2017). This is a critical concern because a large percentage of individuals experience a mental health condition. In the United States, 18.1 percent of Americans living in the community experience some form of mental health condition; 4.1 percent of which are identified as a serious mental illness which impacts the individual's major life activities (SAMHSA, 2014). Recognizing the prevalence of mental health conditions in the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a model for supporting the recovery process for individuals with mental health conditions. In this model, recovery is defined as a process of regaining a meaningful and purposeful life and sense of self regardless of whether or not symptoms of disability are present (Deegan, 1988; Doroud, Fossey, & Fortune, 2015). The recovery model describes purposefulness as engaging in meaningful daily activities and participating within society (SAMHSA, 2017). Because a mental health diagnosis is characterized by a disruption of daily life activities, and the recovery model emphasizes supporting engagement in daily life activities and community participation regardless of disability presence, it is necessary for health care professionals to understand how they can best support this engagement in daily life activities to facilitate the recovery process.

Occupational therapy is a health care profession that focuses on supporting individuals' engagement in their daily life activities, also known as occupations (AOTA, 2014). Because having a mental health condition is characterized by a disruption in daily life activities, occupational therapy can facilitate recovery through supporting the engagement of individuals

with mental health conditions within their daily life activities. In a study of the lived experience of recovery, Borg and Davidson (2008) discussed how recovery from mental illness occurs within the subjective, everyday life as it is experienced. Individuals' everyday experiences and activities occur within the individual, occupational, social, material, and historic contexts. It is by looking at how individuals experience their daily activities within the context of daily life that therapists can understand how individuals are experiencing meaning and recovery within their lives (Borg & Davidson, 2008). In the words of Hasselkus (2011), "the meaning of our daily lives lies in the *experiencing* of our daily lives" (p. 185). Through exploring the experiences individuals associate with their daily activities, occupational therapists can better understand how those experiences facilitate meaning and contribute to the recovery process.

One way to understand meaning is through exploring individuals' perspectives. An assessment called the Pleasure, Productivity, and Restoration Profile was designed to capture the subjective experiences people have within the context of their daily life activities (Atler, 2012). More specifically, users rate three need-based experiences pleasure, productivity, and restoration associated with their activities. By using this method, individuals gain insight into their daily activities and the experiences they have within their activities.

The purpose of this study was to add to existing knowledge of the experiences of individuals with mental health conditions living in the community through exploring the experiences associated with the daily life activities. The research questions were:

- What are individuals with mental health conditions' experiences of pleasure, productivity, and restoration within the context of their daily activities?
- What factors influence individuals with mental health conditions' experiences associated with their daily activities?

## CHAPTER TWO: LITERATURE REVIEW

The following literature review will explore current literature on the recovery model, experiences associated with recovery, experiences associated with occupation, and experiences associated with time use.

### **The Recovery Model**

The importance of meaning to the recovery process is seen in SAMHSA's (2017) four dimensions of recovery, which include health, home, purpose, and community. SAMHSA (2017) defines purpose as "conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society." Managing one's symptoms and engaging in meaningful activities, within the context of a safe home and socially supportive community as seen in SAMHSA's model are critical components of recovery. Current literature aligns with this model, suggesting that the recovery process occurs as a transactional, everyday process between the person and his or her environment (Davidson, 2007). Understanding how individuals experience meaning in their activities within the context of their everyday lives is critical to supporting the recovery process. Exploring the relationship between experience and occupation, and what factors promote those experiences, may provide insight into how occupational therapists can best support recovery for individuals who are living in the community and experiencing a mental health condition.

### **Experiences Associated with Recovery**

Existing research on the recovery model has sought to understand how individuals with mental health conditions experience recovery. Researchers have described meaning-making, or the process of deriving meaning from activity, as essential to the recovery process (Deegan,

1988; Leufstadius, Erlandsson, Bjorkman, & Eklund, 2008). It is through engaging in occupation that individuals both express and create meaning (Hasselkus, 2011). One way researchers have explored how individuals experience their occupations within the recovery process has been through qualitative interviews. Across studies that have used this method, individuals commonly attributed meaningfulness to a sense of belonging, contributing, and feeling socially supported and valued by others (Hancock, Bundy, Honey, Helich & Tamsett, 2013; Hancock, Honey, Bundy, 2015). Further, Hvalsøe and Joesphsson (2003) found meaningful experiences where characterized by engaging in a variety of occupations and engaging socially with others naturally within their daily routines.

From a slightly different approach, Borg and Davidson (2008) have also examined the experiences associated with the recovery process through qualitative interviews with individuals in recovery who reflected back on their recovery process. Borg & Davidson (2008) interviewed eleven men and women, ten of which were being treated for schizophrenia, whom self-identified as having recovered from their condition or reported that they felt they were living an ordinary life. Participants were asked to reflect on their daily experiences throughout their recovery process. The author's identified four aspects of everyday life experiences that contributed to recovery including "having a normal life," "just doing it," making "life easier," and "being good to yourself" (p. 137-138).

Throughout the studies discussed above, participants with mental health conditions were asked to generally talk about their activities and experiences. An alternative approach to understanding one's experiences may be through pairing one's experiences with the context and individual activities that participants were engaged in within the context of their actual time use. Because one's report of his or her experiences may alter as time passes and experiences become

a part of one's memories, exploring individuals' experiences in real-time as they are situated within the context of their daily experiences may provide deeper insight into participant's experiences (Schwarz, 2012). Further research is needed that explores the experiences of individuals with mental health conditions within the context of their actual time use to gain a clear picture of how individuals experience their daily activities.

### **Experiences Associated with Occupation**

Outside of the recovery model research, qualitative interviews on the subjective experiences of individuals with mental health conditions revealed similar themes. Haertl and Minato (2006) identified that participants' occupations were seen as productive when they contributed to a sense of self-efficacy, productivity, and the need to rest after. Further, they found that a lack of engagement in "active occupations" was associated with dissatisfaction and boredom. However, individuals sought less "active" occupations such as watching TV or listening to music a way to deal with stress in their daily life. Participants interviewed in another study by Leufstadius, Erlandsson, Bjorkman, and Eklund (2008) also reported meaningful engagement was characterized by feelings of connectedness with others, enjoyment, productivity, and achievement. Meaningful engagement also included meeting basic needs by practicing self-care and relaxing, as well as having structured routines and goals (Leufstadius et al., 2008).

It is important to note that these other studies revealed that engagement in activities can also be related to other feelings such as a feeling unmotivated and despair (Borg & Davidson, 2008). Individuals with mental health conditions may experience loss of agency due to feelings of detachment and elevated sensitivity to everyday life's demands (Sutton, Hocking, & Smyth,

2012). However, even when unmotivated, the ability to engage in activity allows them to pursue interests that give meaning (Borg & Davidson, 2008).

Because the literature has demonstrated variable experiences associated with occupations, it is imperative to examine the relationship between activity and experiences within a situated context within the time and space of one's activities. Understanding these subjective experiences within the context of one's daily activities is important because previous research has identified that perceived meaningfulness and purposefulness were crucial to facilitating recovery in individuals with mental health conditions (Deegan, 1988). Further understanding of the relationship between individuals' experiences and their activities will deepen our understanding how individuals with mental health conditions experience purpose and meaning their daily lives. The information gained could guide interventions that promote recovery and quality of life of individuals with mental health conditions living in the community.

### **Time Use and Associated Experiences**

The association between experiences and time use has also been explored in previous research. Time-use studies ask participants to document how they spend their time each day and to report their experiences. Studies that have considered individuals' with mental health conditions activities in this way have reported participants' time use in broad categories of occupations such as work, self-care, rest, sleep, and leisure (Leufstadius, Erlandsson, & Erklund, 2006; Shimitras, Fossy, Harvey, 2003). Yanos and Robilotta (2011) also reported time use through looking at activities as "productive," and defined productive time use as time spent in all activities except sleep and passive leisure. Individuals in this population have limited engagement in work, active leisure, and educational occupations (Shimitras, Fossey & Harvey, 2003). Researchers have also found that individuals spend less time participating in social

activities, play, and active leisure activities (Eklund, 2009). Studies have considered time spent in different areas of occupations, such as work, sleep, leisure, and categories of occupations, such as productive or unproductive. Regardless of which of these approaches were used, researchers found that individuals with mental health conditions spend more time engaging in passive activities, such as resting or watching TV, than individuals without mental health conditions (Eklund, 2009; Schimitras, Fossey, & Harvey, 2003; Yanos & Robilotta, 2011). Time-use researchers that have found a relationship between mental health condition and increased engagement in sleep, rest, and less active occupations have suggested reasons for this association. Leufstadius and Erklund (2018) suggested that individuals may spend more time sleeping due to having difficulty structuring and organizing their time. Yanos and Robilotta (2011) also suggested that individuals may be more likely to participate in rest and sleep occupations than productive occupations due to lack of structured opportunities for productive time. Further, decreased social and leisure participation could also be due related to individuals with mental illness sleeping while others are awake which may limit their opportunities for social interaction (Leufstadius, Erlandsson, & Eklund, 2006). Because research has looked at experiences from the lens of categories of occupations, little research has been done to explore individuals' perception of what experiences they have during their individual activities within their day. Exploring the individual activities within an person's day, instead of their overall categories of occupations, may provide greater insight into how individuals experience their activities and why individuals experience their activities as they do.

Researchers that utilized time-use methods that have explored individuals' broad experiences such as emptiness and diminished enjoyment, and experiences associated with categories of activities decreased competence in work, play, and leisure, and less satisfaction in

sleep (Bejerholm & Eklund, 2004; Crist, Davis & Coffin, 2000; Hayes & Hafford, 1996).

Leufstadius and Eklund (2008) found that individuals with persistent mental illness who spent their time engaging in a variety of activities, such as work, self-care, and play, had better perceived health and quality of life than those engaged in fewer activities. Individuals who regularly worked or studied were more satisfied than individuals in structured activity programs or individuals with no structured daily activities (Leufstadius & Eklund, 2008). Previous research has explored these experiences associated with time use through qualitative interviews by looking at broad types of occupation, such as work and self-care. Further insight about how individuals experience the activities within their day and what aspect of their activities contribute to their experiences could be gained by examining the experiences individuals have within the context of their actual engagement in activities within their day. Therefore, the purpose of this study was to explore the following research questions:

- What are individuals with mental health conditions' experiences of pleasure, productivity, and restoration within the context of their daily activities?
- What factors influence individuals with mental health conditions' experiences associated with their daily activities?

## CHAPTER THREE: METHODS

### **Design**

This qualitative descriptive study explored the daily occupational experiences of individuals with behavioral health conditions living in the community. A qualitative descriptive study provides a summary of the experiences of a group of individuals studied in their natural environment (Kim, Sefcik, & Bradway, 2016; Lambert & Lambert, 2012). In a qualitative descriptive study, codes are derived directly from the data to create findings that are close to the data as it was given by participants (Lambert & Lambert, 2012; Sandelowski, 2009). This design is appropriate for the study as the researcher intended to explore the participant's experiences from their personal perspectives.

This present study was situated within a larger study taking place at the community behavioral health center. The objectives of the large study were to 1) explore the utility of the Pleasure, Productivity, and Restoration (PPR) Profile and 2) to better understand the experiences of individuals with mental health conditions within the context of their everyday activities. The PPR Profile is a client-centered time use tool designed to gather user's experiences within the context of their everyday activities and increases user's awareness of their everyday activities and experiences (Atler, 2012, 2014; 2016). Within the larger study, participants consented to participate in the study and then completed the PPR Profile, Quality of Life Inventory (QOLI), and a demographic survey. Following completion of the PPR Profile, participants met with the researcher for interviews to discuss their experiences reported on their PPR Profiles and what they felt influenced those experiences. Participants then had the opportunity to meet with the researcher to reflect on their experiences and set goals for activities they would like to engage in.

Next the participants identified strategies, with the researcher, to help them meet their goals. At the end of the study, participants completed an additional PPR Profile and met with the researcher one last time to discuss their experiences within their everyday activities. See Table 1 for an overview of the larger study's procedure. The following section focuses on the methods and analysis for objective 2 of the larger study which was to better understand the experiences of individuals with mental health conditions within the context of their everyday activities. Data gathered through PPR Profiles and interviews were utilized for this study (see underlined portions of Table 1).

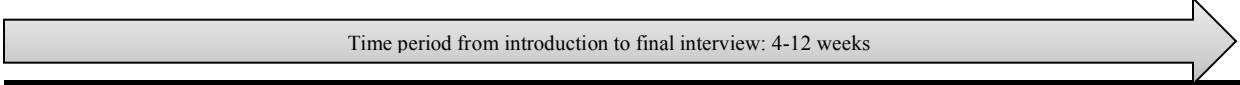
### **Researcher's Position**

The researcher was a graduate occupational therapy student who completed the research in conjunction with her level IIA twelve-week occupational therapy fieldwork placement. She balanced her role as a researcher with being a student practitioner by scheduling time to work on research outside of her typical fieldwork responsibilities, going to her fieldwork educator for practitioner-related questions, and discussing research-related questions with her research advisor instead of her fieldwork educator. The dialogue with her research advisor helped her as she had difficulty balancing listening and exploring their experiences through interview with offering therapeutic strategies to the participants as occupational concerns arose. The researcher believes that we can better understand others through examining their experiences as consistent with a qualitative descriptive research approach. As an occupational therapy student, the researcher believes in the transformative power of engaging in personally meaningful occupations to support overall health and well-being. In addition, she has noted this impact of occupation throughout her personal life. Understanding that her perspective as a researcher may be influenced by these perspectives and her role as fieldwork student at the site, the occupational

therapy student kept a reflective journal and discussed her perspectives with her research advisor throughout the research process.

Table 1.

*Larger study procedure*



	<b>Introduction of study</b>	<b><u>Interview 1*</u></b>	<b><u>Interview 2</u></b>	<b>One-on-one visits</b>	<b><u>Interview 3</u></b>
<b>Details</b>	-Clients informed about the study -Clients agreed to participate and gave informed consent - Researcher trained with participants on use of PPR Profile -Participants completed QOLI and demographic questionnaire	<u>-Participants completed the PPR Profile independently or as a yesterday interview</u> <u>-One-on-one interview discussing experiences noted in PPR Profile.</u>	<u>-Participant identified occupation-based goal if desired</u> <u>-Participant identified contextual supports and limits to reaching goal</u>	-Researcher met with participant to facilitate progress towards goal. -Ranged from 2-7 visits	<u>-Participant completed PPR Profile independently</u> <u>-Met with researcher to discuss experiences using PPR Profile</u>
<b>Data collected</b>	-Consent, QOLI, demographic information	<u>-Completed PPR Profiles</u>	<u>-Audio recording for verbatim transcription</u>	-Researcher's notes	<u>-Audio recording for verbatim transcription</u>

\* data was derived from underlined sections for this study

**Context of the Study**

This research study took place at a community-based behavioral health center located in a large city in western United States. The behavioral-health center serves individuals living in the community who experience various behavioral health conditions such as depression, anxiety, bipolar, and schizophrenia. The center provides a variety of services ranging from acute crisis management, vocational rehabilitation, counseling, medication management, and occupational therapy services. Outside of this study, occupational therapy services were available one day per week. Typical services included one-on-one therapy, consultation with other professions, and

occupation-based groups. Clients also have to opportunity to attend groups outside of occupational therapy, including social and skills-based led by other mental health professionals and the opportunity to attend a drop-in milieu day program. At the drop in milieu, adults who receive any form of services from the behavioral health center can gather to socialize, participate in group-based games and activities, and attend events in the community together. Services provided by the community based behavioral health center are primarily funded through Medicaid and Medicare. Length of time that individuals receive services varies depending on individual needs, ranging from short term services (days to weeks) to longer term, life-long services such as ongoing medication management.

## **Participants**

Following approval from the university's institutional review board and the community-based behavioral health center, recruitment began. A convenient, purposive sampling method (Creswell, 2013) was used to gather participants for this study. Recruitment methods included sharing the research opportunity face to face with clients in the milieu, posting flyers throughout the center, and sharing the opportunity with clients referred by staff at the center. Inclusion criteria included the ability to read and understand the English language, ability to recall and reflect on one's activities and experiences during those activities (based on the researcher's clinical judgement during orientation to the study), and willingness to discuss one's experience with using the Pleasure, Productivity, and Restoration Profile (PPR). Participation was available to all clients who attended the community-based behavioral health center to create a heterogeneous sample of participants. Although a wide range of individuals receive mental health services for a variety of conditions, issues, and distresses, all are living in the community and experiencing a mental health condition. A heterogeneous sample was chosen to increase

likelihood of participant involvement. Fifteen clients affiliated with the behavioral health center spoke with the researcher about the study. Six clients declined participation due to various reasons, such as time constraints and lack of interest. Of the nine clients who agreed to participate in the study, one ended the study early due to scheduling conflicts but agreed to allow the researcher to use the data collected.

## **Instruments**

### ***Pleasure, Productivity, and Restoration Profile.***

One way to measure an individual's experiences associated with their daily activities is through using the Daily Experiences of Pleasure, Productivity, and Restoration (PPR) Profile. The PPR Profile is a client-centered time use tool designed to gather experiences within the context of activities and promote awareness of daily activities and the experiences associated those activities (Atler, 2012; 2014; 2016). This assessment was developed based on occupational science theory which views individuals as occupational beings who have an innate need to engage in activities that are personally meaningful and purposeful (Yerxa et al., 1989). As previously described, one way that activities are seen as meaningful is through experience. The PPR Profile explores this connection to experience by assessing experiences of pleasure, productivity, and restoration. These three experiences were chosen based on Pierce's (2003) work which introduced the interrelationship between these need-based experiences as necessary experiences for all individuals' well-being. The PPR Profile was developed to examine the insider's unique perspective on their experiences of pleasure, productivity, and restorative experiences within their activities. In the PPR Profile, pleasure is defined as experiencing enjoyment, productivity is defined as feeling as if you've gotten something done, and restoration is defined as feeling restored energy or renewed (Atler, 2014).

The PPR Profile has been used to explore individuals experiences within their daily activities among populations of older adults, people living with stroke (Atler, 2016), college students (Atler, Eakman, & Orsi, 2018), and caregivers (Atler, Moravec, Seidle, Manns, & Stephans, 2016). Previous research on the PPR Profile has supported its use for increasing user's awareness of his or her activities and experiences associated with those activities. The PPR Profile has construct validity, content validity, and strong internal consistency (Atler, 2014; Atler, Eakman, & Orsi, 2015).

The PPR Profile is an ecologically valid tool because it examines the individual's activities and experiences within his or her natural context of his or her daily life (Reis, 2012). Participants record their activities and experiences within the context and time in which the activity occurs as consistent with an ecologically valid approach (Reis, 2012). By asking participants to record their activities and experiences in real time, participant responses are more likely to represent their actual experiences. Over time, participant responses may be altered by one's predicted experiences and inferences and may not represent their daily experiences within the context of engagement (Schwarz, 2012). It is likely that using the PPR Profile with individuals with behavioral health conditions will add to the existing knowledge of how this population uses their time and provide insight into the subjective experiences associated with their activities.

To use the PPR Profile, the participant records each activity they engaged in throughout their day, when, where, and with whom they engaged, as well as feelings of pleasure, productivity, and restoration associated with each activity. Participants are able to describe their activities using their own words and then select what they consider the activity to be (see Appendix 1) (Atler, 2014). The participant rates his or her individual experience of pleasure,

productivity, and restoration on a Likert-type scale of 1-7, where a score of 1 represents feeling extreme displeasure, extremely unproductive, or extremely drained, and score of 7 represents extreme pleasure, extremely productive, or extremely renewed (see Appendix 1).

***Semi-structured Interviews.***

In addition to the PPR Profile, semi-structured interviews were used to explore participants’ experiences within their daily activities. Interview questions were developed through reflecting on the study’s research questions and were also taken from the questions designed for use with the PPR Profile tool. Questioning routes developed for use with the PPR Profile support discussion on the experiences participants’ record on their PPR Profiles, and why they rated their experiences as they did. Prior to beginning data collection, the administration of the PPR Profile and structured interviews were piloted with two individuals with similar behavioral health conditions who were not associated with the community-based behavioral health center. As a result of piloting the procedures, interview questions were refined to be more specific about one’s experiences within the context of their individual daily activities. See Table 2 for sample interview questions used throughout the three interviews in this study.

Table 2.

*Sample Questions*

<b>Interview 1</b>	<b>Interview 2</b>	<b>Interview 3</b>
-Tell me about the day you recorded	-What influences the experiences you have within your activities?	-Can you tell me what activities you wrote down?
- What was your experience of pleasure within the day’s activities?	-Why did you rate (activity) as (experience)?	-What do you notice about your experiences?
- What about the activity made it pleasurable?	-What is supporting or interfering with you doing the activities you want to do?	-What were your most pleasurable, productive, and restorative activities?

## **Data Collection**

For the purpose of this study, data were collected through three one-to-one interviews between the researcher and participant. Interviews took place outside of any services provided by the community-based behavioral health center. Participants engaged in the study for one to three months depending on the date participants began the study. Participants first met with the researcher for the introduction to the study. During this meeting, participants consented to participate in the study, completed a demographic questionnaire (including areas such as age, education, and behavioral health diagnosis), and were trained in using the Pleasure, Productivity and Restoration (PPR) Profile. The researcher provided specific instructions to each participant on the purpose and use of the PPR Profile. Participants were asked to use the PPR Profile to track their activities throughout their day and then to rate his or her experiences of pleasure, productivity, and restoration throughout each activity. Participants were given the choice to fill out the PPR individually for one to three days (n=7) or with the researcher as a retrospective “yesterday interview” (n=2), where the researcher guided the participant in filling out his or her activities and experiences from the previous day.

Following completion of the PPR Profile, the participants met individually with the researcher for three interviews. During the Interview 1, participants discussed their experiences and activities they reported on their PPR Profiles with the researcher. The PPR Profile was used throughout this interview as a means to ask questions. Participants then met with the researcher for Interview 2 to further discuss their activities and experiences. During this interview, participants also described what they felt influenced the experience and activities they reported. Participants also had the opportunity to discuss any changes they would like to make to their daily activities and experiences and what would support or limit them while making that change.

Meetings continued for two to seven weeks depending when the participant joined the study. Researcher documented memo notes after each session to track each meeting. At the end of the study, the PPR Profile was re-administered to participants. They were again given the choice to complete the PPR Profile individually (n=7) or as a yesterday interview with the researcher (n=2). During the final interview, Interview 3, the researcher used the participant's PPR Profile and structured interview questions to facilitate a final discussion to explore the participants' experiences within their daily activities.

### **Data Analysis**

Qualitative data from participant's initial, goal setting, and follow up interviews were transcribed and then analyzed in a manner consistent with an inductive approach which allows research findings to emerge from the raw interview data (Thomas, 2006). Each interview was transcribed and read so that the researcher was familiar with the content of the interview. For the first two interviews, both research analysts read the interviews and identified preliminary codes that addressed the research questions. After initial discussion, a code list was generated. Then both the researcher and research advisor independently coded each interview, adding additional codes to the code list as they saw fit.

The researcher and researcher advisor then met again to determine consistency across codes and code references within the interviews. They developed a list of general codes including *Occupations*, *Occupational Experiences*, *Factors* (that influence occupation or occupational experience), *Broad Experiences* (not associated with specific occupation or activity), *Occupation and Meaning*, and *Occupation and Purpose*. Each general code had sub-codes describing a more specific types of the general code (Miles, Huberman, & Saldaña, 2014). For example, the general code *Occupations* had sub-codes including any occupations participants

mentioned such as *Self-Care*, *Working*, *Walking*, and *Reading*. The *Factor* general code included sub-codes such as *Physical Environment*, *Social Environment*, and *Routine*. Each participant's interviews were coded. Coded interviews were reviewed by the researcher and research advisor independently. While reviewing codes for each participant, the research analysts wrote jottings of their comments, findings, and reflections (Miles et al., 2014, p. 93-94). The researcher met with the research advisor weekly to discuss one to two participant's coded interviews, their jottings, and the common codes and themes within each participant. After each meeting with the research advisor, the researcher wrote a narrative description for each participant to clarify findings (Miles et al., 2014).

Next, the researcher and research advisor met to discuss common codes and themes across participant interviews. The researcher created a table that included each participant's common codes regarding occupational experiences and factors that influence activity choice and experiences. A table of the data, also known as a matrix display, is one way to organize, reflect, and analyze data (Miles et al., 2014). The researcher included multiple quotes from each participant within the table to support the use of codes and themes. The researcher then reviewed the table of data to identify common themes across participants. The researcher met with her research advisor to discuss these themes and both the researcher and research advisor created an agreed upon list of themes representative of the coded interviews and relevant to the research questions.

This process resulted in an exploration of the relationships and patterns between themes. Differences in content and themes were discussed and reconciled by revisiting transcripts. The researcher frequently returned to the participant interview data to ensure that resulting themes were consistent with the data. The researcher also reviewed participant PPR Profile responses

and researcher's notes and reflections she kept during the interviewing process to ensure consistency between experiences reported through PPR Profiles and interviews. Discussion between research analysts continued until consensus on final themes was reached.

### **Rigor**

Validation strategies described by Creswell (2013) for establishing rigor in qualitative research designs were used. The researcher kept an audit trail detailing the specific steps of data analysis as she interacted with the participant data. Through the analysis process, triangulation of analysts was utilized. The researcher and research advisor independently read, coded, and analyzed the data for common findings and themes, and then came together to compare findings. Further, triangulation of data was utilized. Data from interviews was triangulated with the researcher's notes, reflections, and data from PPR Profile.

## CHAPTER FOUR: RESULTS

### Participants

All participants within this study were diagnosed with one or more behavioral health conditions, including depression, bipolar, anxiety, Asperger's, or schizophrenia and were receiving at least one service at the community behavioral health center, such as counseling or medication management. Some participants also reported other health conditions such as obesity and high blood pressure. The majority of participants lived independently in an apartment. All participants were either single or divorced. Participants reported that they were either unemployed (n=4) or working part-time (n=5). Pseudonyms were given to participants and are used in the following results to maintain participant confidentiality. See Table 3 for additional demographic information.

Table 3

#### *Demographics*

Characteristic	Total n=9, (percentage)
Age (years) (n=5)	Range 40-60; Median= 57
Gender (female)	6 (67%)
Race (white)	9 (100%)
Living with others	3 (33%)
Living alone	6 (66%)

### Experiences of Pleasure, Productivity, and Restoration

Participants' experiences of pleasure, productivity, and restoration are described in the following section. Through analyzing each participants' PPR Profiles and interview transcripts, three themes emerged for each of the research questions. These themes reflected how participants described their experiences of pleasure, productivity, and restoration within the context of their everyday activities (see Table 4).

Table 4

*Results*

Research Question	Results
1. What are individuals with mental health conditions' experiences of pleasure, productivity, and restoration within the context of their daily activities?	Theme 1: Productivity associated with getting things done that "I need to do" Theme 2: Pleasure associated with enjoying activities that "I want to do" Theme 3: Restoration associated with feeling energized by caring for myself
2. What factors influence individuals with mental health conditions' experiences associated with their daily activities?	Theme 1: Person and contextual factors Theme 2: Experiences carry over Theme 3: Routine

**Productivity associated with getting things done that "I need to do"**

Throughout the study, participants described experiencing productivity as completing activities they felt they needed to do, such as healthcare management, paperwork, cleaning, and organizing the home. Participants described the experience of productivity as associated with a sense of obligation, using terms such as "I need to." For example, Scott, described productivity as "when you don't want to do it and you push through and do it," and "something that needs to be done." Additionally, the experience of productivity was often described as occurring once an activity was completed. For example, Elizabeth shared productivity as "when I get to do my routine of what I need to do." She continued, "getting things together, paperwork, getting my appointments done...I feel productive doing that." Similarly, Susan described experiencing productivity "once [she] get[s] to the end of what [she] can actually do."

Although only a few participants were employed, these participants experienced productivity as associated with completion of expected tasks. However, when discussing productivity related to work, participants offered additional qualifiers besides completion. Scott

qualified productivity as related to how much he got done while he was at work, whereas Ann spoke to how the time it took her to finish tasks at work influenced how productive she felt. She did not experience productivity when she did not complete her work in time. These work-related productive experiences further illustrate how participants within this study experienced productivity as completion of their daily obligations.

### **Pleasure associated with enjoying activities that “I want to do”**

Participants described experiencing pleasure while engaging in activities free from obligation. For example, Ann described that she experienced pleasure while reading because “you just get to be in a different world. I like the stories and just imagining different things.” Elizabeth shared the importance of having a new book; stating how when there is nothing “stimulating” in her environment, a book “will take me away” and “I feel the pleasure.” Similarly, Susan described coloring as an enjoyable activity that “just kind of lets [her] escape.”

Activities associated with high pleasure included those done alone and with others, and included a variety of activities. For example, Tim described playing piano as “highly pleasurable,” while Jason reported listening to music at church very enjoyable. Other activities associated with pleasure included interacting with animals, walking, and gardening as illustrated through Lisa’s response “getting stuff done in the garden that I want to get done.”

Engaging in activities with others was associated with pleasure. For example, Susan expressed that “just being around people” made her activities pleasurable. However, not having people to socialize with when they wanted to was associated with feelings of displeasure. Susan shared how although being around others was pleasurable, “[she doesn’t] have people to be around.” Jennifer described how having support staff in her home evoked pleasure when she felt

alone. She shared, “even when my nurses came to visit, you know, I would sometimes feel happy ‘cause I would have like company and I wasn’t alone.”

### **Restoration associated with feeling energized by caring for myself**

Participants described experiencing restoration when they attended to what they internally felt they needed to do to care for themselves. For example, Susan listed “taking a bath and washing my hair” as the most restoring activities in her day. Similarly, Ann described how she experienced restoration while caring for herself: “I never really feel energized first thing in the morning or like I got good rest throughout the night, but doing things like taking breaks during the day, or reading, or alone time that’s sort of where I get my energy from, not from sleeping.” After reflecting on her experiences that she documented throughout her day, she noted, “I noticed that I get like, as far as restfulness and feeling restored and everything, like, I do that when I take time for myself.” This association was something Ann noticed as she reflected on her experiences, stating that she “hadn’t really connected that or thought it out like that before. So like since I’ve been trying to schedule in some, like, time to sort of restore and feel re-energized.”

Restoration was experienced when participants listened to their individual, internal self-care needs. For example, participants indicated a variety of activities they considered to be caring for self, such as reading, sitting, putting on makeup, watching TV, and going for a walk. Despite differences in activities, however, activities that participants described as self-care were associated with feelings of restoration.

Caring for one’s self by exercising and spending time outdoors was associated with restorative experiences (Susan, Elizabeth, Becky, Jason). Susan described walking as an activity that she experienced as restorative due to its energizing effect on her. She shared, “walking gives

me more...I'm more energetic when I get home." Elizabeth also described how she felt most restored "during [her] walk" and "after...[her] walk in the mornings," stating that "it'll just get me in the mood to, to do things I need to do." She described the restoration she had from walking as leaving her wanting "to go do something else, like [she] was ready to go and have another activity."

## **Factors**

Three themes emerged from participant interviews that illustrated how different factors influenced participants' experiences throughout their activities. These included: 1) person and contextual factors, 2) experiences carry over, and 3) routine. The following section explores the fluidity of experiences and activities, and explores how the factors contribute to an intricate relationship between activities and associated experiences.

**Person and contextual factors.** A pattern that emerged across all participant interviews was that person factors and the external context interacted to influence participant engagement in activities and their experiences within those activities. Person factors included *internal perspective* and *current states*. *Internal perspectives* were defined as the way one thinks about something which is often influenced by one's values, beliefs, and prior experiences. Examples of internal perspectives include, "I'm a perfectionist" (Jennifer), "I'm very good at pushing things off" (Susan), and "I've always been a caring person" (Scott). *Current state*, a term used by participants, described their in the moment experience of their mental health condition. For example, Elizabeth shared, "the less I do the less I want to do and I think that's a lot to do with my anxiety and the depression." In addition to these person factors, contextual factors emerged. Contextual factors refer to aspects of the *physical environment* and *social environment* in which

a participant engaged in an activity. Both person factors and contextual factors can influence the participant's experience within an activity.

The intersection of person factors and contextual factors impacting experience is exemplified through Scott's experiences of watching TV. Scott's description of watching TV at different times illustrates how a change in person factors influenced his experiences while external factors (sport shows on TV) remained constant. When he was feeling anxious, Scott felt watching TV was productive. He reasoned that "sometimes I need to rate it as being more productive because I tend to watch sport shows when I'm anxious as a coping skill, as a form of distraction." He shared, "I don't think I should [rate it as unproductive] because that's kind of my go-to distraction when my anxiety is bad." Other times, when he does not feel anxious (that is, his *current state* had shifted), Scott reported watching TV as non-productive. He shared, "I don't think it's very productive sitting there watching TV as opposed to like reading a book, [which] I would give it a higher productivity score." Scott's experience of productivity when watching TV shifted depending on his *current state*.

Similarly, sometimes the contextual factors changed and interacted with the person factors to influence activities and associated experiences. Ann reflected on how a group cancellation (change in the *physical environment*), and the dynamics of the *social environment* (crowded) influenced what activity she participated in and how she experienced it. She shared, "I was planning on going to go to that group but that group got cancelled but then I went over to [group building] and that was good. It was really crowded over there so I was feeling just a little bit out of place." She described how the *social environment* influenced her experience of being at the community-based center. She then shared how her previous experience with a group (person factor), and the availability of a different group (contextual factor), influenced her group

participation and experience within the group, stating, “In the afternoon...they did a baking group, which I’ve done that one before and I did that. I really enjoyed that.”

Like Ann, Susan’s experiences were influenced by her person and contextual factors. Susan needed a certain *physical environment*, her mother’s neighborhood where there was a track, and *social environment*, a friend to watch her dog, in order for her to go on her walk. The importance of these contextual factors were influenced by Susan’s person factors, specifically her *internal beliefs* about her own neighborhood. She shared, “I don’t know why, it’s a mindset that I won’t go where I live. It’s just kind of dicey anyway.” Her *internal beliefs* about her neighborhood influenced what *physical environment* she was willing to walk in. This interaction between person and contextual factors influenced how often she walked and therefore how often she experienced the pleasure she associated with walking.

**Experiences carry over.** Experiences associated with one activity influenced participant experiences in the activities that followed. For Susan, not doing her paperwork tasks made her feel unproductive and caused a pleasurable activity for her, reading, to be experienced with guilt. She shared, “I mean the worst part for me of anything is all this paperwork that has to be done, and I make a mountain out of a molehill, I know. So that upsets me and reading helps but then I feel kind of guilty ‘cause I haven’t done anything with my paperwork and stuff.”

The impact of one activity’s experiences on later experiences was further exemplified by Elizabeth’s description of getting together with a friend. After spending time with a friend, which she described as a highly pleasurable and renewing activity, Elizabeth reported “I don’t feel so drained after” and that her experiences “carries on for a while” as she transitions into doing “mundane things” when she returns home.

**Routine.** Activities that participants engaged in routinely were associated with higher experiences of pleasure, productivity or restoration. For example, Scott discussed the importance of setting aside time as part of his routine to complete his paperwork. He described this time as “productive time” because he felt more productive having a designated time within his routine to work on his paperwork instead of feeling unproductive when putting off his paperwork day to day. Scott found that having “productive time” as part of his routine relieved him from worrying about his paperwork tasks throughout his days because he knew there was a designated time to work on getting paperwork done. Because he worried less, Scott reported that he was able to experience more pleasure and enjoy his activities more throughout his day.

Likewise, Elizabeth described the importance of incorporating walking, an activity she described as pleasurable and restorative, into her routine. She explained the benefits of having walking as part of her routine to motivate her to engage in the activity so that she would have the experiences she knew she had when walking; “it’s just making that first step of saying get up and do it, and then getting a routine down... sometimes it’s kind of like, oh yeah, why am I doing this and then I realize- I just like, oh, just do it. Put my tennis shoes on and do it and... by the time I get my tennis shoes on I feel good about it.”

## CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore individuals with mental health conditions' experiences of pleasure, productivity, and restoration within their daily activities as well as the factors that influence those experiences. Results of this study contribute to our current understanding of how individuals with mental health conditions experience their activities within the context of their daily lives. Because people create meaning through doing within the context of their daily lives (Hasselkus, 2011), how individuals experience their daily activities is essential to understanding how individuals can experience meaning as part of their recovery process. The following section will discuss the results of this study in relation to previous research exploring the experiences, time use, and recovery process of individuals with mental health conditions and provide implications for occupational therapy practice.

Previous researchers have explored the experiences of individuals with mental health conditions' through studying individuals' time use in specific categories of occupations, such as work and leisure, and through reflective interviews about individuals' general experiences. To the researcher's knowledge, this study was the first that allowed participants to document their time-use and describe their experiences within the immediate context of their everyday activities. This approach provided insight into what influenced participants' experiences of pleasure, productivity, and restoration because participants provided a rich description of the activity, the context, and experiences that activity evoked.

Activities and experiences reported by participants in this study were consistent with previous literature. Activities including spending time outdoors, meditating, gardening, and listening to music that were described as pleasurable by participants have been previously

mentioned in Borg and Davidson's (2008) study on the experience of recovery as activities that made life easier. This association might suggest that activities that are pleasurable are experienced as easier or that individuals who describe their life as easy experience more pleasure. Similar activities were also described as pleasurable in a qualitative study of the occupational well-being of individuals with severe mental illness (Milbourn, McNarmara, & Buchanan, 2017). Experiences of productivity described by participants were similar to previous researchers' findings that individuals with mental health conditions experience productivity as related to a sense of self-efficacy and needing to rest after. Further, restoration was commonly experienced when caring for self and relaxing throughout both this study and previous studies. (Haertl & Minato, 2006; Leufstadius, Erlandsson, Bjorkman, & Eklund, 2008).

However, looking at the data of this study reveals that experiences associated with specific activities do in fact vary. Therefore, we need to pay attention to contextual factors that influence how activities are experienced by the individual. Participants' experiences of pleasure and restoration were not always associated with a specific activity. Rather, their experiences fluctuated. At times, an activity may have been associated with high levels of productivity, pleasure, or restoration, whereas at other times the same activity may have been associated with unproductivity, displeasure, or drain. The earlier description of Scott's experiences of watching TV exemplifies this fluidity of experiences. At times, watching TV was a coping method he experienced as highly productive, and at other times he described watching TV as unproductive. This fluidity of experiences suggests that it is not purely engagement in an activity that contributes to meaningful experiences. Further, it provides insight into why individuals with mental health conditions may spend more time engaging in "passive" activities, such as resting

and watching TV, as noted by Haertl and Minato (2006). This dynamic nature of experiences revealed in this study is a significant contribution to the current body of literature.

Because previous researchers have described the need for meaningful daily life experiences to facilitate the recovery process for individuals with mental health conditions, it is imperative that as occupational therapists we broaden our understanding of how the factors outside of the individual may impact or limit his or her activity engagement and occupational experiences. As previously described, individuals derive meaning through the experiences they have within their daily activities (Hasselkus, 2011). This meaning-making process is essential to the recovery process for individuals with mental health conditions (Deegan, 1988; SAMHSA, 2017). Therefore, the varying factors revealed in this study and their ranging impact on individuals' activities and experiences necessitates further exploration for how these factors can be utilized to best support individuals with mental health conditions' engagement in meaningful daily life activities. The significance of these factors on daily activities, and the daily activities' impact on one's experiences is consistent with the call of Borg and Davidson (2008) when they wrote "the trivialities of everyday life must be seen as anything but trivial" (p. 138). This study as well as other studies that explore the daily activities and experiences of individuals with mental health conditions are necessary to broadening knowledge on how daily life can be best supported, and thus, support recovery.

The concept of factors interacting to influence one's occupational engagement and experiences is not new to the field of occupational therapy. Ann Kuo, an occupational therapy and occupational science researcher, describes the inseparability of the person and environment. She acknowledges how our daily actions are situated within an ongoing, ever-evolving context,

emphasizing that “a person’s thoughts and behaviors, that is, the seeds for experience are inherited and shaped by the environment” (Kuo, 2011).

Many of the factors identified that influenced the activities and experiences of participants in this study were factors that were largely influenced by the environment, such as opportunities for social connection. This is consistent with evidence that recovery is transactional, as it occurs through both the person and his or her environment (Davidson, 2007). The complex experiences we have and activities we engage in are situated within a dynamic societal and cultural environment.

It is critical for occupational therapists to explore how individuals with mental health conditions view their experiences within the context of their actual activities in order to gain insight into how they experience meaning and purpose throughout their daily lives. Because meaningfulness and purposefulness are critical components of the recovery process, and individuals may create meaning through *doing*, it is imperative that occupational therapists support individuals’ participation in activities that evoke experiences that can contribute to their sense of meaning. Through talking with participants about their experiences associated with their activities, occupational therapists can identify the factors that are impacting their experiences and the activities they choose to engage in. In this way, occupational therapists can strategize to help support engagement in activities participants want and need to do by exploring all of the factors that they identify as impacting their activity choices and experiences.

Today, very few occupational therapists work in community-based mental health settings, but across settings that occupational therapists work in they are serving individuals with mental health conditions. Occupational therapists can fulfill a unique role that supports the recovery by facilitating individuals with mental health condition’s occupational engagement and participation

in meaningful activity (Swarbrick & Noyes, 2018). Understanding the fluidity of experiences within daily activities and the dynamic factors that influence these experiences is essential for occupational therapists and health care professionals assisting individuals with mental health conditions with their recovery. Because of the complexity of factors that influence participants' activity engagement and experiences within those activities, occupational therapists must actively explore: 1) clients' experiences within their occupations, and 2) clients' views as to the factors that are influencing their daily activities. By recognizing these interactions, occupational therapists can help individuals with mental health conditions develop strategies to support their engagement in their desired activities. Supporting individual's engagement in daily activities that evoke experiences of pleasure, productivity, and restoration can facilitate their experiences of meaning and community participation, which are known factors to supporting the recovery process.

### **Limitations**

The assessment tool utilized in this study, the PPR Profile, provided participants with vocabulary to express their experiences, including the terms pleasure, productivity, and restoration. Participants seemed to adopt and utilize this terminology after completing the PPR Profile, and therefore it seems that these terms provided participants with a framework of vocabulary to express their experiences. Providing participants with three experiences may have limited participants from sharing or identifying other experiences they associate with their activities (however, participants in this study did share other experiences such as guilt, boredom, and satisfaction throughout the interviews). Further, due to the small sample size and the heterogeneous sample of individuals with a broad range of behavioral health diagnoses, the results of this study are limited and further research exploring the experiences of individuals with

behavioral health conditions needs to be done to increase the transferability of findings. Social desirability may also have influenced how participants self-monitored their activities and experiences. Desirable behaviors may increase when being monitored (Nelson, 1977) which may impact what participants chose to do and report when recording their daily activities.

### **Future Research**

This study explored the experiences of nine individuals living with mental health conditions in the community, which provided deeper insight into the experiences of these individuals within their daily activities. However, further research that explores the experiences of individuals within their daily activities is needed with a larger population of individuals living in the community with mental health conditions before these findings can be generalized. Further research on individuals with mental health conditions' experiences within the context of their daily activities could also explore individuals living in in-patient behavioral health centers to deepen the knowledge of how individuals experience their daily activities throughout their recovery process. Continuing research could also explore how individuals who self-identify as being at different stages within their recovery process experience their activities. Future research could also continue to explore how individuals with mental health conditions experience meaning and purpose within the context of their daily activities by explicitly interviewing individuals with mental health conditions on how their occupational experiences contribute to their sense of meaning and purpose within their days.

### **Conclusion**

By examining individuals with mental health conditions experiences of pleasure, productivity, and restoration within the context of their everyday activities, this study found that participants associated productivity with getting things done that "I need to do", pleasure was

associated with enjoying activities that “I want to do” and restoration was associated with feeling energized through caring for oneself. The use of the PPR Profile and participant interviews revealed the complex interaction between factors that influenced participant’s activity engagement and their experiences of pleasure, productivity, and restoration within those activities. This was present through themes of personal and contextual factors, routines, and prior experiences which all influenced participants’ activities and experiences. Implications of these findings emphasize the need for occupational therapy professionals to facilitate participation in activities that evoke experiences of pleasure, productivity, and restoration, which contribute to the meaning and purpose essential for supporting the recovery process for individuals with mental health conditions.

## CHAPTER SIX: REFLECTIONS

After graduating from the University of Wisconsin- Milwaukee with my Bachelor's degree in occupational science, certificate in recreational therapy, and minor in psychology, I was passionate about how occupation had the potential to impact the way we feel and how we go about our everyday lives. Particularly, I was interested in better understanding the relationship between engagement in our desired occupations and mental health and well-being. I was inspired to attend an occupational therapy program where I could pursue a deeper understanding of this relationship between mental health and occupation. I discovered Colorado State Occupational Therapy's Occupational Therapy program's opportunities for occupation-focused research, and after beginning my first semester here, I met with Dr. Karen Adler to discuss possible research projects.

I did not know this then, but this research project I was about to begin would be life changing. Throughout this research process, I have broadened my understanding of occupational therapy's role in mental health care and learned about myself as an emerging researcher and occupational therapy professional. In addition to findings presented in this paper, I learned through my fieldwork placement at the community-based mental health center the importance of *doing* to individuals' mental health and well-being. Through taking the time to sit down, reflect on, and discuss one's activities and experiences and then create a plan to mitigate barriers to participation, many participants began participating in new activities that evoked experiences they expressed wanting more of. Participants had shared with me upon leaving my fieldwork placement that they felt understood, felt less symptoms of their mental health conditions, had more of their desired experiences, and were grateful for the opportunity to participate in

occupational therapy research. I recall one participant sharing that he had been attending the community-based mental health center for many years but felt that no one had thought to ask him what he does every day. He shared that participating in this study had a significant impact on his life. This was just my personal experience as a beginner occupational therapist in an emerging practice area of community-based mental health and more research needs to be done to explore how occupational therapy interventions may influence the daily lives and experience of individuals with mental health conditions. However, this experience was one that was inspiring for me and made me feel like I am right where I need to be in my career. I feel called to continue to research, advocate for, and work with all individuals with mental health conditions as well as individuals across other occupational therapy settings (whom may or may not have a mental health condition) because I believe that participation in personally meaningful occupations that evoke experiences of pleasure, productivity, and restoration is essential to the mental health and well-being of everyone.

As a new researcher, I found that navigating, organizing, and conceptualizing the information available in existing literature was difficult for me. I developed systems for organizing the literature I accessed, but often felt overwhelmed. I kept coming back to the same question: “who am I to know when I know enough about one topic to speak about it confidently?” I would explore one research topic, then another, and another. I would add a new area of literature to my paper, and then decide later that it was not relevant to my research questions. Dr. Adler’s support throughout this process was helpful and inspiring as she directed my focus towards my specific research questions. Still, I struggled with this big question. Now, I’ve realized that this was hard for me because there are so many areas of research relevant to individuals with mental health conditions and their everyday experiences because human

experiences are complex. If there is one critical impact this research project has had on me, it is that it has increased awareness of the complexity of human engagement in occupation.

I learned as much about my own time use, daily activities, and what influences whether or not I engage in an activity throughout this research project as I learned from the unique individuals who volunteered to participate in this study. Critical examination of other individuals' daily occupations and experiences led me to consider my own time use and personal experiences in a similar way. This has had a significant impact on me as an emerging occupational therapist because by taking time to consider the complexity of my own experiences, I've developed greater empathy and compassion for meeting a person wherever they are at in their goals and have strengthened my ability to identify the factors that are significantly impacting an occupation and create strategies to promote engagement despite those barriers. I'm grateful for Dr. Karen Adler who has consistently met me where I was at throughout this research process. Each meeting I've had with her, she has demonstrated unending empathy, grace, and inspiration, always making the next step feel exciting and attainable.

After I complete my Master's in Occupational Therapy, I hope to carry the support I have been given throughout this project and extend it to my future occupational therapy clients. I would like to continue to build my knowledge of the complexity of human occupation and the role occupational therapy has in supporting the participation and performance of individuals' with mental health conditions through continued research, one on one services, and advocacy as an occupational therapist. As an occupational therapist I hope to facilitate individuals' participation in their desired activities and that through this, I can support their experiences of meaningfulness, purposefulness, and recovery.

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**The Daily Experiences of Pleasure, Productivity, and Restoration Profile  
(The PPR Profile)**

Have you ever thought about how your experiences of pleasure (enjoying life), productivity (getting something done), or restoration (feeling your energy being renewed) impact your health and well-being? Researchers have helped us learn that we need to be more than physically active to maintain or improve our health and well-being. We need to enjoy life, feel good about what we do or accomplish, and learn to take time to restore or renew our bodies, minds, and spirits to support our health and well-being.

The purpose of the PPR Profile is for you to:

- Become aware of what you do and experience in everyday life
- Reflect upon your experiences of pleasure, productivity, and restoration
- Discover what impacts how you feel about what you are doing
- Think about how what you do and your experiences impact your health and well-being

The first step to making changes to improve your health and well-being is to become aware of what you do and experience. Then you can decide what you need or want to do to make changes.

**Instructions:**

1. Read all the instructions and examples before starting
2. Complete the Who I Am Information
3. Record all of your activities in order, including the time you sleep – there should be no gaps in time. Begin at 6:00am and end at 6:00 am the next day.

4. When you are done recording your activities and experiences, answer the Reflection Questions at the end of the booklet.

**Recording information related to your activities:**

- Time Began:** Record the time the activity began
- Time Ended:** Record the time the activity ended and the next activity began
- What You Did:** Record your main activity
  - Include enough detail so you can recollect your day later
  - Estimate activities to the nearest 10 minutes
  - Some activities may take place for minutes, others for hours
  - If you prefer not to specifically identify the activity, you can use more general terms; for example, “went to Alcoholics Anonymous meeting” can be recorded as “went to group meeting”

**-I Consider This Activity to Be:** Check one box to indicate what you think this activity is for you.

**-With Whom:** Record who was present (i.e. alone, partner, friend, family members)

**-Where:** Record where you were (i.e. home, work, school, friends, outdoors)

**-Your Experiences:** Rate the level of your experiences for each activity (see examples)

Rating Scale – Consider each experience, then record the bold number for each experience using the following table:

<b>Pleasure (PLE):</b> <i>experiencing enjoyment</i>	<b>Productivity (PROD):</b> <i>feeling like "I got something done"</i>	<b>Restoration (REST):</b> <i>experiencing my energy restored</i>
<b>1</b> Extreme displeasure	<b>1</b> Extremely unproductive	<b>1</b> Extremely drained
<b>2</b> Moderate displeasure	<b>2</b> Moderately unproductive	<b>2</b> Moderately drained
<b>3</b> A little displeasure	<b>3</b> A little unproductive	<b>3</b> A little drained
<b>4</b> Neither displeasure nor pleasure	<b>4</b> Neither unproductive nor productive	<b>4</b> Neither drained nor renewed
<b>5</b> A little pleasure	<b>5</b> A little productive	<b>5</b> A little renewed
<b>6</b> Moderate pleasure	<b>6</b> Moderately productive	<b>6</b> Moderately renewed
<b>7</b> Extreme pleasure	<b>7</b> Extremely productive	<b>7</b> Extremely renewed

**Remember:**

-Don't over-analyze. If you have difficulty choosing a rating level, record the lower level.

-There is no right or wrong answer. Only you can tell us how you feel. But do know that:

- It is common to experience the entire range of pleasure, productivity, and restoration during different activities or times
- You may experience different feelings for the same activity at different times
- The more honest you are with yourself, the more you will learn about yourself and your activities. Remember that becoming aware of your activities and feelings is the first step to making change to support your health and well-being

-Comments: Record other feelings you had or details you want to remember in the comment section at the bottom of the page.

Examples:

-Example 1: Student and part-time worker

Time began	Time ended	Main activity	I considered this activity to be:	w/ whom	Where	PLE	PROD	REST
Got up at: 6:30	6:45	Checked E-Mail	<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input checked="" type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other <input type="checkbox"/> Caring for others <input type="checkbox"/> Working <input type="checkbox"/> Fun/Leisure <input checked="" type="checkbox"/> Socializing <input type="checkbox"/> Helping others <input type="checkbox"/> Resting <input type="checkbox"/> Spiritual related	Alone	Home	5	6	3
6:45	7:15	Drank Morning Coffee and visited with partner	<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other <input type="checkbox"/> Caring for others <input type="checkbox"/> Working <input type="checkbox"/> Fun/Leisure <input checked="" type="checkbox"/> Socializing <input type="checkbox"/> Helping others <input type="checkbox"/> Resting <input type="checkbox"/> Spiritual related	Partner	Outside Patio	6	5	5
7:15	9:00	Did Homework, with radio on	<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input checked="" type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other <input type="checkbox"/> Caring for others <input type="checkbox"/> Working <input type="checkbox"/> Fun/Leisure <input type="checkbox"/> Socializing <input type="checkbox"/> Helping others <input type="checkbox"/> Resting <input type="checkbox"/> Spiritual related	Alone	Home	2	5	1
9:00	9:30	Showered and got ready for class	<input checked="" type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other <input type="checkbox"/> Caring for others <input type="checkbox"/> Working <input type="checkbox"/> Fun/Leisure <input type="checkbox"/> Socializing <input type="checkbox"/> Helping others <input type="checkbox"/> Resting <input type="checkbox"/> Spiritual related	Alone	Home	4	3	4

Comments: Enjoy starting the day with coffee and my partner; had a hard time studying, the chapter was really hard to read and I didn't like the topic.

The day I recorded was (check one):

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

I went to sleep at \_\_\_\_\_ (time)

I got up at \_\_\_\_\_ (time)

When I woke up this morning, I felt (check one):

- Extremely drained  Moderately drained  A little drained  A little renewed  Moderately renewed  Extremely renewed

Time began	Time ended	Main activity	I considered this activity to be:	w/ whom	Where	PLE	PROD	REST
Got up at:			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					
			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					
			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					

Comments:

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Time began	Time ended	Main activity	I considered this activity to be:	w/ whom	Where	PLE	PROD	REST
			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					
			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					
			<input type="checkbox"/> Caring for Self <input type="checkbox"/> Caring for Home <input type="checkbox"/> School related <input type="checkbox"/> Health related <input type="checkbox"/> Enrichment/Learning <input type="checkbox"/> Traveling <input type="checkbox"/> Doing nothing/Hanging <input type="checkbox"/> Other _____					
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Comments:

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