Meaningful Work in Supportive Environments: Experiences With the Recovery Process

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Key Words: human activities and occupations • rehabilitation, vocational • self concept

Objective. This ethnographic study examined what makes work meaningful for persons with persistent mental illness and how this meaningfulness relates to their recovery.

Method. Twelve persons between 32 and 58 years of age who had been involved an average of 19 years with a formal mental health system participated in in-depth interviews and a focus group. Thematic analysis and case studies were understood in the context of the investigator's 15 months of participant observation of 35 persons with psychiatric disabilities working at an affirmative business.

Results. The meaning of work varied with participants' perception of their illness and their self-concept. Changes in their self-efficacy and self-concept were driven by their participation in work activities to operate the affirmative business.

Conclusion. Findings suggest that therapists could potentially facilitate these changes in clients' sense of self-efficacy and self-concept by helping them make connections with meaningful occupations and contributions to organizations in the community and to experience challenges and successes in the context of meaningful work.

Meaningful employment is believed essential to the recovery process for persons with mental illness (Leete, 1992). The need to engage in meaningful occupation for health and well-being is a central tenet of occupational therapy (Canadian Association of Occupational Therapists [CAOT], 1991). Therapists use meaningful activity as a rehabilitation modality. However, little is known about what makes work meaningful for persons with mental illness nor how meaningfulness of work relates to recovery. The value and meaning of work will vary for different groups and individuals, particularly between clients and professionals (Clark, Scott, & Krupa, 1993; Fabian, 1989; Tebes & Kraemer, 1991).

Western society's ideas about health and mental illness are changing. A person's ability to exercise control over his or her life is essential to mental health (World Health Organization, 1986), and the environment is viewed as a determinant of health and well-being (Department of National Health and Welfare, 1986, 1988). Given these realizations, it follows that environments, as well as persons, may have enabling and disabling effects on work experiences. The consumer literature points to

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1 Recovery refers to an internal process of personal change whereby persons with disabilities "experience themselves as recovering a new sense of self and purpose within and beyond the limits of the disability" (Deegan, 1988, p. 11).
disabling environments and the need to change attitudinal and systemic barriers (Jongbloed & Crichton, 1990). On the basis of environment–behavior studies and client-centered practice concepts, occupational therapists have proposed that satisfying experiences for optimal functioning are the outcome of person–environment–occupation transactions (CAOT, 1997; Law et al., 1996). To date, the effect of the environment on the work experiences and health of persons with mental illness is not well understood.

This study examined the work experiences of a consumer group of mental health services to identify the meaning work holds for them and to identify the important personal, occupational, and environmental factors, including living with a mental illness, that affect the meaning of work. This information was sought to improve the understanding of these consumers’ work experiences.

Method

Approach

An ethnographic approach using qualitative methodologies was used to gain an in-depth perspective of consumers’ lived experiences and the meanings and situational constraints of their everyday lives (Denzin & Lincoln, 1994). Strategies to enable findings to be evaluated for credibility, transferability, dependability, and confirmability (Krefting, 1991) were incorporated into the study design. The major strategies used to establish trustworthiness of data were the investigator’s prolonged engagement on site with varied field experiences; ongoing cross-checking of findings with participants; self-reflection to monitor assumptions and test explanations; and triangulation or comparison of information by source, method, and theory (Lincoln & Guba, 1985).

Participants and Setting

Twelve of the 35 persons with psychiatric disabilities employed at an affirmative business called HARP (Helping And Rehabilitating People) Ceramics and Gifts Incorporated—a nonprofit ceramics business in downtown Hamilton, Ontario—served as participants in this study. HARP provides a range of opportunities for work, skills training, self-development, and employment in a transitional employment setting. Affirmative businesses have been actively supported as a vocational option and self-help initiative for consumers as part of the Canadian government’s Mental Health Reform (Trainor, Pomeroy, & Pape, 1993). The rationale for such businesses is that consumers’ health and well-being improve by increasing their personal control over their everyday lives. These businesses provide the opportunity for flexible employment with regular wages in a realistic work environment. They use an independent living model of practice rather than a service or rehabilitation model (Trainor & Tremblay, 1992). Therefore, consumers at HARP function as employees or supervisors, and three occupational therapy service providers operate as a resource.

Participants were 10 men and 2 women between 32 and 58 years of age who had experienced considerable and persistent mental illness. Most had spent the majority of their adult lives involved with the formal mental health system ($M = 18.92$ years, range = 4–30 years), with 0 to 16 admissions ($M = 4.55$ admissions) over the past 10 years. Three participants had no previous work experience, six had unskilled temporary work experience, and three had skilled or professional employment. They varied with respect to formal involvement in the HARP organization, with six not involved on any committees, four being committee members, and two serving on the board of directors.

Procedure

For 15 months, the investigator was immersed in HARP activities, using participant observation techniques to understand the setting from personal experience and to obtain contextual information. Efforts were made to participate in every aspect of the HARP experience, including scheduled meetings, informal discussions, coffee breaks, and social activities. The investigator worked alongside the 35 HARP members as they taught their craft in each aspect of ceramic production. She also kept a field journal in which the schedule of actions, events, reflections, and questions and inconsistencies for follow-up were recorded. A research advisory committee of six consumers and one service provider advised the study and provided feedback about its effect on HARP’s operations.

During the 15-month experience, the investigator interviewed 10 participants individually. Johnson’s (1990) framework was used to purposefully select for interview a small number of information-rich persons that could provide variations and multiple perspectives of issues. This framework suggests selection of study participants on the basis of both a theory-driven, a priori framework and a data-driven, emergent framework (see Appendix). A pilot-tested, semistructured interview guide was used to assist participants in telling their stories about past and present work experiences and in talking about the sorts of things that affected these experiences. The participants were asked to reflect on the present in comparison to the past in order to understand their meanings of where they had been, where they were at present, and where they hoped to go. Interviews took place in a location of the participant’s choice, lasted from 45 min to 2 hr, and were
audiotaped and transcribed verbatim.

As the study progressed, six consumers moved or began the process of moving to independent living arrangements (e.g., apartment, consumer-run home) for the first time in their lives. Five of these six consumers participated in an audiotaped focus group, two of whom had not been previously interviewed individually (raising the study sample to 12). On the basis of a study guide, discussion focused on what difference, if any, the HARP experience had made in their lives and on suggestions for change. The group provided added depth about the supports and barriers to their meaningful participation in work activities, validated information collected in the individual interviews, and clarified how the factors identified in the interviews were connected.

Analysis

Using an "editing style analysis" without a template (Miller & Crabtree, 1992), the investigator coded the transcripts in the context of individual participant experiences and incorporated participants' meanings and culture with the assistance of NUD.IST (Non-numerical Unstructured Data Indexing Searching and Theorizing) software (Ritchards & Ritchards, 1994). Half the transcripts were independently co-coded with a research assistant, and percent agreement was calculated. Data arrays and case studies were returned to throughout analysis to verify emerging ideas, search for negative cases, and ensure that individual variations (e.g., personal meanings, life experiences) were not lost.

Essential Themes Framing the Meaning of Work

Recurrent themes that shaped participants' work experiences emerged from their stories. These were organized into three areas: (a) themes framing the meaning of work; (b) barriers and supports to meaningful occupation; and (c) ideas for change. This article reports on the themes framing the meaning of work.

The major themes framing participants' meaning of work were (a) living with a label, (b) becoming a capable person with a future, (c) getting on with life, and (d) finding a place in this world. Participants' experiences were individually unique. Consequently, there were many variations or modes of expression within each theme because these themes moved in and out of importance in the participants' lives. Although the themes were delineated as four separate issues to facilitate understanding, they were overlapping and interactive.

Living With a Label

This theme encompasses participants' daily struggle with their illness and with what it means to have a mental illness in our society. They spoke of battling their mental illness in a world where they were victimized, blamed, and labeled. They struggled to take a stand against the illness while grasping for control and dignity. Their stories were of a battle with illness on the fringes of society in an uncertain world of poverty with limited choices or opportunities to exert control.

Carl, who was approaching 60 years of age, has spent more than 30 years in the formal mental health system. Having been raised in a work ethic culture, he thought it important to continue some form of work in order to maintain a sense of self. He lived in a boarding home with persons who were only faces to him, and, with no family of his own, he referred to a hospital-based network of staff members and friends as a type of family. His total income from a disability allowance and wages earned at HARP was below the poverty line. Although he had not been in hospital for 7 years, he worried about the day when the voices he heard may take over again:

You're fighting yourself to keep your sanity, and your thoughts are going so fast, and you're so erratic, and you're constantly fighting to prove your sanity within yourself without bothering other people [laughs nervously]. I don't talk; it's an emotion that says, "Care on and get through each day." It's a daily struggle.

Eric, a member of the second generation of a close immigrant family and a laborer who worked hard in factory jobs to complete two degrees in university before becoming ill, described the battle with illness as:

You've heard life described as a game. Some people are better at the game. Well, in the schizophrenic setting, with the different people working, it's another type of game. It's a game that you have to somehow get out of it the knowledge and the presence of mind to get rid of things that bother you mentally...You're playing against the voices. You're beating them. You're getting them off you. It's like getting out of a series of jails...the [other] game is communicating with other people and being careful people don't hurt you. There is a game within and a game [outside of the person].

The battle is not only within himself, but also in negotiating the outer social world while often struggling to organize thoughts or distinguish reality.

Participants described a history of rejections and failures. Many had come to see themselves as incompetent failures and outcasts. The illness and others' responses to it served to reinforce the participants' views of the world and themselves. For example, Ken's feelings of being different and shunned were reinforced by successive job failures, illness, and the community's reaction to his illness:

"People back home would walk away from me. They treat me like an invalid." Today, minor events, such as a rude comment or a raised voice, bring back the failure-rejection experiences for Ken:

Well, I still, on certain times, I'll feel kind of shunned out. When I'm meeting people after or before a meeting or if I'm in a conversa-
Several participants echoed Ken’s comments. They reported experiencing a society that characterized persons with mental illness as “lazy,” lacking intelligence, and incompetent. Participants were left feeling sensitive about these issues. Some had internalized a personal sense of failure for not having stayed well. They described how these feelings were further reinforced by repeated failures and rejections in a system that places expectations on the individual, rather than on the system or environment, to change. The victim is blamed for his or her illness.

Participants repeatedly found themselves in situations lacking choices or opportunities and often perceived their lives helplessly controlled by other persons or organizations. For example, “My dad took me to the hospital and had me put in there for 3 or 4 weeks, and after I got out, they put me in a boarding home for 5 years.” In hospital, some participants felt treated as “subhumans,” “a number,” or “an illness” and “held prisoner” by the health care system. At boarding homes, they must live by the wishes and rules of the home’s operator and in poor conditions: “The home operators don’t feed them properly. Sometimes they say ‘Oh, you got to be out all day.’ You can’t come home at lunch time.” These disempowering experiences affected participants’ self-confidence and their willingness to try new things and restricted their ability to dream or make future plans.

Becoming a Capable Person With a Future

This theme represents an internal process in which some participants were changing how they viewed themselves. There was a growing self-awareness of possibilities for themselves and their future in the midst of their daily battle with illness. Through daily, persistent efforts at work, participants were redefining themselves by regularly demonstrating concretely to themselves that they were capable of more. By being capable, they showed themselves that they were a person, not just a patient, and transcended society’s labels. Many participants were connecting and developing relationships with HARP’s activities and people.

All the participants spoke with pride about their recent successes and accomplishments, such as effectively managing a new position at work, asserting themselves to others, moving to an apartment, staying at a job for 1 complete year, managing a relapse without admission to hospital, and taking initiatives or added responsibilities at work. They reported how day-to-day successes and accomplishments toward small goals created hope for bigger successes and larger goals in the future: “Like a job well done, you feel good about yourself, and I think, you know, coming here on time, it builds, it makes you have more goals….Like maybe not big goals but small goals.”

Some described a growing inner consciousness about their situation, realizing that they were responsible for themselves and coming to some resolution to help themselves. After 30 years of seeing psychiatrists, Beth realized, “My parents won’t always be around,” and the psychiatrists and pills would not “cure” her. Beth was renegotiating herself as she was moving away from the psychiatric system and her patient persona. She identified a change in how she perceived herself in relation to her illness:

I have a different headset when I go out in the morning….Well, I don’t see myself quite the same as a loony. I don’t see myself as sick. I was more depressed when I first started HARP. Now, I phone in [to cancel work] less often.

Like some other participants, Beth described an awakening process where she had begun to feel and think like a person. She talked about coming out of her patient “cocoon” where she was “in my own world. It was like a switch turned on.” As a part-time student at university, she started “thinking.” Now working full-time at HARP, she was “dealing with the outside world,” and “work has become more important.” Beth reported, “I’m now less often falling apart, don’t lose touch with reality as much.”

As an example of her new stability, she spoke of finding out that she had a physical health problem and yet was able to come into work the next day, although, in the past, that “would have sent me off the end,” unable to function much less work. Several participants now viewed themselves as active participants in making things happen for themselves, and future possibilities were beginning to be realized, as Gary attested:

Now I’m changed. I don’t want to leave work until 4. Working at ceramics here [at HARP] is something I really like; it’s not hard to bear, in fact. There’s a sense of happiness here, a sense of achieving something for myself….I want to do things more, want to work rather than just sit around.

These personal internal changes took many different forms and were expressed in different ways. Some participants reported a change in their outlook toward work and life in general. Others found that their new sense of self and values were incongruent with their living situation, stirring up feelings of resentment, anger, and unhappiness with the status quo. Consequently, some moved or were in the process of moving to apartments for the first time (or the first time in a long time), turning their anger and dissatisfaction into an impetus for change. For others, the change took the form of protest. Their new-found sense of capable self as an active agent in their own lives was heard in their assertive opinions. For example:

They [HARP members] have put their own foot down….They got to use their own incentive and not somebody else’s. Time comes
One participant viewed this internal renegotiation process as a form of reckoning with oneself and a precursor to taking action to make change, saying, “They’re starting to smarten up. Once they get well, they want to get on with their lives.”

*Getting on With Life*

Another theme was getting on with life or purring passion. He moved to a group home with five other consumers where residents were independently responsible for themselves and the total running of the home. “I now have happy thoughts,” said Gary, “happier because now I’m responsible for myself. I cook, clean, pay my own rent.” Gary was making use of many new opportunities to exercise autonomy and independence. Like many other participants, he had developed a serious attitude toward work and had become sufficiently proficient to work with little supervision. He moved to a group home with five other consumers where residents were independently responsible for themselves and the total running of the home. “I now have happy thoughts,” said Gary, “happier because now I’m responsible for myself. I cook, clean, pay my own rent.”

Like many participants, Gary was gaining the knowledge, skills, and habits necessary to do the work and had become sufficiently proficient to work with little supervision. He moved to a group home with five other consumers where residents were independently responsible for themselves and the total running of the home. “I now have happy thoughts,” said Gary, “happier because now I’m responsible for myself. I cook, clean, pay my own rent.” Gary was making use of many new opportunities to exercise autonomy and independence. Like many other participants, he had developed a serious attitude toward work and made a commitment to HARP. Work had taken on a new meaning:

I’m happy here. I feel I’m working hard. I have a commitment to work here. I have pleasure....Others see me as a friendly person, easy to talk to. They know I’m serious about my job. [My supervisor] and [coworker] are both happy to see me here....It’s experience for me. It’s something, like I say, I’ve never done before, and so working in ceramics here makes me feel that I’m doing something useful.

Social roles were also changing and gaining importance for participants. They described being more aware of their effects on others, were beginning to reciprocate relationships, and were making new friends at work. With the increased income some had received, they found themselves with more leisure opportunities to pursue.

*Finding a Place in This World*

Participants clearly voiced that they wanted what everyone else wants in life: a significant person, a place to belong and call home, and to have a feeling of usefulness or of having some purpose in life. In their previous life experiences, the participants found themselves alone, different, not fitting in, and sometimes feeling empty.

Eric spoke warmly about his large extended family nearby with whom he frequently spends time. However, even he felt alone and different in the world:

I see myself alone, but I’m hardly ever alone....I see myself as being different from people. I sit down to drink coffee at a coffee shop with people all around. They are talking about the usual kinds of things, and right away, I know I’m different. I’m alone but not physically alone. Same thing with family.

After surviving two divorces and several job failures while struggling with mental illness for 20 years, Iris was left feeling incapable and worthless. Since her last admission, she worked at HARP two half-days per week while attending an outpatient rehabilitation program. At HARP, she gained skills in ceramics; found a peer group she could relate with; made relationships with coworkers; but, more importantly, found her self-worth by establishing a place for herself where she felt special, accepted, and of use to others:

Well, it made me feel like king of the road [chuckles]. Well, I just was the best person in the shop just about, besides [coworker]....So it was really nice. People came to me like you’ve seen people come to me. Like [coworker], he comes to me and says what about this and what about this, and I say well I think this....HARP taught me a skill. That’s what you want out of life. That I can do okay. I’m as good as the next person. HARP gave me self-worth, self-esteem.

Participants reported feeling accepted in a community of persons with a shared illness experience. Unified in the common purpose of work, they contributed to something bigger than themselves (i.e., the business), felt a sense of belonging, and had a focus to their lives beyond the illness experience. Beth expressed:

I feel more involved now, a sense of belonging in the past few months. Most people have this sense of community....I can be myself here. I don’t feel different. At [another place], where there are mostly people with physical problems, it wouldn’t be the same. It’s supportive in that way. I look forward to coming.....I first felt like an outsider from some of the people working here. Staff were accepting. It was the others who had been together for a long time.

A sense of belonging was also derived from partici-
pants' relationships with coworkers who shared their illness experiences. They reported receiving support, advice, and validation of their feelings from coworkers. They realized that they are not alone, as described by Eric, a consumer supervisor:

Because a lot of times we talk about it, you know, and it's good when you hear a guy saying something, and you say, "Geez, that's what happens to me too," you know. And you can say, "Oh, I'm not alone." Maybe it's related somehow, you know. When you see the other guys hear voices and things like that, and the various fears they have, and sometimes I explain what I'm experiencing too, and the people listen, and they say, "Yeah, yeah."

The Meaning of Work
Each participant's experience was personal and uniquely influenced by the interplay of many variables. However, all their stories revealed that the meaning of work varied with their individual perception of their illness and their self-concept. Consequently, the emergent themes that framed the meaning of work all revolved around the process of recovery. The themes have in common the experience of recovering a new sense of self beyond the limits of the disability.

Perceptions of one's relationship to one's illness varied at different points in time within each participant. The meaning of work was ascribed a different function, depending on that relationship. For example, when the theme living with a label was the main focus in their lives, work was described as acting as a bolster against their daily battle with illness and as a buffer for their dealings with society's negative attitudes. When the theme becoming a capable person with a future was prominent, work took on the meaning of providing the concrete evidence for the participants to believe that they were more than an illness. Work became the medium through which their self-concept—illness relationship was challenged by incremental successful experiences with work's daily challenges. Work inspired hope as they began to be aware of future possibilities. When the participants' primary focus was on getting on with life, work became the modality to practice and develop the interests, skills, and habits necessary for the roles of worker and friend. When finding a place in the world was important, work was a way to feel valued through making contributions to a common purpose, or, for others, work was attributed the meaning of a place to belong and feel accepted. Therefore, the meaning of work was linked to the emerging self in the recovery process.

The Power of Work To Influence Self-Concept and Self-Efficacy
Persons with severe mental illness are known to have a diminished self-concept and a distorted sense of self-efficacy (Davidson & Strauss, 1992). This study illustrated how powerful the act of working can be on creating or facilitating change in a person's self-concept and self-efficacy. The change process was described by participants as becoming competent and capable people. They linked their changed thoughts and feelings with their work experiences. The focus group further elaborated the change process, recounting how being engaged in the occupation of working on tasks and activities to accomplish the common purpose of operating a business was the central driving force behind the change process. Using a pictorial representation (see Figure 1), they described how the work itself and the process of working appeared to provide the basis for the interaction of person, work environment, and external environment factors to effect change.

Work provided the structure for renegotiating a new sense of self by providing the opportunity and vehicle through which persons experience connecting, contributing, challenges, and successes (see Figure 1). Participants connected to and developed a relationship with work physically, emotionally, and intellectually as documented by their actions, feelings, and thoughts at work. Connecting began the process of the person ascribing meaning to his or her experiences. In turn, these connections developed as the work was given meaning that was based on past and present experiences. During the day-to-day participation in the business activities, some participants connected with the work itself, with others, or with the business's ideals.

The investigator conducted a further case study analysis of participants who described personal change and those who did not by applying the Person—Environment—Occupation Model (Law et al., 1996). The analysis revealed that connections were facilitated when the work and HARP environment matched the person's interests, values, personal goals, sense of self, and abilities. This analysis suggested support for the figure outlined by the focus group participants.

Several participants talked about experiencing a sense of pleasure and rhythm in their work when a connection was made. These descriptions often had a spiritual quality. Csikszentmihalyi and Csikszentmihalyi (1988) made references to such experiences as a flow experience; the optimal experience when an activity becomes intrinsically rewarding, and the person becomes one with the activity. Flow requires a sense of competence; the person's perceptions of the situation and its challenges are in harmony with his or her self-evaluation, personal goals, and skills. Additionally, for flow to be sustained, the challenges and skills must become more complex over time as situations are mastered. The reports of flow experiences support conclusions that some participants had established a sense of competence and were engaged in meaningful activities,
and there were times of balance between challenges and skills. However, they also reported experiencing boredom. According to Csikszentmihalyi and Csikszentmihalyi, boredom results when skills surpass challenges. This suggests that for some participants, satisfaction would be improved by increasing the level of challenge.

When working, members of HARP contribute to a community and its focused efforts to develop an affirmative business. In essence, they are contributing to something bigger than themselves, thereby gaining a different perspective of themselves. When they connect with the organization, they report feeling a sense of belonging and of being valued through their contributions. People are presented with challenges and new experiences while working. With each successful experience that they credit to their own efforts, their self-efficacy improves. The participants in this study started to feel good about themselves and felt a sense of control after such positive experiences. Some described taking more initiative in the operation of the business because they felt a sense of ownership of the process. Others took control and exerted their independence in other domains of their lives, such as moving to apartments and asserting their needs in relationships. These findings support Lord’s (1991) conclusions about the importance of active engagement to facilitate the empowerment process and Deegan’s (1992) comments about participation in daily living tasks and decisions interrupting the cycle of disempowerment and despair. On the basis of the case analysis of those participants who did and did not change, this study has suggested that an occupation is meaningful when it fits with the person’s values, beliefs, interests, goals, sense of self, and relationship with illness. Therefore, meaningful tasks and activities not only engage a person’s time and energy, but also engage the person by forming a connecting bond.

The study has implications for the rehabilitation with persons with mental illness. Study participants emphasized issues related to recovery and disabling environments rather than community reintegration or hospital recidivism. Therefore, it suggests that clinicians might focus their services on enabling recovery and addressing issues of disabling environments if they wish to engage consumers and have their practices relevant to consumers’ lives. Fisher (1994) challenged service providers to “shift the system from an illness paradigm to a healing vision” (p. 80). According to Anthony (1993), the concept of recovery is the central vision to guide mental health practices.

One way to facilitate recovery is by helping clients make meaningful connections and contributions and experience challenges and successes in performing meaningful work. Other ways are to create and advocate for recovery-oriented services and help clients construct or chose enabling environments. The value placed on work and the role work plays in the lives of persons with mental illness supports renewed efforts to enable meaningful work in supportive environments.
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Appendix

Selection of Participants Based on Johnson’s (1990)
Criteria and Analytical Framework

A Priori Analytical Framework: Theory Driven
Criteria 1. Vocational experiences, program tenure, role in organization, sociodemographics, treatment characteristics
Criteria 2. Articulateness, ability to engage in conversation and self-reflection

Emergent Analytical Framework: Data Driven, Exploratory
Criteria 1. Extreme Work Environment Scale and Quality Life Interview scores, key communicators from research advisory committee, informal networks, negative cases, moving to apartments
Criteria 2. Articulateness, ability to engage in conversation and self-reflection

References


