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Eudemonic Care: A Future Path for Occupational Therapy?

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Abstract

The core tenets of occupational therapy date to ancient Greece. Philosophers and physicians alike promulgated that quality of life, or “eudemonia,” is at the center of both ethical and medical concern and can be attained through healthful engagement in meaningful occupation. In more recent times, there has been a strong call to return to the powerful implementation of the eudemonic moral philosophy in health care practice, especially in occupational therapy. Searches of recent occupational therapy research show that integration of wellness initiatives into rehabilitative treatment sessions can have a profound impact on the physical and emotional healthfulness of people with a wide variety of ailments. Accordingly, we put forth three self-reflection questions and 10 client-centered questions to use in occupational therapy assessment to promote eudemonic care.

Keywords

eudemonia, quality of life

Cover Page Footnote

Conduct of this study was in partial fulfillment of a Master's degree in occupational therapy from Saint Louis University for Alivia Murtha and Julie Stamburgh.

Credentials Display

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It is necessary to realize first that the great fundamental upon which re-education [occupational therapy] rests is not the making of an object, but the making of a man (Barton, 1919, p. 61).

This quote from an early founder of occupational therapy in the United States aptly illustrates a collective assumption of the early founders: that engagement in occupation can and does make the man. In modern vernacular, we would say “the person” instead of “the man”; however, the concept expressed remains timeless. That is, engagement in occupation provides the vehicle for development of a healthy and whole person and an enhanced quality of life. The early founders of occupational therapy in the United States (including Dr. Rush Dutton, Eleanor Clarke Slagle, Dr. Herbert J. Hall, and Susan Tracey), believed that therapeutic activity or occupation encompassed purposeful and meaningful occupation (Haas, 1944).

Further, in these early days of occupational therapy in the United States (1920s), the term occupation was multidimensional and included consideration of the meaningful activities of leisure, activities of daily living (ADLs), work, and rest. In those days, occupation did not mean primarily work as it is used in the lay language of today. The assumption regarding outcomes of occupational engagement—a healthy and whole person having the highest possible quality of life—was not original to these early founders in the United States. In fact, the concept that health or wholeness is

achieved by a person through meaningful activity is a concept that can be traced to the ancient Greeks.

Haas (1944) cited the Greek physician Galen (A.D. 129-200) as stating: “Employment is nature’s best physician and is essential for human happiness” (p. 3). The concept of achieving wholeness or quality of life, therefore, is also an ancient assumption that provided the foundation for occupational therapy as it evolved in the United States and later internationally. As western society continues along a path where it is predicted that malaise will be a major obstacle to human health and well-being (Luebben, Peters, Pierce, Price, & Royeen, 2012), occupational therapy, which is predicated upon the benefits of participation in occupation as positively influencing the human condition, is accordingly a future-oriented profession with strong foundations from the past. Occupational therapy has so much to offer across the world because of its inherent focus on developing the good life for a person or population through prehabilitation, habilitation, or rehabilitation across individuals and groups or populations, regardless of pre-existing conditions.

We now see similar phrases used in many settings in the United States that reflect a desire for a good life. For example, the American Occupational Therapy Association (AOTA) uses “skills for the job of living” as a trademarked tag line (Jacobs, 2012, p. 659). A nursing home in Illinois uses the phrase “living life to its fullest” as its tag line. The trending phenomenon of striving for the “good life,” as used here, is captured by the Greek term eudemonia. Eudemonia is a classical

Greek word associated with Aristotle that is commonly translated to mean “happiness,” “the good life,” or even “human health” (Keyes & Haidt, 2002, p. 7). This moral philosophy promulgated by virtue ethicists in ancient Greece defines right action as that which promotes the overall well-being of the individual, asserting that personal happiness and individual welfare have essential value to human flourishing, well-being, and happiness (Baggini & Fosl, 2007). Any theory that names quality of life as the center of ethical concern embodies those core tenets of eudamonism (Mastin, 2008).

In a seminal article, Hayward and Taylor (2011) successfully linked the concept of eudemonic well-being to occupational therapy. They stated,

The notion of eudaimonic well-being provides fresh impetus and direction toward a future state of occupation therapy which is owned by its recipients The inclusion of eudaimonic well-being provides a vision for occupational therapy which is for humanity, for all, allowing occupational therapy to be defined by those who may benefit from it, not its practitioners. (p. 137)

Further, they suggested that eudemonic well-being should be developed and marketed as a routine outcome of occupational therapy services and incorporated into occupational therapy models.

The purpose of the current paper is to explore occupational therapy based upon the concept of eudemonic well-being as proposed by Hayward and Taylor (2011) and further elaborate

on its potential use in occupational therapy services and models.

Eudemonic Well-being Defined

Hayward and Taylor (2011) state, “Eudaimonic experience is seen to be a dynamic process, aimed at achieving self-actualization through engaging in activities” (p. 136). The definition of what occupational therapy does and is—engagement in occupation provides the vehicle for development of a healthy and whole person, for an enhanced quality of life—may be considered, in fact, a definition of eudemonia. And, eudemonia may literally be translated from the original Greek as “flourishing.”

This paper details a targeted literature summary based on Hayward and Taylor’s (2011) definition of eudemonia. Well-being as a separate concept has already been covered by Aldrich (2011) and is beyond the scope of this paper. The reader is referred to the Aldrich paper for an analysis of well-being in the occupational therapy literature.

Targeted Literature Summary

Occupational therapy, officially recognized as a profession in 1917, was founded on a set of values and principles that vowed, through the use of interest and motivation, to “encourage a person to increase attention, to learn about the self and the environment, and to engage in occupations that promote self-realization” (Reed, 2006, p. 24).

This paper is based on an iterative search of the literature using four different and unique searches. There were no successful searches with occupational therapy and the word eudemonia or its alternate spellings

(eudaimonism/eudaemonia/eudaemonism) in the Scopus and PubMed databases, except for the Hayward and Taylor (2011) study. Another literature search was conducted in the Scopus and PubMed databases using the most appropriate translations and synonyms of eudemonia: well-being, flourishing, quality of life, happiness, and the good life. To find more specific examples of occupational therapy incorporating eudemonic tenants into clinical intervention, we conducted a search in the Scopus and PubMed databases using the previously listed synonymous search terms and occupational therap* and then combined that with specific health conditions: autism, stroke, cancer, Parkinson's disease, and polio. These searches, conducted using a mixture of the terms listed above, yielded approximately 30 applicable articles. The term occupational therapy in conjunction with stroke rehabilitation and aging was also searched in the *American Journal of Occupational Therapy*, and multiple articles including wellness intervention were found. Two broad categories of literature emerged from this search: (a) quality of life and (b) intervention that uses meaningful ADLs and the healthful effects. Each will be summarily presented in turn.

Quality of life. Much of the searched literature focused on understanding the meaning of quality of life for clients presenting a vast array of diagnoses. Atwal et al. (2014); Bazyk and Bazyk (2009); Liberman, Ratzon, and Bart (2013); and Wuang and Su (2012) all suggested that, to provide the most effective treatment to clients no matter their condition, the therapist must identify all

resolvable factors that might influence quality of life: inaccessible environments, restrictions to participation in occupational activities, attitudes of health care professionals, and societal attitudes. Examples of the beneficial impacts of such approaches can be seen in the treatment of clients with polio, Down's syndrome, developmental coordination disorders, and behavioral problems. These studies revealed that, through the strategic implementation of meaningful activities into treatment, one can improve overall participation in and quality of life.

Intervention that uses meaningful ADLs and the healthful effects. Eriksson, Tham, and Fugl-Meyer (2005); Lawrence, Gasson, Kane, Bucks, and Loftus (2014); Leland and Elliot (2012); Letts et al. (2011); and Zechner and Kirchner (2013) suggested in their research that, through participation in meaningful ADLs during rehabilitation treatment sessions, one can improve quality of life, health, and coping skills. As reported through research on clients with Parkinson's disease by Lawrence et al. (2014), traumatic brain injury by Eriksson et al. (2005), and dementia and aging by Letts et al. (2011), life satisfaction is significantly related to functioning in everyday life. By addressing ADLs as they relate to the spiritual, physical, emotional, intellectual, social, occupational, environmental, metabolic health, and sexual domains of the lived experience, clients may be able to find a balanced life with significantly improved levels of well-being (Zechner & Kirchner, 2013).

After looking at these broad categories of literature related to eudemonia, another iteration of analysis was done looking at specific concepts identified in the literature that we related to eudemonia.

Six Concepts Related to Eudemonia

The six concepts related to eudemonia that emerged from the literature search are presented in Table 1. Each of the eudemonia-related concepts presented in Table 1 will be discussed in turn.

Table 1

Concepts Related to Eudemonia Identified in the Literature

No.	Concept
1	Client-centered care
2	Wellness
3	Happiness
4	Functional performance in everyday life positively correlates with quality of life and life satisfaction
5	Depression negatively influences quality of life
6	Provide meaningful occupations that the client finds fun

One concept related to eudemonia that was identified in the literature search was client-centered care. Letts et al. (2011) and Pizzi (2014, 2015) suggested that practitioners use a client-centered approach in therapy to inspire the sense of individual well-being and promote a sense of satisfaction in everyday life. The client-centered approach refers to respecting clients and partnering

with them to allow them more autonomy and to provide them with a more meaningful health care experience. In the client-centered approach, the patients themselves get to direct the course of their care, and in turn are provided a more unique and significant experience.

A second concept identified in the searched literature was wellness. Occupational therapists are seen as having a significant influence on quality of life when they implement a wellness component to treatment. Treatment is positively influenced when the focus of treatment is not just on the disability, but also on the holistic aspects of the person, including his or her overall mental, spiritual, and physical health in daily life (Zechner & Kirchner, 2013). Hillier, Fewell, Cann, and Shephard (2005) showed that a wellness component can be implemented during recovery to add a broader, more relevant experience for the client, or it can be used as a health promotion tool to enhance well-being and maintain meaningful occupations before disability occurs. In a study by Yamada, Kawamata, Kobayashi, Kielhofner, and Taylor (2010), it was found that the implementation of a wellness program positively influenced quality of life and psychological well-being.

Happiness as a quality of life indicator is another concept that emerged. In a study aimed at understanding the meaning of quality of life for polio survivors, it was found that the participants used terms to describe quality of life that could be associated with happiness (Atwal et al., 2014). The authors emphasized that the polio survivors themselves clearly expressed their views about what

they think would improve their quality of life. The authors suggested that health care professionals consider factors that influence happiness when determining treatment plans (Atwal et al., 2014).

Multiple studies identified in the search (Eriksson, Tham, & Fugl-Meyer, 2005; Kumar et al., 2014; Liberman, Ratzon, & Bart, 2013; and Pergolotti, Cutchin, Weinberger, & Meyer, 2014) suggested the idea that functional performance in everyday life positively correlates with quality of life and life satisfaction. For example, Pergolotti, Cutchin, Weinberger, and Meyer (2014) studied cancer patients and suggested that occupational therapy might greatly improve cancer survivors' ability to participate in activities, thereby improving their quality of life.

Another concept identified in the search was that depression negatively influences quality of life. Lawrence et al. (2014) examined people with Parkinson's disease and found that those with this disease who reported depression also experienced greater difficulty completing ADLs, which in turn negatively influenced their quality of life. Lawrence et al. also suggested that clinicians employ a multidisciplinary approach to care for these patients, using occupational therapy as one of the strategies.

The sixth concept that emerged in the search was the idea to provide meaningful occupations that the client finds fun. Two separate studies, one done on adolescents with Down's Syndrome and one done with low-income urban youths, identified the need for service providers to plan activities that the

clients find fun in order to provide satisfying and meaningful participation in occupations (Bazyk & Bazyk, 2009; Wang & Su, 2012). Further, an article written about cancer patients suggested that occupational therapy might greatly improve cancer survivors' ability to participate in activities, thereby improving quality of life (Pergolotti et al., 2014).

Based on the information identified, a third literature search was conducted on the largest diagnostic category that occupational therapists serve: Those who have had a stroke. The Scopus and PubMed databases were searched with multiple combinations of the following terms: stroke, cerebral vascular accident, occupational therap*, quality of life, happiness, and well-being.

Stroke Rehabilitation

Stroke continues to be the leading cause of long-term disability in the United States (Centers for Disease Control and Prevention, 2016). Stroke can lead to multiple health concerns, including but not limited to hemiparesis, balance issues, visual changes, and cognitive and psychological problems (Arbesman, Lieberman, & Berlanstein, 2015). The National Board of Certification in Occupational Therapy (2012) discloses that the stroke population is one of the largest groups treated by occupational therapists.

A search of the literature revealed that most research regarding stroke rehabilitation pertains to motor impairments and is focused on a medical model of practice. Nilsen et al. (2015) described multiple interventions to improve upper-extremity function, balance and mobility, and levels of participation in people after stroke, including

repetitive task practice, constraint-induced therapy, strengthening and exercise, mirror therapy, and action observation. In addition, Arbesman, Lieberman, and Berlanstein (2015) stated that “occupational therapy practitioners must have the necessary information to provide evidence-based, client-centered, and occupation-based interventions” (p. 2). The literature search revealed evidence-based practice to be a major aspect of determining treatment plans for poststroke clients. No literature pertaining to stroke rehabilitation by occupational therapy and eudemonia or related concepts were identified.

Stroke Rehabilitation and Wellness

Subsequently, a literature search regarding stroke rehabilitation and wellness was conducted. An article by Hildebrand (2015) delved into the psychological or emotional impairments after stroke and reviewed interventions to address this. Hildebrand (2015) suggested that poststroke depression impedes rehabilitation and physical and cognitive function, and increases the risk of death, suicide, and drug and alcohol use. Other symptoms of poststroke depression include irritability, aggressiveness, apathy, and sexual dysfunction. Hildebrand (2015) found that little evidence was provided for the effectiveness of exercise-only interventions on psychological impairments poststroke. Hildebrand (2015) concluded that there is a need to recognize that the rehabilitation of people poststroke should include psychological interventions, not just interventions addressing physical impairments. Wolf, Chuh, Floyd, McInnis,

and Williams (2015) were consistent with this thought when they concluded, “in general, regardless of diagnosis, occupational therapy is too focused on ADL performance, which limits practitioners’ role in the other areas of occupation that are meaningful to clients” (p. 8). Perhaps the answer to discovering and targeting other areas of occupation lies in the eudemonic approach, or helping people to find their own individual good life.

Summary of the Literature Search

No literature pertaining to the rehabilitation of individuals poststroke by occupational therapy and eudemonia or related concepts were identified. However, the literature did reveal the following elements of eudemonia pertinent to stroke rehabilitation: A need to look at more than physical rehabilitation for those who have had a stroke, such as additional psychological interventions, or what we are considering to be psychosocial occupational therapy. Limiting occupational therapy to only physical rehabilitation and ADLs does not fully serve the individual in need. Further, categories of topics related to eudemonia were identified as quality of life, the importance of intervention that uses meaningful ADLs, and the concomitant healthful effects. Finally, six concepts pertaining to eudemonia were identified in the literature: (a) client-centered care, (b) wellness, (c) happiness, (d) everyday life functional performance increases quality of life, (e) depression negatively affects quality of life, and (f) meaningful occupations should be fun.

The findings from the literature search suggest that there are categories and concepts related to eudemonia that may enhance occupational therapy services. The next section of the paper will address this area.

Application to Occupational Therapy Practice: Eudemonic Care

The purpose of the current paper is to explore occupational therapy based upon the concept of eudemonic well-being as proposed by Hayward and Taylor (2011) and to further elaborate on its potential use in occupational therapy services and models. How can we incorporate eudemonic well-being into the everyday practice of occupational therapy? How can it be incorporated into existing models and frameworks of practice as suggested by Hayward and Taylor (2011)? In our judgment, there are two sets of questions for initial application of eudemonia into occupational therapy practice, or what we shall call eudemonic care.

The first area of practice pertains to the occupational therapist. To promote eudemonic care, the occupational therapist must reflect on three areas identified in the literature as foundational for eudemonic care. To systemize eudemonic care and render it explicit in practice, we suggest that questions to ponder include:

- Is my care of clients truly client centered?
- What are the meaningful activities of daily living that are intrinsically linked to my client-centered care in a given case or population?
- What wellness components do I implement related to this client?

The second area of practice to promote eudemonic care pertains to the client or population under review. Ten relevant questions to drive this aspect of eudemonic care can be administered to clients during occupational therapy assessment:

- Participation in what occupations brings you happiness?
- Participation in what occupations brings you joy?
- Participation in what occupations gives you meaning?
- Participation in what occupations gives you pleasure?
- Participation in what occupations gives you satisfaction?
- What are you not doing that you used to do that brought you pleasure?
- What do you find fun?
- What occupations in which you engage contribute to irritability, aggressiveness, apathy, and/or sexual dysfunction?
- Is there sadness during your participation in occupations?
- What could improve your quality of life?

Many occupational therapists implicitly explore these areas. We are, however, positing that these questions should become an explicit part of occupational therapy practice in the interview process. Only by explicitly and directly addressing these areas of inquiry can we ensure that we are helping to target what formulates the good life for a given client or population. For occupational therapy is more than just function; it is looking to develop a healthy and whole person having the highest possible quality of life, or eudemonic care.

We identify three areas of occupational therapy assessment or occupational therapy process

wherein the set of client-centered questions may be posited. The first area is during the Canadian Occupational Performance Measure (COPM) (Law et al., 2005), which is a commonly used standardized assessment tool in occupational therapy. The tool is flexible enough to allow for adaptation in the process of questions to clients, and we believe this set of questions may be used during or for the problem identification or problem definition period of this assessment.

Second, we believe the set of client-centered questions may be used to foster and facilitate the narrative reasoning process (Hamilton, 1994) inherent in getting a client to explain issues or actions and limitations related to the phenomena at issue. Such narrative reasoning would be a part of the larger, overall clinical reasoning process used with a client.

Third, we believe these sets of questions match or go with an occupational health perspective put forth by Wilcock (2006). In this case, the questions may not be limited to use with just a single person, but may relate to a group of individuals or a population of some sort. Consequently, these questions may be used as a basis for a need assessment in the population of interest to ascertain strategies to include the participation of groups of individuals for a population-based intervention.

Delimitations

Review of the literature for this paper revealed no literature directly pertaining to the rehabilitation of stroke patients by occupational therapy and eudemonia or related concepts. The

literature searches were limited to English. If such a literature search were expanded across additional languages, the outcomes may be different.

Summary

In the 21st century, occupational therapy has become one of the fastest growing health care professions in the world. According to the World Federation of Occupational Therapists (2016), there are now approximately 420,000 occupational therapists practicing in over 80 countries. Why has occupational therapy been so successful a part of modern medicine to gain the recognition as a significant health care profession that emphasizes functional activities and the sanctity of the individual? When occupational therapy as a profession began almost 100 years ago, it started as a health care profession that applied arts and crafts as pleasurable activities to help individuals become as independent as possible after sustaining a severe disability or handicap. The profession has evolved to the application of meaningful and purposeful activities and interventions that are based on research evidence.

In this conceptual opinion paper, we advocate for the importance of eudemonic care in occupational therapy. Eudemonic care is a concept that goes beyond the practice of medication, surgery, and physical or psychological interventions. Eudemonic care in occupational therapy is based on the application of purposeful and meaningful activities that relate to quality of life, well-being, self-actualization, and human happiness. For a shift to eudemonic care in occupational therapy, these concepts must be

incorporated into the everyday practice of occupational therapists. There is also a need to redefine occupational therapy as a health care profession that applies meaningful and purposeful activities to help the patient or client reach functional goals as well as to foster well-being and happiness. We ask: Is eudemonic well-being a future path for occupational therapy to ensure quality of life? We believe so.

Dr. Royeen serves as a professor of occupational therapy and the Dean of the College of Health Sciences at Rush University. She holds the endowed Armour A. Watson III Presidential Professorship. She was the founding director of problem based learning, masters in occupational therapy at Shenandoah University. She has also served as a research analyst for the US Department of Education and on faculty at Creighton University and Saint Louis University. She has been an active scholar for nearly four decades and the recipient of numerous awards including the Eleanor Clark Slagle lectureship of the American Occupational Therapy Association.

Franklin Stein, PhD, OTR/L, FAOTA, is a Professor Emeritus of Occupational Therapy at the University of South Dakota, the founding editor of *Annals of International Occupational Therapy*, and a life member of the American Psychological Association. Dr. Stein was the Director of the School of Medical Rehabilitation at the University of Manitoba in Winnipeg, Canada, Director of the Occupational Therapy Program at the University of Wisconsin, Milwaukee, and Associate Professor, Graduate Division at Sargent College, Boston University.

Alivia Murtha and Julie Stambaugh were students in the masters of occupational therapy program of Saint Louis University and advisees of Dr. Royeen. Each graduated from Saint Louis University's program in occupational therapy are practicing occupational therapists at this time.

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