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Interpretation of Illness and Covid-19

Abstract

Both during and following the global pandemic of Covid-19, there appears to be an increased need to rediscover purpose and promote physical and emotional well-being. The philosophy of social constructionism presents the opportunity to explore the socially inherited interpretations of illness and increase awareness of their often unconscious influence on our attitudes and choices. This article explores how application of this philosophy in occupational therapy might assist in improving outcomes for well-being.

Comments

The author reports no potential conflicts of interest.

Keywords

occupational therapy, social constructionism, philosophy, Covid-19

Cover Page Footnote

Many thanks to my lecturers who saw potential in my work on this topic, especially Dr. Michelle Elliot.

Credentials Display

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We may seldom question our autonomy in forming our opinions or beliefs, giving little credence to the role wider society may have in shaping them. Yet, between groups and cultures we frequently encounter views contrasting our own, illuminating the impact of heritage on our belief systems and, by extension, the narratives that form the fabric of our life experiences. This is pertinent to the occupational therapy (OT) profession as our beliefs about ourselves and the world are connected to lifestyle, identity, and purpose, and they culminate in health and well-being (Pizzi & Richards, 2017). Covid-19, the infectious disease at the center of today's global pandemic, has required immense adaptation to reduce mortality and preserve health resources at the expense of the economy and our former liberties (World Health Organization, 2020). These new challenges to well-being present an opportunity to explore existing belief systems surrounding illness and question their impact on our occupational lives. We may challenge what may have formerly been assumed to be true and adapt our belief systems or form new narratives that may promote well-being. Narratives are the structures and plots we form around our experiences to represent our interpretation of life (Mattingly, 2008). They are the process by which we find motivation and meaning in our occupational lives as they drive our perceptions and decisions (Jonsson et al., 2001). The theory and skill of OT makes it an effective profession in exploring these narratives with individuals to promote a positive sense of identity, discover purpose, and encourage engagement in meaningful, health-giving occupations (American Occupational Therapy Association, 2013).

The post positivist philosophy of social constructionism is a theory of knowledge suggesting that social reality is collectively created and perpetuated in groups (Burr, 2003). This field is distinct from social constructivism, often the work of educational psychologists, and focuses more specifically on the meaning making processes of an individual (Vygotskij et al., 1962). Social constructionism posits that there are no objective truths, only culturally inherited ideas of truth passed through the generations. This was referred to by the German philosopher Heidegger (2013) as the *hermeneutical problem*: all is interpretation. As put by writer Staiano (1992), "physicians, like 'bush' doctors and shamans, can see only what they have been taught to see" (p. 176). Both the Western doctor and spiritual shaman are entrusted to aid the infirm, yet their differing approaches imply the significant role of culture in the interpretation of illness and its remedy.

Historically, our beliefs in Western medicine were entangled with religion and the occult, which attributed unexplained events to a supernatural numinous or deity. Some illnesses were considered blessed. For instance, epilepsy was known in the 5th century BC as "the sacred disease," while others were perceived as divine retribution or demonic, in accordance with the overarching religious beliefs (Yount, 2002). Aristotle's *Natural Philosophy* described the world in terms of four elements: earth, water, fire, and air (Aristotle & Charlton, 1970). The medical model mirrored this directly with "Humorism," positing that the body was composed of four elements, yellow bile, black bile, phlegm, and blood, and that all illness derived from an imbalance of the "humors" that could be remedied with practices such as bloodletting (Lindemann, 2010). It was only after the scientific revolution that health care began to resemble what we experience today. This era embodied the empiricist paradigm that suggests that knowledge must be confirmed by the senses and measurable (Yount, 2002). Western medical models dictate that illness is a deviation from normal function, but the definition of normality itself continues to alter with the movement of cultural undercurrents. For instance, homosexuality was once pathologized by Western psychiatry until it was normalised by wider society (Elkes & Thorpe, 1967). The focus on restoring normal function can be mechanistic in nature and often gives rise to

metaphors of the body as a battlefield and the illness as a fight (Sontag, 2002).

Alternatively, in some non-Western cultures, spiritual and bodily health are considered to be intimately connected. In traditional African and Native American cultures, illness signals the need for healing botanicals or the blessing of loving spirits or ancestors. Traditional Chinese medicine contends that living beings contain a vital life energy and that illness is a state of imbalance. Sound has even been used as a form of healing in Japan and among Australian Aborigines. In Mexico, the Apache healers weave baskets in which people can leave their worries, and in India, gemstones are believed to emit healing energetic frequencies (Baer et al., 2013). In the same manner that biology plays a certain and proven role in our medical paradigm, unseen influences are of equal tangibility in theirs. Moerman (1983) writes, “metaphor can heal, that meaning mends” (p. 131), indicating that the difference between these rituals and Western practices may be one of symbolism, with the common purpose of healing.

Applying the theories of social constructionism suggests a symbiosis between the beliefs of wider society and the interpretation of illness in health care. These may then influence our personal narratives and, consequently, the course of our life experiences. Occupational therapists are essential in nurturing patients’ individual narratives, identity, and purpose and can be catalysts of change when a particular narrative, perhaps culturally influenced, appears detrimental to well-being (Hannam, 1997). Both during and following the Covid-19 pandemic, there appears to be an even greater need to rediscover identity and meaning, and occupational therapists are wonderfully placed to do this. They may find creative solutions to building and maintaining connections despite physical limitations; assist with manageable goal setting; and offer guidance on achieving a healthy, balanced lifestyle and increasing fulfilment and identity through meaningful occupation (Goldberg et al., 2002). In addition, social constructionism applied in OT offers a framework from which individuals are encouraged to identify their own thoughts and beliefs and perhaps reframe their beliefs about themselves, the world, and the events of their life toward ideals that may be conducive to well-being, for instance, gratitude, forgiveness, optimism, and acceptance (Jonsson et al., 2001). The following case examples may assist in illustrating these concepts in practice.

Case Example 1: Peggy

Peggy is a 72-year-old woman admitted to the hospital following a fall at home. She lives alone in a sheltered accommodation. She was formerly able to socialize with other residents in the day room and through community groups; however, Covid-19 restrictions have made this impossible. As Peggy develops a rapport with the occupational therapist, she reveals that her declining physical independence and the loss of loved ones has led to feelings of isolation and a lack of purpose, as though the world has moved on without her. Peggy fears being a burden to others and doubts her place in the community if she is not physically able to contribute. Through the pandemic, Peggy has been spending most of her days in bed watching television and becoming increasingly low in mood. The therapist applies the theories of social constructionism to recognise the potential for change in her belief system and resulting behavior. The two work together to create a story board of Peggy’s life. This assists Peggy in recognising that her life is a dynamic timeline and that each chapter, including the present one, is transient. She recalls difficult circumstances she has faced in the past, and the therapist supports her in identifying strengths and opportunities that might have arisen from those challenges. Peggy identifies the development of resilience and increased empathy for others, which later enabled her to support her friends when they faced similar circumstances. They begin to write a list of things for which Peggy feels gratitude, and she reflects on her fortune to have a friendly next door neighbor of similar age, and

children and grandchildren who live locally. Next, the two explore meaningful activities that Peggy feels able to do, and the therapist provides guidance on how previously cherished occupations might be adapted to her present physical needs and current Covid-19 restrictions, including cooking, painting, and dancing. As Peggy's interpretation of her place in the world evolves, so, too, does her motivation to engage in meaningful and health-giving occupations. She makes a plan to call a friend every day to offer them support and companionship, and this helps her feel useful. She also takes guidance from the therapist about healthy living during the pandemic, including getting outdoors for a short walk and creating a daily routine.

Case Example 2: Freddie

Freddie is a 16-year-old boy with Tourette's syndrome. He has become socially withdrawn, spending most of his time playing videogames and rarely leaving the house. The occupational therapist comes to understand that he is embarrassed by people staring at him and that he wishes he could be the same as everyone else. The therapist provides psychoeducation on the topic of social constructionism; for instance, the media's role in our beliefs about physical ideals. Freddie identifies certain aspects of media, including films and social media, that may have been contributing to his feelings of not fitting in and decides to be more selective in what he spends his time viewing. They then work to explore alternative ways of looking at Freddie's condition. They research role models, both real and fictitious, who have some kind of disability or visible condition, but embrace it as a unique feature and an opportunity for increased self-confidence. They speak to his friends and family, making a list of people in his life that care for him and the traits about him that they admire. Freddie begins to consider that his value is not decreased by his condition and that the people who care for him will see past it. They explore ways of coping with social anxiety, such as repeating words of encouragement and breathing exercises. The therapist advises ways of adapting his favorite hobbies and maintaining healthy habits and social connection in the limits of Covid-19 restrictions. As Freddie's interpretation of his illness transforms, he gradually finds the confidence to engage in meaningful activities, such as practicing football in the park with his dad and chatting with friends through a video call.

Conclusion

The philosophy of social constructionism provides the opportunity to reassess the wider belief systems of society that influence us as well as to act on our capacity to adopt a new perspective. By applying this approach in OT, during and beyond the Covid-19 outbreak, we may aid individuals in reforming their sense of meaning and identity while increasing their engagement with health-giving occupations.

Miss Stephanie Campbell, Occupational Therapy BSc(hons), United Kingdom, is an occupational therapist currently working in child and adolescent mental health in Aberdeen, Scotland. She has previously worked in care of the elderly, volunteered in Cameroon and Ghana, and taught English as a second language in Russia and Gran Canaria. She is keenly interested in philosophy and its application to practice for the improvement of well-being.

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