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第12回作業科学セミナー抄録（2008年）

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普段はあまり考えたりしないことができますが、改めて考えてみると、人は本当に様々な活動をして生きていることに気がつく。そして、それら活動、つまり「作業」について考えたり実際にすることによって人は自分自身を、身体的に、精神的に、社会的に形作っている。これまでしてきた、あるいはこれからする作業の組み合わせや内容によっては、自分自身の人生の満足感や幸福感を得ることが出来る一方で、虚無感や絶望感に陥ったり、病気になることもあります。作業は人の人生や生活と大きな関係があるということ、人の健康や生活にとって作業が切っても切れない関係にあること、作業をすることによって何かを変えられそうだということは考えればすぐに気がつくことです。

作業に関わる研究は様々な学問分野で触れられてきたものの、人が作業をすることはあたりまえであるので、人と作業の関係があまりにも複雑であるから、作業の知識を系統立てて整理し、作業そのものに焦点をおいて研究をしていくという視点は、作業科学という学問分野が誕生する1989年までなされてきませんでした。このため、今もなお、作業に関しては分からないことが多い、どのように作業をすることで自己の健康を維持・増進できるか、どのように作業を使うことで、肯定的に人の生活や健康に影響を及ぼすことが出来るのかに関しても、経験的には話はされても、根拠を持って実践をすることができないのが現状です。本講演では、作業科学に興味を持ち始めたらばかりの方や今から勉強を志す方を主な対象として、作業科学とは何か、何故作業科学が誕生したのか、誕生してからどのように広がりをみせてきたかを、まず簡単に紹介します。さらに、作業科学の視点で行われた研究結果はどのように人の生活の理解や健康に貢献するかの具体的例を提示し、人の生活や健康を高めるために作業科学が有用な学問になりえるか、どのような知識が蓄積されることが期待されるかについて考えていきます。

On an Occupational Science View of our Daily Life and Health
Sawako Saito

If we think about how we spend every day, we realize that our life is comprised of hundreds of activities. The activities we did, do, and will do are “Occupations.” By doing and thinking about occupations, we shape ourselves physically, mentally and socially. Occupations can provide a sense of satisfaction and well-being, while they can also provide a sense of emptiness, hopelessness, even leading to a serious disease. If we think about our occupations, we realize that our life and daily living are based on occupations, that our life and health are inseparable from occupations, and that we can change our life by doing occupations.

The knowledge on occupations had not been systematically accumulated and research studies which focus on occupation itself had not been implemented until the foundation of Occupational Science in 1989 as an academic discipline. This was probably because doing occupations is so natural that many people do not realize its significance and the relationship between a person and occupations is inevitably complex. Because Occupational Science is still in its infancy, we still need to explore better approaches for maintaining or improving our health and daily life by understanding how to do occupations and how we use occupations. So far, we can just talk about most of them through anecdotal evidence rather than research-based evidences.

In this lecture, for those who have just begun interested in studying Occupational Science, I will briefly introduce what Occupational Science is, why Occupational Science was founded as an academic discipline, and how Occupational Science has spread. Then, I will show you examples of how studies of Occupational Science contribute to our health and to understanding of our lives. Finally, I would like to discuss if Occupational Science is useful for improving our lives and promoting health and if so, what knowledge base of occupations we would expect it to contribute to accumulating.
特別講演

『Astrid と桜の木：作業がもつ変化を起こす力（transformative）についての考察』

ヨセフソンスタファン
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治療手段として作業を用いているほとんどの実践は、生物医学的枠組みで考えることにより、個人の変化が実践の中でいかに見えなくなってしまうかについて述べる。近年多くの認知症の方への作業療法の実践と研究、そしてナラティブと行動と社会性との間の関係について哲学者 Paul Ricoeur の理論を使うことから、従来リハビリテーションの実践において用いられてきた手段や道具を再検討する。これにより、作業によって個人や集団が実際に経験する変化を捉えるのに失敗して来た。なぜなら、変化の過程とダイナミックスを捉えるのに失敗してきただけでなく、個人の機能を超えて他者との間で起きていることを捉えられていないのである。

この論文では、Ricoeur の理論に基づき、作業に従事することがいかに変化を起こすか、そしてそのような変化が、人間関係に生じさせる役割について考察する。

“Astrid and the Japanese Cherry Tree; A reflection on how occupation is transformative”

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Most practices using occupation as a therapeutic tool are situated within biomedical contexts. This paper addresses how transformation becomes invisible in these practices because of biomedical framing. Drawing from almost a decade of experience in and research of occupational therapy interventions for persons with dementia, and using theoretical arguments from the Philosopher Paul Ricoeur on the relations between narrative, action and sociality, the traditional tools and instruments used in rehabilitation practices will be questioned. These have failed to capture actual changes and transformations that individuals as well as groups experience from interventions partly because they are failing to capture processes and dynamics as well as failing to move beyond individual functioning to what happens between individuals.

Based on Ricoeur’s reasoning this paper will present alternative outlines for how engagement in occupation can be transformative and further discuss the role of what happens between individuals for such transformations.
特別講演
『なぜ私たちはクライエントに説明するのか』
岡本珠代
元広島県立保健福祉大学倫理学教授

標題の問いへの答えは今では自明に理解といわれそうだが、改めて考察を加えてみよう。まず説明という行為の前提になるのは、説明主体と説明を受ける客体、それに説明内容である。また主体と客体は相互に影響を与え合う関係にある。説明者は説明の手助けと反応、情報によって説明の内容や手法を変える用意をする。説明を受ける側の理解度や質問の質にもよる。

しかし、これは適切な説明についての中介であって、そもそもなぜ説明するのかの答えにはなっていない。なぜ説明するのか。OTを含む医療・保健福祉者がクライエントを行う診断・治療・訓練プログラムの提案は、たしかにクライエントの利益を図っているが、必ず何らかのリスクを伴うので、クライエントに危険予防の備えをしてもらう必要はならない。また有効な実践のためにも、クライエントの理解・協力・順守がどうしても必要である。つまり、クライエントに積極的に参加してもらうためにも、クライエントにとって最良のプログラムを用意すること、クライエントの理解をうるために最善の努力をすることは、クライエントの人格の尊重を尊重していることの証拠（証左）であり、両者はある意味で対等な関係にある。

しかし、もしクライエントに、説明などでない、お任せするか最善の術を施してほしいと言われたらどうか。全般的な信頼を寄せられることは医療者にとって幸せなことである。それでも、医療者とクライエントは厳しの技という共通作業に参加する方がよいと言えるのはなぜか。共同参加で医療の不確実な結果を共有することは双方にとっての負担（責任）の軽減になるという効用ばかりではない。米国の哲学者ジョン・デューイ（1859-1952）は共同参加そのものの価値があると考え、参加民主主義を唱え、そこでは共有、共同参加、コミュニケーションはほとんど同義語である。個人の健康であれば自己実現であり世界平和であり「善はコミュニケーションによってのみ存在し存続する。」

作業療法ではセラピストとクライエントの関係がコミュニケーションを取りやすい関係になっている。この関係性を作業をとおして深められる。デューイが子どもの教育に関して述べる作業のもっと効用は作業療法にもあてはまる。作業とその効用についての共通理解はコミュニケーションによってのみ得られる。OTは作業プログラムについてクライエントと共通理解を達するために説明するのである。

“Why do we explain to the client?”

Tamayo Okamoto

The act of explaining, informing or clarifying Presupposes a triad relationship of the person who explains the information and the other person who receives it as well as the content of the information. The direction of the act is not one-sided but reciprocal in the sense that the questions and responses of the informer and the recipient regarding the information could transform the form and the content of the original information as well as the consciousness of both parties. But why do we explain at all? For one thing, the proposed program of diagnosis, treatment and training could involve some kind of risk that needs to be attended by those involved. For another, or more importantly, the informed participation of the client poses its fundamental value to a member of the democratic society. It was John Dewey (1859-1952) who stressed the concept of democratic participation. He also emphasized the effect of occupation in education. The common understanding of occupation and its effect is obtained only in communication. We explain to the client for the purpose of attaining common understanding appropriate to the members of the democratic society.
佐藤剛記念講演

『作業を行なっている患者さまは元気－そのためには、作業療法士は何をすべきか－』

中村春基

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第12回作業科学セミナーにお招きいただき有難うございます。実行委員長の西野歩先生から「臨床での話をして下さい」というご依頼で、標題のテーマでお話をさせていただきます。

さて、私は作業療法士になり32年目になります。うち専門学校で教官を10年間務めましたので、臨床経験は22年になります。

この間、作業療法を実施してきた手ごたえは、「すばらしい治療方法」だと感じています。それは、「作業を持つ人は元気である」という素朴な現実です。

脳血管疾患などで障害を持たれた患者さまのお話を聞くと、発症後「死を考えた」という人がほとんどです。現状を受け入れるまで3か月かかってという話は、多くの患者さまから聞かれます。また、軽い「うつ」状態で療養を受けている方々も多く見てきました。しかし、患者さまに寄り添い、作業療法を行う中で、主体的な作業を獲得されて行かれる過程をそばからみてみると、「家族の大切さ、人との出会い（同じ境遇のもしももっと重症の患者さま）、元気なところの人、の文化史（人間関係、仕事の内容）、パーソナリティー、作業を行なえる環境」など、主体的な作業を続けるためには何が大切かを認識させてくれます。

患者さまにとって「作業」は、「自分らしい」「自分と回りの人」「自分と社会」「自分と生活」など、それぞれの関係を「つなぐ」「確認する」ツールとして機能しているように思います。そして「作業」は、「満足感」「役割」「現実」「チャレンジ」「休息」「健康感」「自己確認」等々の主観的な思いを感じさせてくれるようです。

作業療法士としては、このような患者さまの行動の変化を見るとき、作業療法の素晴らしさを実感しています。

最後に、作業療法は誰のためにあるかを最近よく考えます。そして、「作業療法は利用者のために存在し、利用者自ら『作業療法』が行えるようになること」が大切だと思うようになりました。私の作業療法はそのような意味において、患者さまとともに「目標」「治療プログラム立案」「実施」「効果の評価」の一連の過程を共有する形態に変化しています。そのような取り組みも一部紹介し、主体的な作業を獲得する「技術」について、皆様と検討できたら幸いです。

佐藤剛先生には、協会活動を通して、「作業療法に対する真摯な姿勢」をいつも感じていました。この研究会で、しかも佐藤剛紀念講演という名誉ある機会を与えいただいた西野歩先生には心より感謝しています。佐藤剛先生の思いの「いくつ」を皆様にご提示できるか不安一杯ですが、私の臨床の一端を垣間見ていただき、このセミナーの盛会に寄与できるなら幸いです。

【事例紹介】

「退院時、近位監視での歩行程度の移動能力を持つ方の、卓球、水泳に取り組み、健康を維持されている例の紹介」

Mさんを紹介します。現在59歳、女性。専業主婦の方で、ご主人さまと娘さん3人の5人家族です。平成14年4月（当時53歳）に脳内出血を発症。左片麻痺となり、退院時の移動形態は、T字杖、AFO装着での近位見守り歩行（屋内）、屋外は車椅子。ADLは入浴を除き自立レベルでしたが左側の空間無視がありました。ご主人さまは発症当時鉄鋼会社に勤務されていましたが、現在は退職されMさんを隣日から支援されています。

平成14年7月から外来でのOTをはじめたのですが、外来初日目は、髪の毛は「紫」のメッシュを入れ、入院時のときとの変わりようにびっくりしました。そして訓練終了後、OT室を出られるとき、5mmほどの段差でつまずき、危なく転倒されるようになったことをはっきり覚えています。それくらい、歩行能力は低下しており、転倒により大腿骨頭部骨折の既往のある方です。

現在Mさんの週間スケジュールは以下のとおりですが、卓球、水泳、ディーズルピースでのパワーリハや手工芸、ほとんどすべての家事活動を実施されています。Mさんの今のような生活になるためには、Mさんの「ガッツ」と、ご主人さまや娘さんの支援があればこそと思っています。
月曜日 デイサービス（パワーリハ）
火曜日 あげぼの会の健康体操・脳卒中友の会主催
水曜日 卓球（午後6時30分から8時30分）
木曜日 デイサービス（パワーリハ）
土曜日 K市の身体障害者水泳教室

退院当時の様子を見ますが、立位耐久力は5分程度でバランスも悪かったため、訓練として、台所に寄りかかっての洗碗から始められたようです。疲れたら休み、元気を取り戻して台所の縦をもって立ち上がる様子を想像しますと涙が出ます。1日3回はその作業をされたのですから相当の訓練量になったと予測されます。そうする中で徐々に立位での作業能力も向上され、次に取り組まれたのが卓球です。家の近くの学校を借りて、ご主人さまご手に、最初は台に寄りかかわり、「ピンポン」をはじめ、今では、卓球大会に出場され優勝されるまでになっております。エピソードを一つ紹介します。「消える魔球の正体は、左視空間無視」とのこと、今でも、左側から来るボールは見えにくいそうですが、少しずつ、見えるようになっているそうです。

次に紹介しますのは「水泳」です。これは昨年から取り組まれているそうです。現在の移動能力は、退院当初と比較にならないほど改善し、杖なしでも歩ける状態ですが、もし、皆様の受け持ちの患者さまが、水泳をしたいと相談されたらどのようにお答えしますか。現在15mは泳ぐことができるようになっています。Mさんの事例を通して、入院プログラムの中に水泳を取り入れたらいいと思っています。

Mさんのコメントを紹介します。

卓球をやりだしたきっかけ：ご主人さまのお友達の勧めて始めた。

卓球を行う上で苦労したところ：学校までの行きかえり、坂がある。装具がオルフィットで固定性なく、バランスをくずした。その後、靴を装具を使用して安定した。はじめ、左側は全然見えなく、打ち返すことができなく、じっとしていた。ご主人さまからしかった。普通歩くのでも、左側の電柱にぶつかった。なれてきたら打てるようになったが、1年くらい見えたなかった。

卓球の楽しみ：思いっきり打ってすっきりする。仲間と会えること。楽しみと、訓練をかねることができる。技術的な向上、今後お友達との交流が楽しみ。外でできるきっかけ。

水泳をやりだしたきっかけ：18年9月。K市のリハビリ水泳教室に参加。歩行訓練が中心。1年ぐらい実施。その後、物足りなくなったら19年4月から水泳教室に参加。今、25mクロール練習の練習中。

水泳を行う上で苦労したところ：水の中に入ることが怖かった。元気なところから「かなづち」だった。水の中で、患側下肢が浮いて、バランスが取れず困った。手すりを持って歩くときはOK、帰りはバランスが取れず困った。水の中での足の使い方を指導してもらい、歩けるようになった。陸上でも歩行は改善した。まっすぐ泳ぐようになるには、目印をつくり泳ぎようにしている。

水泳の楽しみ：水になれて楽しくなった。泳げるようになった。気持ちいい。上手く泳げたら拝めてもらえる。友達が増えた。いろんな人と出会いがある。

作業療法士同じ障害をお持ちの方に一言：できることを経験させて欲しい。私はできないと思っている人なので、早くから、どのような経験を体験させて欲しい。
“Clients with an occupation are energetic — How occupational therapists can help clients —”

Haruki Nakamura

Thank you for inviting me to the Twelfth Occupational Science Seminar. In request of talking about my clinical experiences by the head of committee Mrs. Ayumi Nishino, I would like to talk about the subject above.

I have been an occupational therapist for 32 years. For 10 years I have been at school as a teacher, so I have had 22 years of clinical experience.

From these years of experience, I have come to believe that occupational therapy is a wonderful therapeutic method. Simply put, one with an occupation at hand is energetic.

Listening to clients who have been disabled through for example CVA, most have thought about dying after suffering a handicap. It is heard from many clients that it takes 3 years to accept the reality. I have also seen many who have received treatment for mild depression. However, by being alongside the client, performing occupational therapy and watching them obtain an occupation which they can perform actively and voluntarily, I have realized what is important in continuing such an occupation. They are such things as family ties, getting to know others with similar or even more severe handicaps, history before suffering a handicap which includes previous jobs and human ties, personality and environments suited to perform the occupation.

For clients, I believe that occupations are a means to relate themselves with others, society and everyday life. Occupations also give people satisfaction, a role inside society, a sense of reality, challenges, time to rest, health and a realization of one’s identity.

As an occupational therapist, watching the clients change through occupation makes me realize the wonderful aspects of occupational therapy.

Recently I frequently ponder for whom occupational therapy exists. And I have come to believe that it is for the clients. It is important that the clients themselves can perform occupational therapy on their own. In this respect, in my occupational therapy, I work with the client to set a goal, make a plan, go about the plan and evaluate its effects. I would like to share part of this flow and discuss with you about the techniques necessary to obtain an occupation that can be done actively and voluntarily by the client.

From Mr. Tsuyoshi Sato, I have always felt his sincere attitude towards occupational therapy through his activities in the OT organization. I would like to deeply thank Mrs. Ayumi Nishino for providing me with the honor to speak in Sato Tsuyoshi Memorial Lecture in this seminar. I am worried how much I can actually share Mr. Tsuyoshi Sato’s ideas, but it would be a great pleasure if I could show part of my clinical experiences and contribute to the success of this seminar.

Presentation of a case with reference materials:

“A case of a client who is maintaining her health through table tennis and swimming. When she was discharged from the hospital, she was only able to walk with a cane under close supervision.”

I would like to introduce to you Mrs. M. She is presently 59 years old and is a housewife living with her husband and 3 daughters. In April 2002, at the time 53 years old, she suffered an intercerebral hemorrhage with left-side-paralysis. When she was discharged from the hospital, she was walking with a T-cane. She used the AFO to walk under close supervision indoors, while using a wheelchair outside. All ADL other than bathing were done without help, although there was left-hemispatial neglect. Her husband was employed in a steel industry company when she suffered the intercerebral hemorrhage, but is now retired and is supporting her faithfully.

[continued from previous page]

Her OT began on July 2002 as an outpatient. On the first day, her hair was meshed in purple; I was struck by how different she looked compared to the time when she was first send to the hospital. After the first training session ended and when she was going out the door, I can still clearly remember how she stumbled over a bump of about 3 mm high and almost fell to the ground. Her ability to walk had fallen that far; after all, she has a past of femoral neck fracture.

Presently her weekly schedule is as shown in the table below, but as I will show in photographs, she does almost all domestic chores, plays table tennis, swims and participates in the craftworks and power rehabilitation at the day service center. I believe that her hard work and support from his husband and daughters have enabled her to spend the type of life she is spending right now.
Monday  Day service center (power rehabilitation)
Tuesday  Akebonokai’s exercise (sponsored by the Nosocyu Tomonokai)
Wednesday  Table tennis (6:30~8:30 P.M.)
Thursday  Day service center (power rehabilitation)
Friday  Swimming school for the disabled at K City

At the time she was discharged from the hospital, since she was only able to stand for about 5 minutes and since her body balance was poor, she started out training by first washing the dishes while leaning against the kitchen table. Tears came to my eyes when I imagined how she must have stood up holding on to the edge of the kitchen table, while resting when tired. She did this occupation for at least 3 times a day, so it must have been a lot of training. Through this training, her ability to perform occupations while standing improved little by little. The next occupation she sought out to do was table tennis, shown in the photograph. She borrowed a room in a nearby school and played table tennis with her husband, first while leaning against the table. Now she has improved to the point where she has won in table tennis tournaments. In one episode, she experienced a so-called diabolical ball that disappears, which was due to left-hemispatial neglect. She says that even now she has trouble seeing balls coming from the left side, but that gradually she has become able to see them.

The next occupation I would like to share is swimming. Mrs. M has started swimming last year. Right now her ability to move has improved significantly compared to the time she was first discharged from the hospital; now she can even walk without a cane. However, if one of your clients actually said he/she wanted to swim, how would you answer him/her? Mrs. M can now swim 15m. Watching her case, I now suggest including swimming as part of the exercise program in hospitals. I would like to share some of Mrs. M’s comments.

*First motivation to start table tennis:* started from her husband’s friend’s advice.

*Difficulties she has had in playing table tennis:* going to school and back. There was a steep hill on the way. The orthosis was ORFITBRACE and didn’t have stability, so she lost her balance. Later on, she used SHB (Short Horn Brace) for stabilization. In the beginning she could not see her left-hand side at all and could not return balls. She would simply stand still and her husband would get angry. Even while simply walking, she ran into electric light poles to the left. Eventually she got used to it and became able to return balls, but for a year, she could not see the balls coming from the left.

*The fun thing about playing table tennis:* exciting to hit the ball hard. She can meet friends. She can train while also having fun. It is exciting to try and improve her technique. After playing table tennis, she can enjoy talking with her friends. This is a chance to go outside and get refreshed.

*Motive to start swimming:* participating in a rehabilitation swimming school of K city on September 2006. It consists mostly of trainings to walk. She has been swimming for approximately a year. Afterwards she felt it wasn’t enough so she took part in a swimming school on April 2007. At the moment, she is practicing taking breaths during 25m free-style swimming.

*Difficulties she has encountered while swimming:* was afraid of going into the water. It was not her forte even before becoming handicapped. Inside water, her disabled lower limb would float and it would become difficult to maintain body balance. It was OK for her to walk while holding on to a handrail, but she could not maintain her balance on her way back. She received supervision as to how to move her legs inside the water. Afterwards, she was able to walk. Her walking outside of water improved as well. In order to swim straight, she is using a mark for guidance.

*The fun part about swimming:* has become fun by getting used to it. Now she can swim. It simply feels good. She is praised when she swims well. She now has more friends and can meet new people.

*One word to occupational therapists and to people with similar disabilities:* would like to experience what can be done. There is a tendency to think that something cannot be done, so it would be nice to go through the experiences at an early stage after becoming disabled.

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【作業と実践の報告】
『長期臥床の状態から活動的な生活へと変化をもたらしたブロック折紙の意味』
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【はじめに】高齢者は社会的役割の喪失、身体の衰えに直面する。特に施設生活ではこれらをきっかけとし、非活動的な生活となり習慣化してしまうことも多く、それらへの対応は苦慮している。今回、「頭がガンガンする」といって、一日の大半を臥床にして過ごし、欲念低下が著しい高齢者が本人の好きな作業に取り組んだ。その結果、活動量が増え、生活リズムが整い、さらには他者の交流も楽しんできようとした。報告する。【経過】当初、訓練拒否もあり居床傾向であったが「手作業が好き」、「ブロック折紙をして人にあげていた」とのことから、ブロック折紙に誘ってみた。短時間ではあるが行い、「頭痛が減る」と言い出し、その後自ら OT スペースへ出向き日中の大半を折り紙に費やした。また「折りやすい」と хр和の折り紙で ROM 訓練を求め、身体への関心を示すようになった。さらに、「歩くと良い」言い運動にも興味を示した。作品が完成すると、他者に加え、それをきっかけとして他者との交流を楽しむようになった。加えて施設活動にも参加するようになり生活リズムが整うようになった。

【考察】ブロック折紙は療床を促す目的で導入した作業活動であった。手作業が好きで、経験が有することで、作業の持つ没我性の特徴を頭痛を忘れる。また、病床の摂取量を大減に向けた、公衆活動での役割も担う、社交的な生活を送る。折り紙をする、「折り紙を作ると」という生産的作業の類似性がある。折り紙は OT スペースで過ごし作業を行う結果となったのではないか。また、作品のプレゼンテーションされることで役割として意識することができ他者との交流へとつながった。更に OT スペースの滞在時間が長くなったことをきっかけとし、他の活動への参加が容易になった。施設は生活の場であり、そこでの日常生活である作業を取り込むことは、活動的な生活へ変化を及ぼすことが理解できた事例であった。

The Effect of Block Paper Folding on Attitude in Long-Term Bedbound Elderly Client
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Introduction: Elderly people have more risks to lose their social role and decline their body functioning. Especially when they start their life in the facilities, in many cases, they lost their active life before and make it custom. We have a hard time to deal with it. In this report, block paper folding was proposed for aged woman as one of her activities in occupational therapy. She complained of a headache to us and spent the greater part of her day in her bedroom and her willingness has decreased remarkably. However, after performing block paper folding, her willingness to participate increased, she started interactions with others, and the rhythm of her daily life changed. Thus, block paper folding became an indispensable occupation for her.

Progress: Although there are her refusal of training and her bed binding life at the beginning, we had asked her opinion and her habit. She had indicated that she liked to do hand work and performing block paper folding to make handiwork and give them to others. After being invited several times, she started to perform block paper folding, although for only short periods of time. Consequently, she said that her headache decreased. She went to an occupational therapy (OT) room on her own initiative, and spent the greater part of a day in the room intently performing block paper folding. In order to be able to fold paper more easily, she requested a range of motion (ROM) exercise; namely, she became interested in her own body. Moreover, she said that the feces could be easily excreted after walking; namely, she became interested in exercise. After completing block paper folding, she presented her handiwork to her grandchild and other clients. These opportunities allowed her to enjoy social relations with others. She began to participate in activities in the facility, and the rhythm of her daily life improved.

Discussion: She originally liked hand work and had experience with block paper folding. Since absorption was effective by block paper folding, this allowed her to forget about her headache. Before spending time in a nursing-care facility, she had been engaged in agriculture and played social roles, such as giving harvested goods to neighbors and participating in an election campaign for the local community. Since paper folding
is similar to agriculture in terms of productive performance, she was interested in block paper folding and spent the greater part of a day in an OT room performing it. Moreover, since her handiwork was favored by others, she came to recognize a role for herself in society and began to positively communicate with others. We think that because she spent more time in the OT room than she had before, her participation in other activities became easier and her life became more active than before. This is an understandable example which shows that facilities are life spaces for elderly people. Therefore giving them meaningful occupation in their daily life is a useful intervention to change their non-active life into more active life.

A case showing that a meaningful occupation can make one live actively and voluntarily

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Introduction: Case was receiving medical treatment at hospital A. He was constantly complaining of pain and spent the entire day in bed, but by presenting a meaningful occupation through occupational therapy (OT), he began to live an active life. This article describes and discusses its process.

Present case and the meaning of the occupation presented to Case: At the time, Case was a male in the mid 60s, retired from an engineer and enjoying walking and drinking with friends. After he suffered a stroke and the right-hand side of his body was paralyzed two years ago, he was frequently in need of hospital treatment. When beginning OT, Case had chronic pain in the upper limbs and spent the entire day in bed. In everyday life, he needed help in everything except eating and brushing his teeth. It seemed as if he had given up on himself and had lost the will to live. In OT, I attempted to relieve the pain in the body while searching for an occupation which the patient might perform actively and voluntarily. The author felt that while the patient was pessimistic of his future, that “I’m heading no where….,” he wanted to “be of use to other people” and “communicate with others.”

Process and discussion: Utilizing the fact that he liked to make things as an engineer and also so that he can “be of use to other people,” woodwork was presented so that he could make self-help devices for other patients and photo stands for others. He was greatly appreciated by other patients and occupational therapists. His works were also applauded. As a result, he worked even harder and the amount of his communication with others also increased. Complaints of pain disappeared and the assistance he needed in everyday life was limited to bathing. The patient had diabetes, but he also began to actively take care of his body by being alert of his own blood sugar level and by performing exercises. By introducing an occupation which is meaningful to the patient, the patient can obtain the strength to live actively and voluntarily.
奇異な作業を行う精神病院長期入院者は、しばしば「精神症状の悪化した存在」として理解される。しかし今回、放便放尿を行う事例を「作業的生存」としてとらえ、「書き物作業」という意味があると思われた作業を通して介入した結果、作業バランスが変化し放便放尿がなくなり、「退院したい」と述べるようになったので報告する。

A氏（60代男性、統合失調症、高学歴）は、長期入院者であり、病棟や集団作業療法プログラムにおいて時折放便や放尿があり、職員がそれを止めるように声かけを行っても怒りをあおったりしており、時間が過ぎるのを待つという状態であった。キャラクターやマッサージといった作業も、彼女のそのような作業パターンに変化を与えるように思われなかった。

そこで私は、放便放尿作業も彼女にとっては何かしらの意味があるはずで、彼女によって他の意味のある作業をプログラムに取り入れることで、作業バランスが変化し、放便放尿が軽減するのではないかと考えた。評価を通して、自室においてはペットサインで辞書や百科事典を写すことを中心とした書き物作業を行っていたことが分かった。よって書き物作業を他者と関わりながら行うプログラムを行うことにした。

10ケ月間ほど実施したところ、プログラム時間外でも自ら作業療法室事務所を「何か書き物ない？」と訪ねてくるようになった。職員との会話や空想画などを中心に書きながら、生い立ちや現在の気持ちなど様々なことを語り、「退院したい。」と述べるようになった。その頃、放便放尿はなくなり、病棟職員からも「放便・放尿もなくなり、意思疎通も取りやすくなった。」との意見が聞かれた。

彼女にとって放便放尿という作業は、「他者と関わりたい」というメッセージを伝える作業だったのではないかと考える。そして、プログラムを通じて、彼女にとって意味のあった書き物作業に、他者との交流という意味が加わった結果、放便放尿を行う必要がなくなったのではないかと考える。またさらに、思いが満たされ、人生に対して希望がわき、退院を希望するようになったのではないかと考える。

A long-term patient in a psychiatric hospital seeking discharge - changes after participation in a writing program

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A long-term patient in a psychiatric hospital showed strange behavior such as relieving herself everywhere, and was considered to be a patient whose symptoms were getting worse. However, clients also need to be understood as occupational beings.

Case A is a highly educated, in her 60s with schizophrenia. She had been hospitalized for a long time and used to relieve herself everywhere in the ward and in a group program of occupational therapy. She got angry when staff told her not to do so. We just wanted for her to stop, and karaoke and massages could not change her behavior.

I thought relieving herself everywhere must have some meaning for her, and that it might decrease if her occupational balance was changed by adding other meaningful occupations.

Through assessment I found that she was writing from the Bible and a dictionary. I decided to plan a program of doing writing occupation with others.

After about ten months, she began to visit our occupational therapy office. Then she said, “Is there anything I can write?” During our conversation she told us her history and her emotions related to writing and imaginative drawing. Finally, she said, “I want to be discharged from this hospital.” At the same time she stopped relieving herself. The staff working in the ward said, “She stopped relieving herself and we get along with her more than before.”

The meaning of her relieving herself may have been a message that “I want to get along with others.” And she may have stopped relieving herself because the writing occupation provided her with a new meaning of getting along with others. Her occupational needs were satisfied. She got hope and requested discharge from the hospital.
はじめに：N区では、平成17年度より、認知症予防事業の一環として地域で認知症予防を広める推進員の育成に取り組んでいる。長期的な継続者が少ない中、59歳の主婦であるAさんは推進員活動を生きがいと感じ、家事をバートタイムの仕事とやりきりながら3年間に及ぶ熱心に取り組んでいる。本報告では、なぜ推進員活動がAさんにとって重要な役割となったのかをAさんへのインタビューを中心に探求し、行政で働く作業療法士が市民の健康促進に果たし得る役割について考察した。

事例：Aさんは亡き母に認知症の症状がみられた際の「ものすごく悲しい」経験から、認知症・予防に関心を抱き、区の認知症予防推進員養成講座に参加した。学んでいくうちに、一旦認知症発症への不安が払拭まったものの、具体的な予防法や対処の仕方などについて知り、不安を取り除かれ、予防の可能性を実感するようになった。Aさんは推進員活動を「地域でお役に立てる」などと始めたが、自分を支える力は考えている。以前は避けていた不快なことも、認知症予防になると考え、チャレンジするようになった。活動は将来、夫や家の楽しさのために役立つと捉えている。Aさんはまた、家族からの支えを受け、仲間と深くつながり、地域の人に喜ばれ、夢中になってしまい、新しく考えたことを考え、どちらが経験し、いた。

考察：母に認知症の症状が見られたことで理解で経験した悲しみや不安、それを乗り越えてきた過程は、Aさんにとって、人の役に立つという思いとなり、活動を支える要因となっていると思われる。また、活動で得られた様々な経験が、活動を意味ある作業へと発展させる原動力となり、と考えられる。行政で働く作業療法士は、単に市民のニードを把握し、それに向けプログラムを企画するだけでなく、参加者にとってプログラムがどんな意味や価値をもつかという、作業の視点をもつことで、よりよい育成支援のあり方を提供する事が出来ないのではないか。

Developing into the Meaningful Activity: Experiences of a Promotion Member of Dementia Prevention Program in “N” District (N-ku)——

Introduction: Since 2005, N-ku has employed an educational program to train volunteers to promote prevention of dementia. A, a 59-year-old housewife, participated in the program and has been enthusiastically engaging in volunteer activities last three years, managing the time for house work and part-time job, while many members dropped out. In this report, based on the interview to her, we scrutinize why A found this activity to be important. We also consider the role of occupational therapists, working within the administration to promote health of the district residents.

Case: A participated the program because of her “extremely sad experience” when her mother suffered from the dementia symptoms before her mother passed away. Because of her curiosity to dementia A joined the program. However, she became uneasy because of fear that she could be a candidate of dementia. Through the learning process, she overcame fear, assured the possibilities to prevent dementia and recognized her experience might be useful for the people in her community. For A, volunteer activities were not only for others, but also for herself because they, including the challenges to unfamiliar tasks, would prevent her to become dementia. A also considered the activities would be useful for her husband and elder sisters when they aged. While engaging in volunteer activities, A had various positive experiences, such as supports from her family, dependable connections with the members, appreciation from the people in the community, and absorption to the challenging tasks.

Discussion: The Promotion Member Activity developed to be meaningful for A, probably, because it linked to her sad memories of her mother, but connected to her awareness of the possibility to prevent dementia. Various positive experiences also seemed to motivate her enthusiasm to the activities. The occupational therapists, working for the administration, not only understand the needs of the residents and plan programs accordingly, but by using the views of occupations, such as meanings and values of the programs.
 Recovery through playing guitar in a mental health day care center

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Background: Mr. A, a 52-year-old man, was diagnosed with depression 4 years ago. The results of Canadian Occupational Performance Measure (COPM) were playing with his children (7 in performance, 10 in satisfaction), playing guitar (6, 8), finding a job (1, 1), reading and drawing comics (8, 8), and physical exercise (4, 5). Total scores were 5.2 in performance and 6.4 in satisfaction. He participated in programs such as the guitar club, muscle training, comic club, and job meetings in the day care center.

Occupational history: He started playing guitar when he went to Tokyo as a university student. He had worked in a big supermarket company until he had to go back to his hometown because of a family matter. He had quit playing guitar. He worked as a clerk in his hometown. He suffered from depression since he was promotion 8 years ago. Playing guitar in the day care center reminds him of younger, better days.

Change through playing guitar: He became a central figure of the music band named “MIYUKING”. They visited places to play, recorded the songs he had composed before, and had a concert. He said, “I’m happy because I am useful for other people.” He also looked back the former working style in the job meeting. He decided to work in a supermarket company. He started working in a supermarket after 7 months use of day care services. The results of re-evaluation in COPM were playing guitar (9, 10), and finding a job (8, 10). The total scores were 8.2 in performance and 9.0 in satisfaction.

Discussion: Playing guitar brought back his life as one continuum for him. Playing guitar in the day care center motivated him to try to visit places to play and compose new songs. The other programs in the day care center facilitated his individual development, reducing his symptoms of depression, and increasing social participation.
Justice and vision of possibilities in OT collaboration with two clients for occupational justice: experience from visiting occupational therapy

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Purpose: The purpose of this article is to discuss justice and vision of possibilities (Townsend & Polataiko, 2007) through the experience of visiting occupational therapy. Method: The intervention was visiting occupational therapy for two clients. Data from COPM, observation, and field notes were analyzed by qualitative method. Results: Client A is 18-year-old woman, muscular dystrophy. She worried about the course of her life after graduation, The therapist suggested becoming an occasional student in a college. She was interested in that, and she and the therapist collaborated in order to take a course. She was able to become an occasional student. Her social environment changed through her participation in the class, and the college staff coordinated the environment to enable her to participate in the classes comfortably. Client B is 18-years-old man, fibrosplasias ossificans progressiva. He is a college student in a correspondence course. He has nothing to do especially at home during daytime. After the therapist’s visit his home, he gradually talked about his needs, for example sending e-mail to his friend and arranging his schedule at the college. Finally he had a new ambition of getting a driver’s license. Besides this, his mother’s perception changed from “rehabilitation is exercise” to “rehabilitation supports what clients want to”. Discussion: The visiting occupational therapy program enabled justice through changes in the social environment. The occupational injustice that had existed around client A was realized. Client B could direct attention to his vision of possibilities through interaction with the therapist.
施設で生活している障害のある高齢者において、わずかな時間であっても本人の価値や興味のある作業をすることが生活の質の向上につながるといわれている。一方で施設入所高齢者は、これまでの生活の中でしてきた自分の価値や興味のある作業から剥奪、解離されていることは多い。老人保健施設入所高齢者のオシャレに関する意識調査で、オシャレは楽しい老後のつながり生活や気分が変わることが示されている。しかし、障害を持つ施設入所高齢者に対してどのように介在を行うと価値ある作業への再従事が促されるのかという研究は少ない。そこで、「オシャレをする」という作業に焦点をあて、オシャレに価値を置く老人保健施設入所者に対しあオシャレに関する活動やオシャレを楽しめる環境を提供し、「オシャレをする」という作業の従事向上を目指した介入研究を行った。今回は、参加者が自身にとって価値ある作業「オシャレをする」を用いた集団介入の実践経験とその結果としてオシャレに関する重要度、遂行度、満足度の変化を報告する。参加者は、研究に同意した老人保健施設入所者で、10点尺度でオシャレに関する重要度が5点以上と答えた者とした。介入は「おしゃれな活動と健康」をテーマにおいて約1時間を全6回実施し、行う活動は対象者と作業療法士が協議しながら決定した。介入結果として、重要度と遂行度は6名中5名が向上し、満足度は6名中4名が向上した。行動上も、著者にスカートや指輪をされる様子や、家族と服を買いに行ったり、他の参加者の服を表しつつある自分の服のことを考え始めたり、実際に服を持ってきてもらうなど様々な変化が得られた。これらのことから、本介入が、「オシャレをする」という作業従事に対し肯定的な影響を及ぼすことが示唆された。集団運営上は、「隠で何か言われないように気をつける」などの参加者の言葉に反映されるように、集団内でオシャレに対する価値観や認識が人間関係に影響を及ぼすことや、集団外の施設内的環境の目に、特に配慮する必要性が示された。

Focusing on “Oshare” ~ A group intervention for elderly people in a health service facility promoting engagement on occupations they value ~

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Researches indicated that the quality of life of Elderly people living in a facility would improve by doing occupations reflecting their values or interests, even if they do the occupations in a little time. Unfortunately, elderly people living in a facility often are deprived of their occupations which they used to do in their daily living and reflected their values and interests on. A research showed that elderly women in a health service facility for the aged believed that “Oshare (dressing up)” was related to enjoying their life and refreshing their feelings. There are, however, few studies examining what intervention is effective to the elderly people to promote their engagement on their occupations reflecting their values. Therefore, we studied if elderly people in a health service facility the aged were more engaged in “Oshare” when they were provided activities and an environment related to “Oshare”. Here, we reported a clinical experience of group intervention by using occupations related to “Oshare” and the changes of their score on importance, performance and satisfaction of “Oshare”. The participants were the people who scored more than 5 on the 10 rating scale of the importance of “Oshare”. They received one hour session six times for two months and the theme of the intervention was “activities related to Oshare and health”. The activities they did in the intervention were decided by participants and an occupational therapist collaboratively. The results of the intervention were that 5 participants in 6 participants gave higher score on the importance and the performance, and that 4 participants in 6 participants gave higher score on the satisfaction. During or after the intervention, the participants began to wear a scarf or a ring, went to shopping with her family, begun to think about her clothes at home, and/or asked her family to bring her cloth to the facility. These results indicated that the intervention had positively effects on engaging “Oshare”.
痛みと作業という本演題のテーマは、生きる力の回復と作業の関係を理解することを目的とし、小説「ねじまき鳥クロニクル」（村上春樹著）を研究素材として行った質的研究より現れたものである研究素材として小説が用いられたのは、通常ならば言語表現が困難な感情や瞬間的な思いを小説が良く表すことにある。中でも村上は、比喩や象徴を用いた人間の内世界の描写に優れていると考えられる。

痛みは、誰もが経験するが、他者がそれを理解する事は難しい特に、暴力・虐待・恐布・布などに関連する痛みは、本人さえそれを的確に説明できないしかし、「痛み」が日々の作業に影響を与えることは、想像に難くない、本発表は、「ねじまき鳥クロニクル」の登場人物であり、病気から幸福に至る痛みが感じ続ける26歳の女、クレタを通じ痛みを持つ人の内世界の変化、そして作業の存在としての在り方の一端を理解しようとするものである。分析の過程は、クレタの変化を時系列に統合、2）変化のきっかけの抽出、3）変化時、その前後の作業分析、4）考察、から始まる。

クレタの内世界と作業との関係は、以下の7つの段階を通して見ることができた。1）あらゆる作業が痛みと結びついて、「呪われた」という否定的な自己イメージを構築する段階。2）一見すると積極的に作業をしたが、「この苦しみは誰にもわからない」と、内・外の表面が反している段階。3）何者かに不審だったと感じ、「自殺を図る」や「病弱になる」など作業を自己破壊行為として扱う段階。4）親という救済者を求めて、格別な作業経験を通じ、自分の人生を構築する段階。5）親のもとを離れ、野菜作りや子育て作業を通して「本当」と感じる自己を認識する段階。発表では、クレタの変化に影響を与えた作業に関し、更なる考察を加える。

Pain and Occupations: How Crete in the novel “Wind-Up Bird Chronicle” structured and changed herself through occupations?

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The theme of this presentation was drawn from the study that employed the novel Wind Up Bird Chronicle written by Haruki Murakami as a data source and investigated the relationship between occupations and healing from life crisis. Novels were considered as the good source for the study because of its ability to express human emotions and momentary thoughts that were difficult to verbalize. Haruki Murakami was known due to his excellent skills to describe the inner world of human beings, using metaphors and symbols.

We all experience pain. However, we do not know how others are experiencing pain. Particularly, the types of pain caused by violence, abuse, or fear are unexplainable even by the person who experiences pain. Nevertheless, we can imagine that pain would have strong impact to our daily occupations. The purpose of this presentation is to understand the inner world of the person who experiences pain and the ways to deal with the world as an occupational being through Crete, one of the characters in the novel Wind Up Bird Chronicle, who was 26 years old and had had pain since her childhood. The analysis was proceeded by the following steps: 1) chronologically organizing the all descriptions about Crete, 2) figuring the events that triggered Crete's changes, 3) analyzing the occupations while the changes, and before and after the changes, and 4) thinking the relationship of pain and occupations.

Five phases were appeared in the relationship between Crete's inner world and pain I) Shaping negative image of self: every occupation gave her pain and she called her life as "cursed", II) Constructing inconsistent self; the ways she engaged each occupation were apparently pleasant lady, but she thinks "Nobody understand my pain", III) Self occupations, such as attempting suicide and becoming prostitute, are used to destroy herself, IV) Structuring the base of self: Being supervised by her sister, Crete engaged in the unique occupation, a prostitute of mind, through which she experiences the experiences of others, V) Constructing real self: She left her sister, and found true "self" when growing vegetables and her baby. The occupations that triggered Crete's change will be further discussed.
『作業、社会参加、ケイパビリティについての一考察』
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背景：この発表は「社会参加」という概念について、社会でその生活状態を見過ごされがちな人の作業のストーリーに焦点を当てて、哲学的観点から探ろうとするものである。社会参加という概念は近年、作業科学や作業療法の文献の中でよく用いられているようになっているWHO（世界保健機構）では、社会参加を、「生活、人生現場へ関わること（Involved in a life situation）」と定義づけている実際には、人は数えきれないほど多様な方法で生活・人生現場に関わっている。しかし、個人が日常生活の謝務に従事する際には、様々な社会的側面が存在するため、「個人」の視点を持たなければ不十分である。本発表においては、我々は視点を、個人の「行動」そのものから、「全体の一部として存在する者」を移行する必要があることを主張する。社会的統合、つながり、共同社会の一員であること（市民権）といわれた概念は、民族的マイノリティや障害を持つ人々などの社会的排除などの問題を考える時に役立つと言われている。これらはアマルティア・センとマーサ・ヌスbaumによって提唱されたケイパビリティ・アプローチの中で言及されており、本発表はこれらに基づいたものである。

方法：理論研究である本研究は、ケイパビリティ・アプローチに関する文献の考察から成り立っているデータベース（CINAHIL and OVID Medline）と本を用い、ケイパビリティ、アプローチの理論とそれに関連する作業科学の理論、作業科学で用いられているcapabilityとparticipationを比較関連させつつ考察し、これらの概念についての理解を深める。

結果：ケイパビリティ・アプローチの理論と作業科学の思考や理論との間には、共通点が多く現出される。作業を探る時、この理論が新たな視点からのアプローチに寄与するところは大きいであろう。発表では、作業科学の研究とこの理論的視点との関連性について述べていく。

Occupation, participation, and capability: A critical examination

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Background & Purpose: The aim of this paper is to critically examine the concept of participation, drawing from philosophy and focusing on stories and scenarios of occupation among persons whose daily lives often unfold at the margins of society. Participation has received increased attention in both the occupational science and occupational therapy literature in recent years. Participation has been defined as being, “involved in a life situation” (WHO). Being involved in a life situation is undoubtedly experienced in myriad ways within the context of people’s everyday lives. However, this individualized view of participation does not sufficiently account for the multi-faceted social tensions that enable or hinder individuals from engaging in a repertoire of daily occupations. I will argue that we need to consider shifting our focus from action to the being an integral part of a larger whole. It has been suggested that social integration, connectedness, and citizenship can be useful concepts in addressing the pervasive social exclusion of certain groups of people such as ethnic minorities or persons with disabilities. This argument builds on Nobelaureate Amartya Sen’s and scholar Martha Nussbaum’s work on a capabilities approach.

Method: This paper is based on a review of literature where a capabilities approach was explored. Databases (CINAHL and OVID Medline), and books were used, in which theory underlying a capabilities approach were juxtaposed against relevant occupational science theory.

Preliminary findings: It will be argued that a capabilities approach is ideologically aligned occupational science. Moreover, a capabilities approach might offer another viewpoint when exploring occupations among individuals with limited access to occupations of their choice. Finally, the relevance of these theoretical vantage points for occupational science research will be discussed.
What is the occupation enabling one to realize personal identity? -Experiencing a meaningful existence through occupation-

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People construct and express themselves through occupation and human health depends on engaging in occupation. In this research, semi-structured interviews were conducted with three informants to explore what informants express and how they construct identity through occupation. Data were analyzed by the constant comparative methods by Strauss and Corbin. The results showed that informants had beliefs and sense of values to become valuable existence, and they were engaged in occupations by their own ways that made them possible to achieve the beliefs. Informants also expressed identity through changing the way of engaging in occupations, which depended on the context and whether they engaged in occupations independently. Moreover, informants realized and felt themselves as meaningful existence through these experiences of engaging in occupations, and these processes led informants to feel their own life with identity. This study suggests the importance of supporting clients with difficulties who will become able to express themselves and construct their identity through engaging in occupations by collaborative processes among occupational therapists. Such processes include, e.g., assessments of 1) what belief does each client have, 2) which occupation achieves his/her belief to become valuable existence, and 3) what are the concepts of occupational designs (time, place, and procedures in occupational choice) that are related to the values of their own life.
The return to everyday life by some Japanese elders with physical disabilities who were hospitalized and returned home

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To support older people to live in the familiar surroundings of their home and community is under pressure due to financial and human resources constraints now and into the future. Thus there will be an increasing need for them to live independently while maintaining health and quality of life. Considering this, there is a need to complement current emphases on function and illness/health with knowledge of possibilities and resources in occupations of everyday life. This research assumes that knowledge of “how processes unfold of older people who recover their occupational life after illness and accident is important to better support older people to live independent. The purpose of this research therefore was to explore and describe the recovery of occupational life after physical disability by some older people in Japan.

Method: This research draws on theories of transition and adaptation. The informants were 9 older persons who were admitted to hospital, received rehabilitation and returned home after physical disabilities. Data-gathering was retrospective open-interviews exploring their narratives/stories of their experiences. Data-analysis was a narrative thematic analysis drawing on Polkinghorne and Bogdan & Biklen, with the aim of describing features important to these recovery processes.

Result: At the moment of writing the data-analysis is ongoing. Results that will be presented will pertain to 1) how these recovery processes unfold over time, and 2) any features (themes) that were important to these recovery processes.