第 18 回作業科学セミナー抄録
（2014 年 11 月 15、16 日，YIC リハビリテーション大学校にて開催）

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作業的に豊かな環境を作る

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作業療法士が理想とすることは、作業的に丁度よい社会である。この社会では、すべての人が自分にとって意味のある作業ができる。そして、作業を通じて一人ひとりが成長し、社会全体も発展していく。本講演では、理想の社会を創るために、私たちは何ができるかと考えたい。

1. 作業的に丁度よい社会と環境

理想的な社会を描く背景には、貧困、病気、障害、災害、紛争、差別によって、意味のある作業ができない多くの人々がいるという現実がある。日本においても、例外ではない。人々がどの作業にどのように参加できるかを決定する重要な要因の1つが、環境である。環境には、道具や家族のような個人的なものから、政策や経済状況といった多くの人々に影響を与えるものまである。理想的な社会を描くことによって、私たちの環境に対する見方は広がる。理想的な社会では、意味のある作業への平等なアクセスに価値が置かれ、多様な形での作業への参加を促進する政策が行われ、作業を行うための手段や資源が充実した環境が必要となる。

2. 理想の社会に向けた取り組み

私は、すべての人が自分の作業ができる環境を創る1つの取り組みとして、2014年4月にものづくり工房「作ら（さくら）」を発足させた。作らの目的は、ものを作りたい者がものづくりを楽しめる場を創ること、参加者がものづくりを通して成長し、地域に貢献することを促進することである。参加者の成長と地域の発展のために、作らの活動には、①誰もが参加できる、②何でも作れる、③学び合う、④作って次につなげる、という4つの特徴がある。活動は、県立広島大学において月に2回、各2時間行われている。

作らの活動は発展し続けており、より多くの住民のものづくりのニーズに答えられるようになってきている。活動を開始した2013年1月では、1回あたりの平均参加者数は13名であったが、参加者のロコミ、地域の行事での宣伝などによって、2014年7月には35名に増加した。参加者の年齢は、20代から80代と幅広く、参加者の中には、退職後の男性、障害のある方、学生、子連れで参加する主婦もいる。作らで行われるものづくりの種類も増え、現在では陶芸、箏細工、木工、木彫、エコクラフト、革細工、マクラメ、編み物、裁縫、パソコン、布ぞうりなどが行われている。また、もののを作るだけではなく、地域の行事で作品を展示・販売したり、地域の子どもたちにものづくりを教えるといった活動も行われるようになった。

3. 作業的に豊かな環境を創るためにできること

これまでの作らでの活動を振り返り、誰もが意味のある作業ができる環境を創ることには、作業ニーズを創造すること、作業の可能性に向けてクライエントと協働すること、成果を明らかにすること、場所や仲間を増やすこと、より大きな力に働きかけることが重要であると感じている。

私たちは、作業の不公正に気付き、行動することで、作業ニーズを創造できる。やってみることで、ニーズが見つかることもある。クライエントと協働を通して、クライエントの作業が可能化される。その成果を明確にし、多くの人にアピールすることができ、一緒に作業ができる仲間や場所が増えていく。私たち一人ひとりの小さな取り組みが、大きな力を動かし、社会を変えることができると言っている。

作業科学研究, 8, 50-51, 2014.
The occupationally just society is a utopia that occupational therapists imagine. In this society, all people can engage in meaningful occupation. Then they can grow and become healthy, and society can develop through occupation. The goal of this lecture is to think about what we can do individually for the ideal society.

1. Occupationally just society and environment

The reality is that many people cannot participate in meaningful occupation because of poverty, disease, disasters, armed conflict and social discrimination. One of the important factors to determine which occupation people can do and how they can do the occupation is environment. The occupationally just society needs an occupationally rich environment where people value equitable access to participation in occupation, policies promote each person's diverse participation, and instruments and resources for engaging in occupations are provided.

2. Practice for the ideal society

A citizen group, Studio Sakura was established in April, 2014. The aims of the group are creating places where all people who want to make something can enjoy it, and helping participants grow and contribute to the community through making things. The group's activities have four features which promote participants' growth and community development: anyone can participate, participants can make anything, participants mutually learn from each other, and participants move on to the next occupation after making one thing. The group operates twice a month for 2 hours at a time at the Prefectural University of Hiroshima.

The activities of Sakura are developing and responding more to the occupational needs of residents. The average number of participants continues to grow and reached 35 as of July, 2014. The participants' age ranges from their twenties to eighties, and retirees, persons with disabilities, students and housewives with children are included. The kinds of crafts also are increasing, and now participants engage in pottery, canework, woodwork, leatherwork, knitting, sewing and so on. Participants not only make things but also display and sell their products, and teach crafts to children in the community.

3. What we can do to create an occupationally rich environment

Through looking back at Sakura's activities, it is suggested that creating occupational needs, collaboration with clients for enabling occupation, making outcomes clear, increasing places and companions for occupation, and an effective way of communicating with the community were important for creating an occupationally rich environment.

We can create occupational needs by awareness of and action against occupational injustice. Clients' occupations must be enabled through working with them. These outcomes should be made clear and made known to many people. Then we will gain new places and companions for promoting those occupations. I believe that our individually small actions make a difference in society.

作業科学における場所の再考：トランザクションの視点から

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私たちの作業は場所placeの中で行われ、その場所によって大きな影響を受けている。場所は時間的な側面とともに、作業の成り立ちに関わる重要な特性である。そのため、作業科学においても作業が行われる場所に着目した研究が数多く報告されてきた。作業科学で場所という概念を扱う場合には、単なる物理的な特徴や地理的な位置だけではなく、そこで作業を行う人々の経験や場所の意味も含んでいる。より多くの人たちは、ホームhomeという自分がコントロールできるプライベートな場所を生活の拠点として、さらに自分にとっての重要な作業と深く結びついた場所を複数もたらしながら、それぞれ固有の生活を送っている。

ところで日本は今、従来の病院偏重型のシステムから高齢者や障がいのある人々を地域の中で包括的に支えるシステムへと移行する大きな転換期にある。それに伴い、人々の支援を検討する際には、居住、地域生活、生活移行といった言葉が頻繁に取り沙汰されるようになった。これらを理念のまま終わらせ主体者が不在の表面的な支援としないためにも、人々の日常的生活を深く理解することが益々重要となっている。このような状況から、人々が本来生活すべき場所とそこでの作業のあり方を研究する作業科学の真価が大きく問われ始めていていると言える。

以上を踏まえ、この講演では、作業が営まれる場所、そして作業と場所（もしくは環境）の関係に関するこれまでの作業科学研究を振り返り、私たちが本当の意味で人々の日常的生活に近づくための視点を問い直したいと思う。特に、トランザクションtransactionの視点を取りあげ、作業が営まれる場所を固定化されたモノではなく、作業を通してその形も意味も作り替えられていくコトとして捉えられることの意義を示す。トランザクションは、アメリカの哲学者Deweyらが提倡した人と環境、行為の関係を説明する考え方である。心理学や地理学などでも紹介された後の2000年代以降の作業科学の論文でも取り上げられるようになった。さらに、作業の知識を実践に応用する作業療法でも、それまでの相互作用interactionに代わり、この概念が使われることが多くなっている。そして、トランザクションでは、人と環境を相互に規定しうる「全体」を考え、私たちの日常の作業が連続して営まれていくプロセスを説明している。

作業と場所の関係により敏感となってその知識を蓄積することは、個人の生活を支えることにつながる。さらに、ある人々が本来生きるべき生活環境ではないところで、不公正な作業にさらされているという社会化した問題に対しても、作業科学としての説明力を高め、クライエントや社会に貢献する強力なパワーの１つとなる。この考えを基本に据え、私自身が臨床時代に抱いた疑問から始まった作業と場所の探求について、今後の研究や応用に関する私見も交えて述べようと思う。

Revisiting “Place” in Occupational Science: from a Transactional Perspective

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We engage our occupations in places where they are strongly influenced. Place, including its temporal aspect, is an important characteristic related to our occupations. Even though many occupational science studies have addressed and reported about the places where people engage in their occupations, in Occupational science the concept of place not only includes the physical features and or geographical location, but also people’s experiences and meaning of place.

Though countless people engage in their occupations at multiple places, many people lead their life at home which typically means that they can control their privacy while engaging in those important occupations. Of note, recently Japan has shifted its medical support structure from a strongly hospital based system to a more community based system in order to comprehensively support elderly and disabled people. Accordingly, terms of residency, community life and a smooth transition from a hospital to a community environment are now, more than ever, necessary when considering how to properly support those persons so that they do not feel that their lives are taken for granted. In these surroundings, in which the study of the occupational nature of people in their real living places, Occupational Science is starting to be put to the test.

Following the tracing of the history of occupational scientific research focused on the place, in which people engage in their occupations and the relationships between place and occupation, I will identify the necessary perspectives relating to place and occupation in an effort to truly understanding real people’s lives. Picking up on the “perspective of transaction”, I will speak to the significance of understanding places not just as static environments but also for the dynamic conditions, which are being recomposed repeatedly through engagement of occupations. Dewey, an American philosopher, and others promoted transaction in order to explain the relationships between person, environment and action. This idea was originally introduced in the psychology and geographic fields but in the 2000’s it began to be dealt with some occupational science papers as well as the occupational therapy field, which applies the knowledge of occupation into it’s practice, starting to use transaction instead of interaction more than it had before. Transaction proposes “the whole”, which is composed of a person and environment co-defining each other, and explains a continuous flow in the unfolding processes of our daily occupations. Some people are exposed to social issues and occupational injustices by living in inappropriate places so the improvement in the identification of those effects, through occupational science, will become a strong device for contributing to people and society. Becoming more sensitive to and understanding of the relationship between occupation and place through study and accumulation of knowledge, we can better support people’s real lives.

Based on this concept, I will discuss my study of occupation and place starting with my experiences when I worked in a clinical setting, followed by my private view with regard to the possibility of future research and it’s real world application.

住まい手の心と身体のための住まいづくり

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私は普通、住まい手一人一人にあった住まいの設計を生業としています。具体的には住宅建築という成果物を完成まで導く作業なので、実はそのプロセスとして住まい手の心と身体に深く関わり、そのモチベーションキーピースに貢献する住まいづくりのためには、硬軟様々なテクニックが存在しているのです。今回はその一端をご紹介したいと思います。

まず、現代人はその生涯の実に9割を屋内で暮らすと言われています。そう改めて言われてみると意外な印象を持たれるようかも知れませんが、私たちはそれぞれの自然から皮膜で一時的に守られた空間でその生涯のほとんどの時間を過ごしているということなので、また、その中でも住まい空間は、睡眠を含めて大半の時間を過ごす場所で、私たちの心と身体に圧倒的な影響を与えていると言っても過言ではないと思われます。戦後の日本は、戦災による住宅不足から数を満たす事で終始してきましたが、近年その質が求められるようになってきているのです。

私に住まいづくりを依頼してくれる個々の住まい手には、誕生から育った家庭環境、それまで送られてきた日常という膨大なバックボーンがあります。様々な個性を持った数人の家族が共に暮らす空間で、その要素となる起居様式は建築学の分類では到底分類不可能な多様性がありままで十人十色といった具合です。私はかなり突っ込んだフォーマットのアンケート調査を事始めに、様々な住まいのシーンについてのリサーチを行います。そのお話し合いの内容は多岐に渡り、時には住まい手が何故そんな事を聴くのかと思われることまで質問します。そうしないと私の中で、その住まい方が生き生きと活きをシミュレーションしてくれないからです。

住まいの中で行われる行為はこれまた多岐に渡ります。起床から就寝まで、食事、入浴、排便是もとより、調理、洗濯、学習、仕事、娯楽まで、ありとあらゆる事が住まいの中で行われます。そのそれぞれが密接に絡み合い、住まいを構成する「間取り」になってくるのです。玄関ドアをあけたらキッチンのシンクが丸見えであれば楽しみであるし、子ども室をたてて入らなければならない浴室では困ります。つまり、この関係性を整理して配置していくのが間取りです。住まいの計画はまずこの間取りから始まります。この部分は住まい手の心と大きく関わる部分と言えるかもしれません。

ただ、住まいづくりは間取りだけではなく二次元です。現実には空間は三次元。研究によると、人間は普段の起居行動においてはざわめて二次元的に空間認識をし行動を取っているという事が言われています。であれば二次元だけで良いのではないかと言いたいのですが、実は住まいの質はここからが大切な部分なのです。

三次元の要素は、心と身体に大きな影響を与えています。高さ、広さ、光の入り方、視線の流れ、あるいはアイストップと言われる視線の通り道など、そう言う構成が心と身体に知らず知らずのうちに大きく影響して行くのです。

長年の住まいづくりの経験から、例えば「飽きのこない空間」とは、そういう部分にになされているような気がして仕方ありません。住宅実例をお見せしながらその具体例をご説明いたします。知らず知らずのうちに、あなたもご自分の住まいの影響を受けながら、思考し、日常を送っているかもしれません。であれば、よりポジティブに暮らせる住まいに暮らしたいと思いませんか？

作業科学研究, 8, 54-55, 2014.

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House for the Mind and the Body

Toshihisa SAKAMOTO
SiZE Inc.

I normally make living by designing single houses which is suited to each and every individual. Specifically, it’s a work to supervise housing construction from the beginning to the finish. As a process, I actually get involved on a personal level with the mental and physical aspects of the end users, and in order to contribute to maintaining the end users’ high motivation, a wide range of techniques are required. I would like to introduce one of the examples at this time.

First of all, it is said that a person in this time and age is said to spend 90% of his/her whole life indoors. You may be surprised to hear this, but we are spending almost our entire life in a space protected temporarily by a membrane-like covering from nature. Because this living space is a place where we spend a great portion of our life including sleep, it is not an overstatement to say that it has overwhelming influence on our mind and body. Since postwar Japan, houses were built just to satisfy the shortage in numbers destroyed by the war, but in recent years the demand for higher quality is increasing.

In every person requesting me to produce his or her home, there is a huge backbone that makes up that person’s daily life, shaped by the process of growing up from birth to the present within the family environment. A house is a space in which several family members with various individuality live together, and the behavior style is too diverse to be classified by architectural classification. It’s just different strokes for different folks. In this regard, I perform research about various lifestyles of end users by asking many questions on personal level at the initial stage. The contents of the hearing are so manifold that the end users will ask occasionally why such questions are necessary. The reason I do this is because if I don’t have the information I need, I cannot make simulation in my mind as to the vibrant life the end users can lead in their house.

Things done in a home are also diverse. From the time of waking up in the morning to going to bed at night, people not only attend to their basic needs such as to eat, bathe, and defecate, but they also cook, wash, study, work, and entertain themselves at home, just to mention a few activities among many. These activities taking place in a living quarter are closely entwined and become the basis of a house plan. When a front door is opened and the kitchen sink is the first thing we see, it is quite unattractive, and it would be terrible to go through a child’s room to use the bathroom. In other words, the house plan requires arranging rooms in orderly manner, taking account of the room function and relationship to the activity performed in the room. The planning of a house begins from the room arrangement. At this stage of designing the house, the end users’ thoughts and feelings are taken into consideration greatly.

However, the room arrangement alone is only in 2 dimensions, but the actual space is 3 dimensional. According to research, it is said that man’s usual behavior taken during awakened hours is based on 2-dimension-space awareness. If so, only 2 dimensions are needed, but in fact, the important part of producing high quality housing starts here.

3-dimensional elements have big influence on the mind and the body. Compositions such as height, width, amount of sunlight coming into the house, having an escape route for turning the eyes away or else creating a point where eyes can rest called “ice top” gradually influence the mind and the body greatly without being noticed.

From a long experience of making homes, I feel responsible in creating, for example, “the space people never get tired of.” I will explain about this by showing you a concrete example of an actual house. Without being aware of it, you may be thinking about it and spending your daily life while being subject to the influence of your house. If so, wouldn’t you want to live in a housing space in which you can live more positively?

リーダーシップという作業：作業科学と作業療法にとっての契機

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パシフィック大学 作業療学部 教授

作業療法という専門職は、その歴史のほとんどの期間、Mary Reilly 博士が 1962 年のエレノア・クラーク・スレーグル講演で話された「作業療法は20世紀医療の最高のアイデアの一つになり得る」という作業療法の可能性について、十分認識されていませんでした。しかし、今、この専門職は、参加の促進と健康の支持（世界保健機構）を、個人・地域・人々全体に行なう（アメリカ作業療法協会, 2014）という重要な役割を持つものとして高く認知されつつあります。特に過去20年間において、作業療法が新しい国々に確実に広まったことや、すでに作業療法を取り入れていた国で著しい成長があったことで、この認識は一層高まってます。この20年という期間は、Elizabeth Yerxa とその同僚（Yerxa, 他, 1989; Clark 他, 1991)や、それ以外の人々(Wilcock, 1993)が、「21世紀における作業療法の基盤」として提示した作業科学の発展と平行しています。作業療法や作業科学の成長にあわせ、私達は常に、作業療法が健康や参加を促進し社会に最大限貢献するために何ができるか、作業療法がそれを目指し未来つなげるために気づかなければいけないリーダーシップとはどんなものか、作業科学はこの専門職の成功にどのように貢献するかといった重要な疑問について考え続ける必要があります。

本講演では、これらの疑問に対する現時点での答えが提供されます。White 教授は、自身のリーダーシップの成長に影響を与えた出来事や人について触れ、複雑さと世界性を増す作業療法や作業科学の場でリーダーシップをとるための難しい挑戦を明らかにし、また、作業としてのリーダーシップの分析を行ないます。言い換えれば、本講演はリーダーシップ作業として捉え、それを人-環境-作業の視点からみて分析するものです。White 教授は、作業療法と作業科学の分野において、変化に調和・統合し発展に結びつけた先駆者達の輪郭を明らかにし、作業療法という専門職と作業の科学の方向性を指し示します。この分析には、機会(opportunity)・責任(commitment)・洞察(vision)・関係性(relationship)といったリーダーシップのテーマを強調する今日の理論や White 教授の個人的経験からの例が含まれます。例示には、作業科学と作業療法・作業的構成・作業療法教育・日々の作業療法実践が相交う研究や現状についての紹介も含まれます。

作業科学研究, 8, 56-57, 2014.
Leadership as Occupation: Opportunities for Occupational Science and Occupational Therapy

John A. WHITE, Jr.
Pacific University Professor, Department of Occupational Therapy

For much of its history, the profession of occupational therapy has been under-recognized for its potential to achieve what Dr. Mary Reilly proposed in her 1962 Eleanor Clarke Slagle Lecture – that “occupational therapy can be one of the great ideas of 20th century medicine.” However, now the profession is increasingly recognized for the valuable role that it can play in promoting participation and supporting health (World Health Organization) for individuals, communities, and populations (American Occupational Therapy Association, 2014). This recognition has grown significantly in the last two decades, with occupational therapy steadily expanding into new countries and realizing remarkable growth in countries where it has been long-established. This twenty year time span parallels the evolution of occupational science as proposed by Elizabeth Yerxa and colleagues (Yerxa et al., 1989; Clark et al., 1991) and others (Wilcock, 1993) that would provide a “foundation for occupational therapy in the 21st century” (Yerxa et al., 1989, p. 1). As occupational therapy and science grow, we are prompted to consider important questions. For example, how can occupational therapy best serve society to promote health and participation? What types of leadership does occupational therapy need to realize that goal and take it into the future? What can occupational science contribute to the profession to support its optimal outcomes?

In this lecture, Professor White will offer tentative answers to these questions. He will describe a brief history of the influences and the mentors that have shaped his own leadership development, identify challenges to leadership in the increasingly complex and global fields of occupational therapy and occupational science, and provide a brief occupational analysis of leadership. That is, the lecture will view leadership as an occupation and provide an analysis of it from a Person-Environment-Occupation (PEO) perspective. Professor White will profile leaders who have succeeded in orchestrating change and development of both fields and point to possible future directions for the profession of occupational therapy and the science of occupation. The analysis will include theoretical and practical examples from the current literature on leadership and from Professor White's personal experiences in order to highlight leadership themes of opportunity, commitment, vision, and relationships. The examples will include descriptions of research and progress in how occupational science intersects with occupational therapy, occupational justice, occupational therapy education, and everyday occupational therapy practice.


社会という理想を実現するために、私たちは何ができないだろうか。

【文献】

Discussion on Transfer between Units in a Psychiatric Hospital

Hiromi YOSHIKAWA1, Toshio HASEGAWA2, Hirooki MIYAZAKI3, Miyuki MINATO4
1) Prefectural University of Hiroshima, 2) Kyorin University
3) Enable, 4) Aichi Medical Junior University

Introduction: The Health and Labor Ministry addressed the idea of transfer from a psychiatric hospital to the community for long-term inpatients on 14 July 2014. Constructing group homes in hospitals was allowed instead of discharge from hospitals to the community. (http://www.mhlw.go.jp/stf/shingi/0000051136.html) People with mental disorders and support organizations for them have disagreed with the idea. Hasegawa established the Organization for Thinking about Unit Transfer and published statements against the issue. Two hundred eighty-eight individuals and 38 groups showed their agreement with the organization. Transfer of units means a violation of human rights.

(http://blog.goo.ne.jp/tenkansisetu/e/91ee73231a749a7e20d6df5b0e3b7c8a) Activities of Enable: Miyazaki established the non-profit organization for supporting the community life of people with mental disorders, Enable, in 2004 after he had worked in a psychiatric hospital as an occupational therapist. Members of Enable have worked in running a café, a lunch box shop, and cleaning jobs (http://enable.haru.gs/). Members always discuss during the process. They choose occupations they want as consumers. They have created their community through enabling their occupations.

Occupational deprivation: Wilcock suggested that not all people are afforded equal opportunities to participate in occupations of choice or in occupations having individual, familial, or cultural meaning. The concept of occupational
Deprivation emerged from Wilcock’s suggestion. Occupational deprivation was defined as “a state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors which stand outside of the control of the individual”. Entering hospitals was caused by psychiatric disorders. However, long-term stay was caused by exclusion from society. Long-stay in a psychiatric hospital is one type of occupational deprivation. Toward occupational justice: What do we do to bring about our vision in which all people can do what they want to do and need to do?

A Case Study into the Unfolding of Everyday Occupations for Elderly Japanese After a Physical Disability.

Peter BONTJE(1, 2), Eric ASABA(2, 1), Sissel ALSAKER(3)
Anders KOTTORP(2), Staffan JOSEPHSSON(2)
1) Tokyo Metropolitan University, 2) Karolinska Institutet, 3) Sør-Trøndelag University College

Aim: Older persons are more likely than other people to experience declining health and impairments, but little is known how this impact their abilities to perform everyday occupations and affect their occupational engagement. This research aimed to explore how everyday occupations unfold over time for elder persons after a physical disability.

Methods: This research employed a longitudinal case-study design. Participants were four elderly participants who were recovering from a physically disabling illness. They were visited once every two to three weeks for six months. Data consisted of qualitative interviews and observations complemented by measures of occupational performance (AMPS). The qualitative data analysis was a narrative analysis. This study was approved by Tokyo Metropolitan University’s ethics review board.

Results and discussion: The analyses of a 72-year old man will be presented to illustrate the results, namely: ‘taking things in his stride’ put to the test because of his treatment protocol becoming ambiguous. The discussion of this result will focus on the suspense (end-in-views) and emergent qualities of everyday occupations. Consequently the linear thinking of goal-oriented and problem-solution approaches will be discussed.

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<th>后期高齢者の仕事を継続する意味と健康維持</th>
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<td>清田 直樹 1), 羽藤 さわ子 2), カークウッド 裕美 2)</td>
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<tr>
<td>1) 茨城県立医療大学附属病院, 2) 茨城県立医療大学</td>
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【はじめに】日本の超高齢化社会においては、高齢者が社会で活躍し続けることが期待されている一方で、仕事に関しては、例え定年退職後に再就職しても70歳前後で仕事を辞めるのが現状である。定年退職後、つまり仕事という作業を行わなくなった後の人の健康についての研究は少ない（Jonsson et al.2000）が、70歳以上で仕事を継続することと健康との関係について
の研究はほとんどない。特に80歳以上の高齢で仕事を継続するその意味と健康に関する研究は日本では皆無と言える。そこで本研究は、80歳で仕事をしている後期高齢者の「仕事を継続する意味と健康維持」について理解する事を目的とした。

【方法】情報提供者は、茨城県A町に住む仕事を継続している山田（仮名）さん、80歳であった。手段は、半構造化接面を用い、ICレコーダに接面内容を記録した。接面者は、山田さんは3ヶ月前からの知り合いと、1週間に1、2回程度5分程度挨拶を含む話をする訪問の関係であった。手順は、山田さんに研究内容を紙面と口頭で説明し同意を得た。接面場所は本人に訪問しやすいアパート内のスペースで行った。データ分析は、逐語録を作成し時系列にテーマ分析を行った。分析は、作業に関する質的研究者1名と共に行った。分析後、山田さんに分析結果について、相違がないの確認を取った。

【結果・考察】接面時間は全80分であった。山田さんの現在の仕事は、60代に前職を退職後始めた「駐車場・アパート経営」であった。現在「駐車場・アパート経営」をする意味は、「すべてに通じるもの」「自分自身のため」であり、60代ではじめた頃の「お金稼ぐ・財産管理する」「家族のため」という意味から変化していた。また、仕事へのスタンスも60代の「若い人に負けない」から80歳では「周囲に協力」へと変化していった。「すべてに通じるもの」「すべて」は、財産管理、家族、近所付き合い、健康維持、自尊心、楽しく生きることであった。また、近所付き合い、健康維持、自尊心、楽しく生生すと「駐車場・アパート経営」を行うときに不可欠な「他者との交流」とは深い関係があることが語られた。仕事継続する意味と健康維持との関係は、仕事をしている健康で維持されるという説であり、健康維持しているから仕事ができるというものではなかった。

【結論】山田さんの仕事を継続する理由は、健康維持を含む自分自身が大事にしている全てのものにつながっているという思いからくることが理解された。また後期高齢者の作業を支援していくためには、地域または家族など周囲の人との交流とそれが及ぼす影響に配慮し支援する必要性を改めて理解できた。

【文献】

The Relationship of Continuing Work to the Preservation of a Very Old Person’s Health

Naoki SEIDA1), Sawako SAITO2), Hiromi KIRKWOOD3)
1) Ibaraki Prefectural University of Health Sciences Hospital
2) Ibaraki Prefectural University of Health Sciences

[Introduction] Due to Japan’s aging society it is expected that older people should continue to remain active; however, regarding work, while a common pattern is for older people to become reemployed after retirement, most leave employment around the age of 70. While research investigating the effects of not continuing occupations related to work has been published, there are few studies investigating the relationship of continuing work to the health of people over 70. In Japan, there are no published studies investigating the relationship of the meaning of continuing to work for people over 80 to their health in occupational perspective. Therefore this study aims to understand the relationship of the meaning of continuing to work to the health of a currently working, 80-year-old, very old person.

[Methods] Informant: Mr. Yamada (a pseudonym), a currently working, 80-year-old living in A Town, Ibaraki Prefecture. The interviewer had known Mr. Yamada for three months before the interview through short conversations (around 5 minutes) held 1 or 2 times a week. Instrument: A semi-structured interview was recorded with a digital voice recorder. Procedure: Oral and textual explanations of the research were given to Mr. Yamada before gaining consent. The interview was held in part of Mr. Yamada’s working space as it was familiar to Mr. Yamada and was a location where he found it comfortable to talk. Data Analysis: Thematic analysis was applied to a transcript of the interview, investigating the different understandings of work Mr. Yamada reported at different periods of his life. The analysis was completed together with a researcher experienced in qualitative analysis. Afterwards, the results of the analysis were presented to Mr. Yamada for confirmation.

[Results and Discussion] The total interview time was 80 minutes. Mr. Yamada started his current work in his 60s after leaving his previous employment. His work now involves managing apartments and parking areas. Now, for Mr. Yamada the meaning of doing this work is “connected to
酸素ポンペとともに生きる
在宅酸素療法を行う高齢女性の生活

吉永 幸恵 1)、近藤 知子 2).
1) 王子生協病院 2) 帝京科学大学

【はじめに】全国の在宅酸素療法（Home Oxygen Therapy：以下，HOT）は，1985 年の社会保険適応以降急速に普及し，現在適用者数は約 12 万人を超えると推定されており，年々増加している。慢性呼吸不全の人々，病院でなく自宅で生活できる在宅酸素療法は，人間的な生活と Quality of life を保証するものであり，その意義は高く評価される（2006）．しかし，筆者は，作業療法士として HOT を行う人の生活に関わる中で，HOTを拒む人や使わない人も抱かず中断してしまう人に少なくない出出会ってきた。HOTに関しては，「対処行動」「過程」などの報告は発表されているが，日常生活の作業の遂行においての成功体験や困難な常，それに伴う思いなど，生活の経験が詳細に分析されたものは見当たらない。本研究は，所属病院倫理委員会の承認を得ている。

【目的】本研究は，6 年間 HOT を行い続けてきた高齢女性がどのように生活してきたか，どのような経験をしてきたかを当事者の視点から探り，理解することを目的とする。

【方法】対象：70 歳代女性（以下，A さん）．家族構成は夫と 2 人暮らし。8 年前に間質性肺炎と診断され，6 年前に急速な呼吸苦を自覚して重篤な呼吸機能低下に至り，以後 HOT を行っている。筆者は，HOT を行っている A さんが 1 週間検査入院した際に病院の作業療法士として出合い，40 分 4 回の作業療法で関わった．データ収集：1 日の生活の流れの質問など，半構造的なインタビューを 1 回，約 50 分間行った．対象者の許可を得て録音し，逐語録を作成した．分析方法：逐語録より，目的に合致した部分の言語を抜粋，質的帰納的に分析した．

【結果と考察】HOT を行っている A さんの生活の経験から，以下の側面が抽出された．

第一に，A さんが，命を繋いでいくための必須の道具として HOT を捉えている側面である。「使ってないとダメ」、「ずっとしていたほうが体がいい」と，と話されており，HOT を通常行うことで現在の身体を保つこととの意味づけがなされている。「試しに外したとき，苦しんで苦しくてしょうがなかったから，外せないと思った」との語りは，直感的に HOT が必要不可欠な存在であると認識された経験であり，「調子がよかったとき，（酸素のチューブ）少し外してみようかな」と考えたが，「やっぱり不安で外して過ごすことはしていな。A さんは，生活の中で HOT 非実施の選択肢を考慮するような語りはされなかった．HOT が適応となる直前の経験も，この側面と深くかかわっていた，「ふらふらになって，息苦しくて何も食べられなくて」，入院しなかった，「息苦しくて汗をかいて，意識も朦朧」とした．治療を経て A さんは，「私は息が吸えるようになった，すごい，よく復活したなあって思っ」，呼吸苦からの解放，命が繋がったことの感動が，A さんと HOT との繋がりをより強めていることを示す語りであると考える．第二に，A さんが HOT を行うようになって「これ（酸素ポンペと鼻管を繋ぐチューブ）があるから大変だ」が，「しなきゃいけないことをして」いう，大事な作業に従事続ける側面である．長いチューブを手足でさばきながら家の中を歩き回り，家事をするたびは力が大きく，手間取って相当のイララが募ることもある．しかし，「どうやったらいか，だんだん慣れてわかってきて」，徐々に疲弊し難い活動方法を工夫できるようになった。ひとつの場所で

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Living with an Oxygen Cylinder—Life of an Elderly Women Undergoing Home Oxygen Therapy—

Yukie YOSHINAGA1, Tomoko KONDO2
1) Oji Seikyo Hospital 2) Teikyo Science University

[Introduction] Home Oxygen Therapy (hereafter HOT) had spread rapidly throughout Japan after it became a subject of social insurance coverage in 1985. It is estimated that over 120,000 people are presently using this treatment and the number is increasing year by year. Patients with chronic respiratory failure who can receive HOT instead of being treated at the hospitals are guaranteed “the quality of life,” to live like human beings, and its significance is highly valued (2006). However, as an occupational therapist conducting HOT, I have met people who refuse this treatment or quit after a short time. Reports related to HOT on such topics as “coping behavior” and “the process” have been published, but the detailed analysis on the successful experiences and difficulties in doing daily work and the feelings associated with such life experiences is yet to be found. This research has been approved by the Ethics Committee of Oji Seikyo Hospital.

[Purpose] The purpose of this study is to explore and understand how an elderly women continuing HOT for 6 years has lived and see what she had experienced from her point of view.

[Method] Subject: A 70-year-old woman (hereafter, A) living with her husband. She was diagnosed as having interstitial pneumonia 8 years ago and experienced a sudden respiratory distress leading to severe respiratory dysfunction 6 years ago. Since then she has been on HOT. I met A at the hospital I work at as an occupational therapist when she was hospitalized for one week for her examination during the time she was on HOT. I conducted 40-minute therapy four times during that week. Data collection: An 1-time-only semi-structured 90-minute interview with questions related to a day’s activities was conducted. With the permission of A, the interview was recorded and verbatim transcription was made. Analysis method: From the transcription, excerpts were taken out of the narrative that conformed to the purpose of this study, which was then qualitatively and inductively analyzed.

[Results and Consideration] From the life experiences of A using HOT, the following aspects were found. First of all, HOT is an essential tool for A to sustain her life. “I cannot live without it,” “It’s good for my body to continue this therapy,” says A who believes relying on HOT at all times maintains her current physical condition. “I removed it once just to see what will happen, but I was in so much pain that I knew I couldn’t live without it,” is the experience A had to reconfirm the essentiality of HOT for her livelihood. There were times she thought about removing the oxygen tube for a little while when she felt good, but her fear was stronger that she didn’t risk the chance to remove it. A did not mention the consideration of living without HOT as a choice in her life. Her experience just before implementing HOT backs up this aspect as well. “I was dizzy, had difficulties breathing and couldn’t eat anything.” Even after hospitalization, she was sweating from suffocation, and feeling faint. The treatment she received allowed her to breathe again and she was impressed with the outcome. She thought it was amazing that she had recovered. Gathering what A had said in the interview about being liberated from respiratory distress and was deeply moved to be alive, it can be considered that
these factors had strengthen the connection between A
and HOT.
Secondly, A says, “Having this (tube connecting
oxygen cylinder and her nose) is a nuisance, but I do
what is necessary.” This is one of the aspects she
engages in as a part of the important operation. It takes
great effort to walk around the house doing housework
while handling the long tube with her hands and feet,
often raising considerable frustration. However, she
says she is getting used to it and gradually becoming
creative in challenging difficult tasks. She combines
several chores that can be done in one place and
schedules enough time for each task. Comparing
before and after implementing HOT, she recognizes
her inability to move quickly. “It’s difficult to move
and is unattractive, so I decided to quit going to
karaoke and taking dancing lessons. But on the other
hand, when my grandson came to visit and asked me
to make something he often had in the past I make
the effort to make it even though it’s a lot of work.” This
incident reminded A that she can still make something
for her family and feel good about doing things she
was able to do before and not to withdraw herself from
associating with other people. I thought from this
incident, she came to realize that she can still do
certain things she did before which had given her a
sense of security.
These two aspects influence one another and it can be
considered that HOT is essential to A’s life in order for
her to maintain a high quality lifestyle although being
limited in her activities.
Oxygen Therapy, Kokuseido Shuppan

障害のある子どもの家族はどのように社会を経験する
のか～作業を通した母親の視点からの分析～

西方浩一 1), 2), 小田原悦子 3)
1) 文京学院大学, 2) 報徳クリストファー大学大学院

【研究背景】人々の社会参加は、その健康状態に大き
な影響を与え、生活満足や Well-being と密接な関係が
ある(Law, 2002). 一方、障害児家族における社会参加
の困難さは、健康専門職の間で指摘され、そのような
家族の状態は Disabled family と名付けられている(中根,
2007). 障害児家族がどのように社会を経験し、そ
のために作業がどのように使われているかを、Blumer
の社会の概念を参考に母親の視点から探求したので報
告する。

【目的】障害児の母親はどのように社会を経験し、社
会参加のために作業を使うのかを理解する

【研究方法】3 名の母親の手記と 4 名の母親のインタ
ビューデータと参加観察からデータ収集を行った。
Blumer のシンポリック相互作用論を参考にナラティブ
分析を用い、母親の社会的交流過程における意味づけ
を解釈した。信頼性・確実性を踏まえるため質的研究
を実施する研究者グループにおいて、ピア・デブリ
ーフィングを実施した。さらにナラティブ分析に精通
した研究者による監査を設けた。なお、本研究は、所
属大学の倫理審査で承認された。

【結果および考察】本研究の母親たちは、障害児の誕
生により、ライフクライシス（人生の危機）に直面し、
そこから回復したことが理解された。母親たちは、ど
のように生きたらよいか困惑し、周囲から孤立したが、
同じ障害児の母親たちに会い、生き方のモデルを得て、
障害児の育児に必要なスキルを習得し、新しく障害児
の母親としての役割を獲得し、主体的に社会参加を果
たした。この母親たちの経験は、van Gennep がライフ
クライシスの理論で見出した、分離、移行、再統合の
3段階と同じ質の経験であると考えられた。

今回の発表では、母親の一人、加奈子（仮名）を例
に、障害児の母親の経験と社会参加するためにどのよ
うに作業を使ったのかを説明する。加奈子の経験した
段階を、van Gennep にちなんで、分離、移行、再統合
と名づけ以下に記す。

分離：思い描いていた子どものイメージと異なる我
が子の誕生にショックを受けた。当たり前に繰り返さ
れてきた日常生活が急に進まなくなり、先の予測も立
たなくなり、周囲の人との交流もうまくいかず、孤立
した。

移行：明るくたくましく生きる障害児の母親たちに
会い、前向きに考え、希望を持つように変わっていっ
た。同じ経験を持つ仲間との作業により、加奈子は自
分の存在を肯定的にとらえ、安心感を持った。加奈子
は、専門家と子育てを共有することで、子どもとの生
活の不安を軽減させた。

再統合：加奈子は、他の障害児の母親たちと主体的
に集まり、周囲の人々に働きかけて交流し、障害児の育
児や工夫、子どもとの生きる姿勢を後輩母親に伝えた。
かつては受け入れられることで安心を得ていた加奈子
Society as Experienced by Mothers of Children with Disability: Analysis of Occupations from the Mothers’ Viewpoint

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Introduction: Societal participation influences people’s health and relates to their life satisfaction and well-being (Law, 2002). Health professionals realize that families of children with disabilities have difficulties with societal participation. A family with such a difficulty is called a disabled family (Nakane, 2007). This presentation, using Blumner’s concept of society, investigates how families of children with disabilities experienced society and how they used occupation in their societal participation, from the mothers’ perspective.

Purpose: To understand how the mothers experience society and use occupations through the process.

Methods: Data is collected from notes described by mothers and interview of mothers. Referring Blumner’s Symbolic Interaction Theory, we conducted narrative analysis to understand the mothers’ meanings in their social interactions. Peer debriefing and audit were applied. This research had IRB approval.

Results and discussion: Realizing disabilities of their children, the mothers faced with their life crisis. They were confused and felt isolated from others. The participants found new life model among positive mothers with whom they encountered. They succeeded in active participation in society. The mothers’ experiences are identical to those in the processes of life crisis in van Gennep’s theory: separation, transition and reintegration. This presentation introduces one of the mothers, Kanako, as an example.

Separation: Kanako was shocked to see her new born baby because he was not what she had expected. She was no long able to enjoy her life. She lost her hope for future and was isolated from others.

Transition: She met positive mothers who had children with disabilities and found a new hope. Engaging occupations with peer mothers made Kanako feel positive and safe. Sharing child care occupation with health professionals relieved her anxiety of parenting.

Reintegration: Kanako formed a support group with other mothers and approached community to interact people. She shared mother experiences how to take care children with disabilities and her living attitude with her child. Kanako only focused on being accepted by others in the past. However, she has started speaking out her family experience of child with disability. Kanako has developed a form of social activism focusing on social innovation for future of children with disabilities.

Key words: children with disability, mother, occupation, society, life crisis


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【はじめに】回復期身体障害患者を対象とする作業療法は、実施した新生活機能を援助するため、身体機能、日常生活機能に特化して行われているが、退院後の社会参加は容易でないとの指摘がある（太田, 2010）．一方、作業療法士の間では、集団作業療法の必要性は指摘されている（澤, 2010）が、患者の参加経験は明らかにされていない．本研究で、作業とは作業療法場面の活動より広い範囲の人間が日常的に行う行為を意味する．
Purpose: To understand the client’s experience in client-and-therapist paired participation occupational therapy (PPOT) sessions.

Methods: PPOT were sessions in which 10-15 client-and-therapist pairs join in an activity such as playing a game, cooking, shopping, gardening, or singing. We conducted participate observation of PPOT, individual interviewing of clients and therapists, and focus groups of occupational therapists. 18 therapists and 21 clients participated in interviews. We analyzed the transcripts of interview data of clients and therapists using narrative analysis (Mattingly, 2000). This presentation shows a part of that research, the analysis of the experiences of the client participants. This research had IRB approval.

Results and discussion:

1. Practice and awareness: Since the onset of disability,
clients were not sure of their ability to control everyday life and were anxious about their futures. Through the practice of daily occupations in PPOT sessions, they realized how much they could control environment even with their body disabled and this resulted in feelings of pleasure and/or safety and/or self confidence.

2. Sharing and empathy with other clients: Clients staying in the hospital during their recovery stage often felt lonely. Participating in activities in PPOT sessions with other clients, they experienced feelings of empathy and sharing with others also facing life crisis brought by disability as they were. Through participation in PPOT sessions, they enjoyed doing things together and realized energy toward their future. The clients’ empathy and sharing brought them more positive attitudes and bridges to the future. Through participating in PPOT, clients with severe disabilities could be social beings (Steffan, 2009) and enjoy active participation in occupations with others.

3. Paired participation with their therapists guaranteed safety and security so that the clients could comfortably challenge themselves in occupations unexperienced since their disability onset.

Conclusion: Clients’ participation in occupations not experienced since their disability onset promoted their awareness of their ability to control the environment, to have empathy and sharing with other client participants that brought them pleasure and resulted in realizing their energy toward the future. Through these gains the PPOT acted as a form of pre-training for transition to social participation.

Reference:

【ポスター発表】
作業の知識の共有を目指して-作業に焦点化した作戦会議“作業（さくち）会”を通しての考察-
今元 佑輔
医療法人せのがわ瀬野病院リハビリテーション科
【はじめに】作業療法士（以下 OTR）は、入院中のクライエントが、退院後の地域での生活、または病棟での時間の過ごし方など、生活場面における意味のある作業に繋がるよう支援を検討し実施する。しかし、精神科作業療法（以下 OT）場面では作業を楽しむ事が出来る、健康的な一面が見られるクライエントが OT 場面以外での時間の過ごし方に難しさを感じている事は少なくない。そこで、OTR が治療介入の下で利用していた作業の知識を“クライエントが生活の中で活用出来る知識として共有する事”が可能になれば、クライエントが実際の生活場面でも作業を楽しみ、健康的に過ごす事をサポート出来ると考え、”楽しいと感じる作業”を考える視点として、ライフスタイル再構築プログラムの構成を応用した作業（さくち）会を名付けたグループミーティング（以下、作業会）を実施した。
【研究目的】OT の中で作業会を通して、クライエントと作業の知識を共有する事が、どのような影響、変化を与えるのかを明らかにすることにより、クライエントの生活場面での作業の変化、幸福を繋がる OT 介入実現の一助とする。
【研究方法】急性期女性病棟（全 12 名）を対象に、週 1 回、1 クール全 4 回、オープンに参加者を募集した。1）1 日の作業を振り返ってみよう、2）私の楽しいと感じる作業はこれだ、3）作業ストーリーを思い出してみよう、4）作業のバランスを考えよう、4 つのテーマを説明後、個人で検討し、互いに発表するという形式によって実施した。研究対象者は、作業会に 1 クール参加し、研究参加の同意を得ることが出来た患者様 2 名とし、半構成的インタビューを実施後、クラスターセオリーアプローチによるデータ分析を行った。本研究を行うにあたり、文書で解説し、書面による同意を得た。
【結果】データ分析の結果、“幸せに繋がる作業を創造するプロセス”として、1）作業検討の経験の無さと難しさ 2）作業検討の継続を可能にする要素 3）作業的主観としての自己の再認識 4）作業的主観としての相互理解 5）幸せに繋がる作業の創造という 5 つのカテゴリーが明らかになった。対象者からは「楽しみな作業
Towards the Sharing of Knowledge of Occupation  
- "Sakura-kai" That was Focused to Occupation –

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[Introduction]  
Clients with mental illness can spend healthy time through activities that managed by occupational therapist. However it seems that clients have difficulties to spend healthy time at home. I conducted the group meeting, named "Sakura-kai". The purpose of this meeting is to share occupational knowledge to use for daily life by occupational therapist and clients.  

[Purpose]  
The aim of this study is to understand the impact to the clients of participating in the meeting of "Sakura-kai".  

[Method]  
The participants for the study were recruited from 12 inpatients. The informant was examined individually after have heard the explanation from the OTR. The informants share ideas with each other then. Data were collected through semi-structured interviews for two participants and were analyzed by constant comparative method. I explained about this study to the informants and ethical consent was obtained.  

[Result]  
Results of the data analysis, as "the process of creating occupation that leads to happiness", was revealed. The informants were talking about positive change, "I think I try to abstain from drinking for fun occupation". "I think I try to fun occupation".  

[Discussion]  
The informants re-recognize the self in Sakura-kai. There is a possibility that the mood and behavior changed by participating in Sakura-kai. The client can deepen the understanding of the OT by participating in Sakura-kai. The client can then cooperate more strongly with OTR.
Reduction of Occupational Dysfunction in Psychiatric Wards Through a Psychoeducational Program

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Introduction: Occupational dysfunction (OD) refers to a state in which an individual is unable to properly engage with their occupation. As such, OD may be considered a threat to both personal health and quality of life. In psychiatric wards, inpatients often experience occupational deprivation and alienation. Psychoeducation can include interventions that allow inpatients to gain valuable knowledge about and learn coping strategies to manage their illness. Such programs also promote empowerment. To reduce OD, a psychoeducational program was created that utilized OD knowledge and reflected on occupational experience.

Program summary: The purpose of the program was to reduce levels of OD during hospitalization. It consisted of 10 sessions, each lasting an hour a week. In total, 4–8 individuals suffering from schizophrenia participated in each session. The program was structured around three factors: providing knowledge, reflecting on occupational experiences, and discussion between the participants. The information given in the first program component related to symptoms of schizophrenia, pharmacotherapy, stress management, the concept of OD, and the occurrence of OD in psychiatric wards. Participants reflected on past occupational experiences by completing the Classification and Assessment of Occupational Dysfunction (CAOD) survey and reliving their occupation prior to hospitalization. Participants then discussed the possible occupations available to them and assessed what they can do whilst in hospital.

Results: Following their reflections, participants discussed their feelings of occupational deprivation and alienation. During the program, participants deepened their understanding of their own experiences with OD and shared this with other participants. Some participants accepted their occupational alienation, were able to find new meaning in their present life in hospital settings, and worked independently with their doctors on their medical treatment. In addition, a few participants minimized their occupational deprivation by resuming their previous occupation in psychiatric wards.
医院の設置についての考察

Discussion: By acquiring OD knowledge, reflecting on occupational experience, and sharing these experiences with other participants, those in the program developed a sense of empowerment. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD. In places where OD can occur, such as psychiatric wards, it is important to not only provide inpatients with an OD.
は結果として，OT 部門の変化だけでなく，病院全体の変化や近隣の施設の変化の兆しとして結び付けた。このような試みにより，当院だけでなく，近隣施設も含め，より多くの CL が作業に焦点をあてた OT を受けられる可能性が広がると考える。


Organization Improvement for Occupational Therapy Focusing to a Client's Occupation — Challenge at a General Hospital in Small Town ~

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2) Teikyo Scientific University

[Introduction] Occupational therapy (OT) promotes health and well-being through occupation. To OT in a hospital, the therapy focusing to a client's occupation meets many difficult cases due to a lack of appropriate understanding at OT and other fields in therapy and to a lack of environment for sufficient occupations and a lack of the approval of the hospital. As a result occupational therapists registered (OTR) are concerned mainly with improvement of physical functions and ADL of the clients. There were same problems in our hospital in three years ago. In order to put a new policy of “focusing to occupation”, many appeals is given to our OT division and other groups in/out of our hospital. This movement opens new horizon at our OT team and our practice was evaluated in the hospital and outside organization. This report shows some trials of new practice focusing to occupation.

[Scale of our hospital] Our institution is an only one general hospital in A-town of 21-thousands population. The small-scale hospital has 99 beds including 43 beds for a rehabilitation ward for outpatients, visiting rehabilitation and short-time daycare. The number of staffs of rehabilitation department is 47 persons consisting of 15 OTRs, 26 RPTs and 6 RSTs. The average years of experience of OT members is 4.9 years. Main diseases of subject are cerebral vascular disease, orthopedic disease due to femoral neck fracture etc. and disuse syndrome. Before the trial reported here, OT division deals with all clients for improvement of physical function and ADL.

[Progress of trial] <Starting year> after the object of “OT-practice focusing to occupation” was explained to the chief of OT division, the periodic meetings were held in our division. Once a month, a weekly study-meeting in the rehabilitation department was changed into three meetings of each type of job (OT, PT, ST). In OT-meeting, many technical skills were discussed for practice focusing to the occupation, and the information on new effects observed in the clients were exchanged each other for a common recognition. The following processes in OT practice were proposed in interviewing the clients. 1) Before beginning OT practice, the explanation of “What is an occupational therapy?” is given to the client. 2) OT and the client possess jointly a clear object of the occupational therapy. 3) The practice of OT was focused to a client’s occupation. The new material (so-called “binder”) for interview was invented and introduced for a new-coming OT member to keep an interview technique a higher level. New environment for clients was prepared such as a small kitchen, veranda for gardening, Internet devices, and a training facility of driving a car. <Second year> the “practice focusing to the occupation” was gradually accepted by the OTRs, but other division (PT, ST) did not fairly receive the practice effectiveness. Especially a practice focusing to the occupation outside the OT rooms was opposed. The practice reports from OT division were presented frequently to the meetings with neighboring groups of PT, OT and ST. The high evaluation given by other organization professionals enlarged the support from PTRs et al. of our hospital. Then the new environment and atmosphere were generated that the practice outside OT rooms is possible for example at client’s home, their shops, and public facilities. As the clients showed laughing faces when they came back from outside OT practice, PT and ST division also started an outside practice from their training rooms. <Third year> we continued to report the resulting effects of our practice at the technical meeting in the hospital and the newcomer-training course at the rehabilitation department. We can conclude the deep recognition appears in our minds for the practice focusing to the occupation and also the specialty of OT division. Our activity at OT division was paid attentions from many neighboring hospitals and facilities, being invited as a lecturer at many meetings. The PT technical managerial person said recently “In future rehabilitation, the OTR...
should recognize at first the life and living of a client and then many job-parts of our hospital take part in therapy for needed treatments for clients”.

[Report conclusion and future subjects] The object of our new trial is a conscious revolution of the occupational therapy division for presenting to clients a definite object, “occupation” of the client’s life. The strategies used in the trial are mainly 1) a consciousness reform of our OT division, 2) an effective appeal to the outer organizations from our OT division. For a former term, the practice idea was given at first to the chief of our OT division; the periodic meetings were held as an official activity with all members constructing an identity of the division; the physical environment was prepared to do practice focusing to the client’s desire is a most important item, the potential environment was prepared to do practice focusing to the client’s life. The strategies used in our new trial is a conscious revolution of the occupational practice outside our playing-rooms stimulates real treatments for clients”.

【はじめに】長年カメラに携わってきた本クライエントにとって、カメラはなじみのある作業であるが、現状ではその作業に取り組むことへの懸念がある。担当セラピストはクライエントの今の生活にカメラを加えることで、生活に変化を生みだし、健康を取り戻したいと考えた。そこで生活史研究1,2)の手法により、クライエントの作業歴を聴取し、その経験や想い、環境要因などの関係性を分析することで、カメラへの懸念の要因を明らかにすることを試みた。

80歳代女性。ケアハウス居住。デイサービス2回利用。要介護度2。50歳頃より友人の勧めでカメラを始める。その後、趣味として始めたカメラが仕事へと変化し、新聞の連載を任されるようになる。また、カメラを通して多くの友人ができ、撮影のため多くの場合に足を運んだ。そして、数々の作品の入選を繰り返し、二科会の会友・会員・審査委員の経験を持っている。家族構成は、長女が近隣に住む。夫は入院である。

対象者には研究の目的、内容などについて十分に説明したうえで、書面にて同意を得た。また、本研究の実施にあたっては大山リハビリテーション病院倫理委員会の承認を得て行った。

【方法】クライエントに半構成的インタビューを実施し、ICレコーダーに録音、会話を熟語化した。分析は「写真を撮らなかった理由」をテーマに、文章化された物語を生活上の出来事、対象者の思いや行動の変化など、単一の記述データに割り当てたコード名を与えた。そこからコードを分割し、カテゴリを生成し、さらに大きくカテゴリを生成した。コードとカテゴリ、カテゴリには、対象者の体験や現象を特徴づける表題を付した。すべての過程において、複数名で分析結果の吟味を行った。

【結果】分析過程から6つの大カテゴリ、9のカテゴリ、14のコードが生成された。生成された6つの大カテゴリは「娘に対する気持ち」、「身体の不調」、「家族の生活状況」、「住環境の制限」、「友人との外出の喪失」、「写真への価値観」であった。

分析の結果より、クライエントの身体機能の低下、家族の生活状況の変化に伴い、ケアハウスでの生活を余儀なくされていく中で、娘に頼らなければならない立場へと変化し、娘への遠慮や娘を大事に思う気持ちが強くなっていったことがわかった。その経過とともに、カメラに対する優先順位は徐々に下がっていたものと考えられた。また、以前は仕事や友人との交流、自給の価値観の表現の手段としてカメラを行っていたが、現在では様々な状況の変化により、以前のような社会参加の機会も消失していることがわかった。

カメラがクライエントにとってどれほど作業的意味の強さを示することは容易ではないが、今回の結果では、クライエントのカメラという作業は、以前ほど強い意味合いを持たなくなっているということが理解できた。

【文献】
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Occupational Significance of Taking Photographs to a Woman Who Has Lived Her Life With a Camera

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[Introduction] For the client who has been involved with photography for many years, using camera is a familiar work. However she is hesitant about the work under the current circumstance. Her therapist wished for her to regain health by introducing camera to her life, which would create a change to her present situation. Therefore, using a method of life-history research, we attempted to clarify the reason for being hesitant about photography by obtaining the client’s occupational history and by analyzing relationships with her experiences, thoughts, and environmental factors. [Introduction of the case] A woman in her 80s. Nursing care center resident. Uses day service twice a week. Nursing care level 2. Started photography around the age of 50 with encouragement of a friend. After starting it as a hobby, photography became her occupation and she was asked to serialize her work in a newspaper. Also, she made many friends through photography and visited various locations for photo shoots. Her work repetitively won prizes and she has a career of being a fellow member, member, and an exhibition jury of Nika Art Exhibition. As for family members, her eldest daughter lives in the neighborhood, and her husband has been hospitalized. The case has been fully explained about the purpose and contents of the study, and she signed the consent document. Also, implementation of this study was approved by the ethical review board at Daisen Rehabilitation Hospital.

[Method] Semi-structured interview was conducted with the client, the conversation content was recorded to an IC recorder, then it was documented word for word. The theme of the analysis was “why she stopped taking photographs”, and the documented story was divided into groups such as life events, the candidate’s thoughts, and changes in action, within a single description data. Each group was given a code name. From there, the codes were divided into categories, and then they generated larger categories too. Each code, category, major-category was given a title that characterizes the experience and phenomenon the candidate went through. Throughout every process, analysis results were examined closely within the study group.

[Result] During the analyzing process, 6 major-categories, 9 categories and 14 codes were generated. The 6 major-categories were: “feeling towards her daughter”, “physical disorder”, “living situation of her family”, “limitation of the living environment”, “lost opportunities to go out with friends” and “perception towards photography”.

[Discussion] The analysis result shows that along with being constrained to live in the nursing care center due to her physical deterioration and change in living situation of her family, the client was placed in a position where she had to depend on her daughter. Her feeling of hesitation became stronger as she cared more about the daughter. Along with that progress, photography seemed to have become less prioritized. Additionally, the client had used photography as a tool to be involved in occupation, interacting with friends, and to express her own perception in the past.

However in today’s environment, because of all the changes in the situation, it turns out that the opportunities to be a part of the society is lost too. It is not easy to demonstrate how important photography is for the client occupationally, but from the result, it is understood that photography as an occupation is not as important to her as it used to be in the past.

共通の理解地平を創り出すことで一歩を踏み出した事例—やっとロにしたクライアントの思い—

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【はじめに】Clark (1999) は作業科学者としての自分の視点と，クライアントである Richardson の障害体験をめぐる物語の視点の融合を試み報告している。彼女は Richardson との間に「共通の理解地平」を確立させようと努めた。共通の理解地平とは，セラピストとクライアントそれぞれの地平（観点）をお互いが理解し，共有し，次に進むための協働関係を築くことと著者は解釈している。意指のある作業の大切さや作業の意味を知ることの重要性などが周知されている。今回，作業についての聴取が困難であったクライアントに出会った。そこで，共通の理解地平の確立を目指し関わった結果，作
An Example of Moving Forward by Creating the Horizon of Understanding: Thoughts About a Client Who Eventually Talked

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Introduction Clark (1999) described her attempt to combine her perspective as an occupational scientist with that of a client, Richardson, based on Richardson’s accounts of her experience recovering from a disability. Clark strove to find “the horizon of understanding” with Richardson. As Clark saw it, the horizon of understanding is when the therapist and client understand each other’s perspective and they collaborate to help the client move forward.

The importance of a meaningful occupation and the importance of ascertaining the meaning of an occupation are familiar concepts in occupational therapy. The current case report describes difficulty soliciting information about occupations from a client. An attempt to find the horizon of understanding resulted in a discussion of occupations and led to the client redefining her role, as reported here. Consent was obtained for this case report.
Case Presentation Ms. A, a woman in her 80s, was admitted to a convalescent hospital due to difficulties with her care. She presented with dementia, depression, and sequelae of cerebral infarction, and her family seldom visited her. Ms. A had grown up in a heavily agricultural region, and after marrying she worked with people as a clerk at a kimono fabrics shop or as an attendant at a public bath. Initially, Ms. A’s expression was continually stilted and she would not establish eye contact when addressed. Staff suggested jigsaw puzzles and handicrafts, but Ms. A refused, saying “I can’t do anything anymore.” Outside of occupational therapy, Ms. A would sit at the end of counter seating looking down. Ms. A seldom expressed her wishes, so staff gave her few opportunities to choose an activity. Ms. A had little involvement with others and she lived a passive existence. In the evenings, she would often grow restless and would not settle down.

Course Upon taking over Ms. A’s case, the therapist attempted to solicit “Ms. A’s previous and current occupations,” but Ms. A constantly responded “I don’t know” while continuing to look downward. Thus, “the sort of person that Ms. A was” was surmised based on information from her medical chart. Based on information such as the fact that she “grew up in the country surrounded by farming” and that “she worked a lot with people after marrying,” Ms. A was assumed to “like being involved with people” at that time, so an attempt was made to find the horizon of understanding. The therapist deliberately talked about everyday topics and listened closely in order to communicate with Ms. A and spontaneously create a relationship. The therapist empathized with her and occasionally talked about understanding. Occupational storytelling via that process is crucial to reconfiguring one’s identity, and that such meaning in turn encourages a resumption of that occupation.

In the current case, Ms. A’s “discussion of occupations with her therapist” may have fused Ms. A’s previous and current stories, encouraging her to resume occupations, i.e. “being courteous and cleaning the family [Buddhist] altar.”

In addition, Clark (1999) stated that stories should spontaneously take shape, with clients talking about and emphasizing the events that they are most interested in. In the current case, the attempt to find the horizon of understanding is a possible reason why Ms. A spontaneously expressed interest despite initial difficulty soliciting a response about occupations from her. In addition, an attempt was made to understand Ms. A’s operational existence based on her cultural background and work experience. Doing so eliminated preconceptions about Ms. A, such as that “she probably hates being involved with other people,” and it encouraged mutual understanding and collaboration. This affected the search for the horizon of understanding. Occupational storytelling via that process is what probably facilitated occupational therapy in which Ms. A expressed her thoughts.

The therapist explored ways for Ms. A to “do those occupations,” such as writing a card with a message, saying goodbye at the end of rehabilitation, and cleaning the family [Buddhist] altar in the evening, when she was most anxious. As a result, these occupations became habitual, leading Ms. A to redefine her role as “a person who is courteous and who cleans the family [Buddhist] altar.”

Discussion Fukuda (2011) stated that a meaningful occupation is crucial to reconfiguring one’s life and reconstituting one’s identity, and that such meaning in turn encourages a resumption of that occupation. In the current case, Ms. A’s “discussion of occupations with her therapist” may have fused Ms. A’s previous and current stories, encouraging her to resume occupations, i.e. “being courteous and cleaning the family [Buddhist] altar.”

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**Meaningful existence and adapting to support**

~Strategies for End-Stage Client Understanding~

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【はじめに】日々の生活において、人は自らの生活の質を高めるために、絶えず変化していく環境の中で、自らの人生を組織化する過程を経験している。

CL (以下、CL) が意味ある存在であり
続けることを支援する作業療法士にとって、適応の過程における適応ストラテジーについて理解を深めた上で実践に取り組むことは課題の一つである。そこで本発表では、適応ストラテジーに関する作業の知識を深め、CLの作業的状況について、適応ストラテジーから理解し、作業療法実践につなげた経験を報告する。本報告に際し、CLに十分な説明を行い紙面上にて同意を得た。

【CL 輝介】A 氏、60 歳代男性、配送業事務員。仕事内容は配送荷物パーカード読み取りと後端育成。趣味は水彩画・デッサン・書道・写経で、妻と二人暮らし、肺がん StageIVで脳転移あり。

【適応ストラテジーに関する知識（作業科学）】Jacksonは、作業療法士の主要な目的を個人が欠かす存在であり続けることを可能にし、創造的な適応を支えることであるとし、適応ストラテジーに関する知識を探索した。その結果、毎日の作業主導権を維持し、有意義な日常的経験を築くための適応ストラテジーとして、自己決定とコントロール、個人的人生にとって意味のあるテーマに沿った、挑戦しているという感覚を得られるような作業の選択が、生活を左右する要因として明らかになった。

【作業科学を実践につなげる】＜作業に焦点を当てた評価＞作業療法面接にて、働くことが CLにとって役割を得て挑戦的な意味をもつ作業であり、趣味活動が自分しさを表現し、ストレスを解消する効果のある作業であったが、現在は困難な状態だと語った。これは、CLにとって挑戦的でリスクのある作業ができず、日常生活内の時間的リズムが乱れ、作業をコントロールする機会を奪われていた。その結果社会的・空間的な連続性が断たれアイデンティティを喪失した状態となっていた。CLは働くことに挑戦したい思いとリスクを恐れないことを面接時に語ったが、環境的・身体的制限により困難な状況となっていた。＜介入方法＞総過 CLにとって重要な意味を持つ作業を生活内でコントロールし、自分らしい生活の再獲得を目標とした。作業療法にて趣味活動をする機会を設け、入院生活内で作業が選択できる環境を整え、さらに、作業に従事している時の主観的体験を言葉にすることで作業の効果を実感し、生活内で作業を時間的にコントロールする練習を重ねた。同時に働くために必要な交通手段の決定とパーカードの読み取りを経験し、挑戦的な作業に目を向けたことを意識した。その結果「不安な時に写経や絵を描いていると気分が落ち着き、嫌なことを考える割合が少なくなった」という気づきが得られ、外出時に職場へ赴き現実的な再就職に向けて考え始めていた。

【考察】CLは意味ある存在としていること困難だったが、作業療法介入により重要な作業を生活内に再度織り込むことでコントロールし、挑戦的な作業に目を向けられていると感じることができたと考えられる。作業科学の知識から CLの現状を整理し理解することで、限られた時間の中で生きる人にとって自分らしく生きるための1つの方法を提示してくれた。また、がんを患った CLが適応していく過程やその要因を知ることで、新たな適応ストラテジーが発見できるのではないかと考える。


Supporting Adaptation to Continue Being Meaningful Existence ~Understanding the Client of the Terminal Cancer from an Adaptation Strategy~

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2) Aichi medical care junior college

【Introduction】We deepen knowledge of the occupation about the adaptation strategy and understand the situation of the client from an adaptation strategy and report the experience that we connected with occupational practice.

【CL Information】Two people with the wife live on a delivery religion office worker of men in 60s. The hobby copies a sutra with a watercolor and a sketch and calligraphy. It is StageIV of lung cancer and makes brain metastasis.

【Knowledge about the Adaptation strategy】Jackson shows seven categories as an adaptation strategy.

【connecting occupational science with practice】
＜The evaluation that focused on occupation ＞It was occupation to have a defiant meaning with a role for CL to work in an occupational interview, and hobby activity
expressed a quality of oneself and was the occupation that there was an effect in to relieve stress, but told that it was in condition that there was not it now. Is defiant, and is risky for CL: time rhythm in the everyday life was disturbed without being able to occupation, and was robbed of opportunity to control occupation. As a result, it was in a condition that social space-like continuity was cut off and lost identity. The CL became in a difficult situation by an environmental physical limit. <method/ results> The occupational goal controlled work in life and assumed it reacquisition of the life like oneself. Furthermore, we realized the effect of the perilla for a term in a subjective experience and repeated exercises to control occupation in terms of time. We were aware of paying more attention to defiant occupation at the same time. As a result, the impression "that mood calmed down, and did not think an unpleasant thing to make copying of a sutra and a sketch" was obtained.

【Discussion】The CL had difficulty in being meaningful existence, but it was controlled with occupational intervention by incorporating important occupation again before life and was thought to be able to obtain a sense paid more attention to for defiant occupation. It seemed to be oneself and showed one method to live for the person who lived in limited time by arranging it, and understanding the present conditions of the CL from occupational scientific knowledge. Also, we think that we may discover a new adaptation strategy when a process and the factor that we occupation, and the CL which suffered from a cancer fits are found.

作業に焦点をあてた介護予防プログラムの成果
—作業に関する不安アンケートの結果より—

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1) 茨城県立医療大学, 2) 結城市健康増進センター, 3) 結城市地域包括支援センター, 4) 茨城県立医療大学附属病院

【はじめに】地域高齢者を対象とするコホート研究においては、軽微な心理的苦痛状態でも、死亡や要介護認定リスクは有意なリスク上昇が認められており 1, 日常生活の不安の軽減は、介護予防において重要な視点である。日本政府は、「超高齢化社会の日本において、地域在住の高齢者に対する予防的な取り組み、地域で自立してその人らしく過ごせる支援が重要である」ことし、介護予防事業を強化している2。今回、茨城県結城市的協働により、「作業に焦点をあてた教育プログラムによる介護予防プログラム」の開発を試みた。本研究の目的は、この作業に焦点をあてたプログラムが日常生活の不安軽減に効果があるかについて検討することであった。

【プログラム内容】1) 教室あたりのプログラム回数は、10回であり、1回約90分である。先行研究3)をはじめとする作業療法におけるヘルスプロモーションの知見や研究結果、作業科学の知識をもとにプログラムは構成した。プログラムの内容は、より安全で効率の良い作業の方法の提供（便利グッズの紹介、電子レンジ料理など）、日常作業における痛みの予防と対策、作業と健康に関する知識の提供、過去や将来の作業について自己省察を促す等である。参加者のニーズを講習会中における把握しながら、参加者の多数に有益なプログラムになるようにプログラム内容は実施中に調整しながら行った。

【対象者と方法】プログラム参加者は、次介護予防事業該当者であり、郵送、電話及び訪問にて「介護予防教室」への参加の勧めに応じたものであった。平成25年6月〜12月の期間に、プログラムに参加した対象者31名のうち、プログラムに7回以上参加し、アンケート回収が可能であった26名（男性4名、女性22名；平均年齢76.5±4.9歳）であった。参加者においては、プログラム開始前後に作業不安アンケートを実施した。作業不安アンケートは、作業に対する不安(セルフケア・自宅での生活関連活動・社会的活動・余暇活動・外出を伴った生活関連活動に対する不安、全般的な不安)について4件法（不安なし〜大変不安）で回答してもらった。プログラム実施後で各アンケート項目に関して集計した。また、介入前後における不安の変化（不安軽減、不安変化なし、不安増加の人数を集計し、回答比率を算出した。なお、本研究は、茨城県立医療大学倫理委員会の承認を受けて実施され、対象者からデータの使用および発表に関して同意を得た。

【結果】データ分析の結果は、表1に示した。

【考察】全般的不安について軽減する人が多く、本プログラムが高齢者の日常生活の不安の軽減に効果がある可能性があると考えられた。各活動領域別では、自宅での生活関連活動・社会的活動において、不安が軽減した人が多かった。これは、電子レンジ料理や家事に関する便利グッズの紹介など生活関連活動に直接結びついた内容や、社会交流に関する作業と健康に関する知識

—76—
Effectiveness of an Occupation-Focused Program for Preventive Long-term Care Service for Anxiety

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2) Yuki city health promotion center
3) Ibaraki Prefectural University of Health Sciences Hospital

【Introduction】A cohort study for community-dwelling elderly showed that emotional distress leaded them to higher risk of death and/or in a needed long-term care. Therefore, reducing their anxiety in daily life is assumed an important aspect for preventing a needed long-term care. We had an opportunity to develop an educational program of preventive long-term care service with Yuki city in Ibaraki prefecture. The program was focusing on daily occupation of participants. The purpose of this research was to examine the effectiveness of the program for reducing anxiety in their daily life.

【The content of the program】The program was consisted of 10 sessions (approximately 90 minutes per session). The design of the program was based on previous studies of occupational science, occupational therapy, and health promotion. After we took participants' needs during the sessions, we modified the program to fit the majority of participants.

【Method】The participants were 26 people who were qualified as 2nd degree of preventive care and participated more than 7 sessions. A questionnaire for anxiety was implemented before and after the program start. The first part of the questionnaire asked them their general anxiety in their daily life with 4-point scale (no anxiety=4, great anxiety=1). The second part of the questionnaire asked about their occupational anxiety which was consisted of five areas such as self-care, household at home, social activities, leisure activities, activities doing outside ) with 4-point scale (no anxiety=4, great anxiety=1). Data analysis was to calculate the number of the people who changed their anxieties.

Table 1: The number of people changed their anxieties before and after the intervention

<table>
<thead>
<tr>
<th></th>
<th>Decreased</th>
<th>No changed</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>General anxiety</td>
<td>n=9 (34.6%)</td>
<td>n=13(50.0%)</td>
<td>n=4(15.4%)</td>
</tr>
<tr>
<td>Anxiety for self-care</td>
<td>n=8 (30.8%)</td>
<td>n=10(38.5%)</td>
<td>n=8(30.8%)</td>
</tr>
<tr>
<td>Anxiety for household</td>
<td>n=11(42.3%)</td>
<td>n=9(34.6%)</td>
<td>n=6(23.1%)</td>
</tr>
<tr>
<td>Anxiety for social activities</td>
<td>n=10(38.5%)</td>
<td>n=11(42.3%)</td>
<td>n=5(19.2%)</td>
</tr>
<tr>
<td>Anxiety leisure activities</td>
<td>n=9 (34.6%)</td>
<td>n=11(42.3%)</td>
<td>n=6(23.1%)</td>
</tr>
<tr>
<td>Anxiety for activities of doing outside</td>
<td>n=10(38.5%)</td>
<td>n=11(42.3%)</td>
<td>n=5(19.2%)</td>
</tr>
</tbody>
</table>
The results of the data analysis were shown in Table 1.

The results showed that there were tendencies of decreasing anxieties in their daily life on both general and occupational between before and after the program, especially for general, household’s, and social activities’ anxiety. It is indicated that the program was effective for reducing participants’ anxieties. The reasons of decreasing anxiety for household could be that the program included the sessions introducing useful goods for household and practicing microwave cooking by using useful cooking goods. The reasons of decreasing anxiety for social activities could be that participants were encouraged during program to interact with each other. In addition to those, they were lectured the knowledge of the relationship between occupation and health including important roles of social activities. Approximately 1/3 to 1/5 of people who increased their anxiety on occupational anxiety questionnaire gave 4 (no anxiety) before the program. It might be that they started to face their aging and to consider how to cope with the emerging problems in their future by aging. It is necessary to continue further analysis.

<table>
<thead>
<tr>
<th>Interventions in the Approach for a Target on Anxieties</th>
</tr>
</thead>
<tbody>
<tr>
<td>横井 賀津志, 藤井有里, 酒井ひとみ</td>
</tr>
<tr>
<td>関西福祉科学大学</td>
</tr>
</tbody>
</table>

【はじめに】生産的で意味のある作業を育むことは、自立を最大限に高め、生活機能を拡大し、人の健康維持に役立つ、健康高齢者においても、Well Elderly Studyにより、作業に関する教育、情報収集および実践の過程が生活満足度やQOLを向上させた（Clark 他, 1997）。しかし、高齢者が新たに挑戦したい作業に焦点をあてた介入による健康への影響を確認した研究は少ない。本研究の目的は、地域在住高齢者を対象に、挑戦したい作業に焦点化したプログラムと脳機能に焦点をあてたリハビリエーションプログラムを比較し、認知機能改善とQOL向上などの健康維持へ効果を確認することである。

【方法】市の認知症予防事業への参加を希望した33名に研究募集し、認知症を有する3名を除いた30名に研究の同意を得てランダム化し、介入群15名（本人が挑戦したい作業を遂行する群）と対照群15名（作業療法士が設定した脳機能に着目した集団リハビリエーション群）に割り付けた。介入群は、1）認知症予防の理解を深める作業に関する講座、2）作業歴の記入、3）自己を定義する作業の列挙、4）COPMを用いた挑戦したい作業の列挙と決定、5）挑戦する作業の具体化、6）作業の遂行と報告の6つの過程を集団と個別に合わせて実施した。介入期間は両群とも5ヶ月間で、集団で1回の教室を計5回実施した。結果指標は、挑戦したい作業と結びついた人数と主観的意見、認知機能スクリーニング検査（D-CAT）と主観的健診を測定するSF36、ファイブログ検査のIADL評価を用いた。統計処理は2元配置分散分析で交互作用（群X時間）を確認し、介入後の比較を対応のある検定で行った。

【結果】基本属性は、外出頻度のみ対照群で有意に多かった。介入群の内11名（73%）が新たな作業に挑戦できた。挑戦できた参加者からは「生活に張りが出てきて、時間を作ることが出来た」、「昔に戻った気持ちになった」、「仲間が増えた」、「挑戦してみると意外とできた」など肯定的な意見が多かった。一方、対照群では新たな作業を始めた者はいなかった。IADLとSF36の日常役割機能（精神）においては、有意な交互作用が認められ、介入群で有意に向上した。認知機能では、介入群において介入後に注意の選択や持続の値が有意に高かった。

【考察】対照群と比較して、介入群では多くの高齢者が挑戦したいと思っていた作業を結びつき、挑戦した作業の形態や機能、意味に関する肯定的な意見が聞きとれた。さらに、挑戦した作業はIADLと精神面の健康感QOLを向上させ、認知機能をも刺激した。介入群において、作業歴と本人を定義する作業、作業の具体化の過程では、常に、参加者は作業療法士と作業分析（形態・機能・意味）を共有した。この結果、参加者は自身の作業へのこだわりを気付くようになった。さらに、介入初期に行なった作業歴記入では、幼少期からの作業を振り返り、参加者個人の作業に対する価値観を意識付けた。これらの過程から、参加者に作業的場を意識付けることができた。このことは、参加者が発した「これまで積み重ねてきた作業によって今があることに改めて気づいた」との意見からも確認できる。挑戦したい作業は、COPMの重要度を基にして、グループワークにより、他の参加者からの意見を参考に自己決定できる。作業へのこだわりの認識、作業的存在の保障、作業の自己決定により、高齢者が新たな作業に挑戦できたと考える。新しい作業の遂行は、当然ながら注意の配分能力や計画性など前頭葉を中心とした
認知機能を必要とし、注意機能を向上させた。そして、新しい作業に挑戦した結果、高齢者はその作業の形態、機能、意味を肯定的に感じとり、QOL 向上に努めながった。高齢者が挑戦したいと思っている作業と結びつくことは、作業自体の変化を肯定的に感じ取り、認知機能や QOL を向上させ、健康維持に貢献できる可能性が高い。

【文献】

The Effect of the Approaches With Focus on Engagement in the Challenging Occupations in the Care Prevention Service

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Introduction: Being engaged in a productive and meaningful occupation maximizes one’s independence, enhances living functions, and assists in the maintenance of good health. According to the Well Elderly Study, education, gathering of information, and practicing an occupation improved life satisfaction and quality of life (QOL) among healthy, elderly individuals (Clark et al., 1997). However, there are not many intervention studies on the health effects of elderly individuals that focus on the occupations that they want to try. The purpose of this study was to compare the program that focus on engagement in the challenging occupations with the recreation program that focus on brain functions and to confirm the effect of maintaining health such as improvement in cognitive function and QOL.

Methods: Thirty-three individuals who expressed interest in participating in a municipal care prevention service were recruited for this study. After receiving consent for participating in the study, the remaining 30 participants were randomized into either an intervention or a control group. The 15 participants in the intervention group were engaged in their occupation of interest while the 15 participants in the control group were involved in a recreational group activity that focused on brain functioning selected by an occupational therapist. The intervention group went through the following six-step process, combining group and individual activities: 1) lecture to deepen understanding of dementia; 2) recording occupational history; 3) listing occupations that define oneself; 4) listing and choosing an occupation to challenge using the COPM; 5) materializing the occupation of interest; and 6) implementing and reporting on the occupation. The intervention period for both groups was 5 months; in other words, the once-a-month group activity was conducted a total of five times. As outcome measures, we used i) the number of participants who became engaged in their occupation to challenge as well as their subjective opinions, ii) the Digit Cancellation Task (D-CAT) screening test for attention, iii) the Short Form 36 (SF36) and iv) IADL. Statistical processing using two-way ANOVA revealed an interaction effect (group × time).

Results: In the intervention group, 11 participants (73%) were able to try a new occupation. Many participants who tried a new occupation gave positive feedback such as: “life has become rewarding and I am more conscious of time”, “I was able to feel as if I went back in time”, “I made more friends” and “once I tried, I was unexpectedly able to do it”. In contrast, participants in the control group were not able to engage in a new occupation. A significant interaction effect was observed in role emotional of SF36 and IADL. Furthermore, the sustained and selective attention after intervention was significantly higher in the intervention group.

Discussion: Many elderly individuals in the intervention group were able to engage in their occupation to challenge and gave positive feedback on the form, functions and meaning of the occupation that they tried. The occupation that they tried improved their IADL and the emotional aspects of health QOL while also stimulating their attention function. The participants in the intervention group always worked in partnership with an occupational therapist to analyze the occupations during the process of recording occupational history, listing the occupations that define themselves and materializing their occupation to challenge. As a result, the participants became aware of their particular interest in the occupation. Through this process, we were able to make the participants aware of occupational being. This fact was confirmed by the following feedback from one participant: “I realized that the present is built on the
accumulation of past occupations”. The elderly individuals were able to engage in a new occupation through recognition of their particular interest, security of occupational being, and self-selection of the occupation. The implementation of a new occupation obviously requires frontal lobe-based cognitive functions. The elderly individuals positively perceived the form, function, and meaning of the occupation, leading to an improvement in QOL. The engagement of elderly individuals in their occupation of interest leads to a positive perception of changes in the occupation itself, improves cognitive function and QOL, and will most likely contribute to maintaining good health.

Second Career Support for Athletes: Literature Review from the Standpoint of Occupational Science

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1. Introduction

Second career support is an important life event for those athletes who wish to acquire a new occupation following their career in sports. Though the types of second career supports provided are varied, previous studies highlight that they were not sufficient in helping athletes acquire a new occupation. The purpose of this study was to review second career support for athletes from the standpoint of occupational science.

2. Method

The search strategy initially involved the use of the following electronic databases: (1) Japan Medical Abstracts Society and (2) Medical Online. This study reviewed second career support provided after 2002, which was the start of second career support in Japan. Keyword combinations used included “athlete,” “sports,” “second career,” and “retirement.” Additional literatures were subsequently gathered through reading the reference lists of the articles obtained via the database searches. Inclusion criteria for this study were as follows: (a) related to athletes’ second career support; (b) not a general statement or conference minutes; and (c) written in Japanese. We classified the literatures gathered according to title, purpose, and abstract.

3. Result

A total of 18 relevant studies were retrieved though 8 were discarded as being general statements. We categorized the 10 acceptable literatures into the following three themes. Two studies identified “current second career support” and explained the present situation and future prospects, noting that Japanese second career supports were delayed in comparison with international efforts. Seven studies identified “factors related to the quality of second career,” and revealed that career development, age, sports career achievement, educational status, drop-out, identity, and confidence were associated with the qualities that athletes sought in a second career. Four studies identified “life adaptations during the second career” and indicated how pre-retirement planning and psychosocial support affect the qualities of an athlete’s second career.

4. Discussion

This study indicated that occupational-centered intervention could facilitate second career transitions. However, no research associated with second career was found to analyze occupational status before and after retirement, or how occupational science could support athletes. While there was evidence of support from the standpoint of occupational form, no supports were seen from the standpoint of occupational meaning, such as athletes’ beliefs and values. In addition, there was no evidence of support from the standpoint of occupational function, such as knowledge to analyze and provide support for various factors that affect psychological stress.

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【目的】国内外の研究において、作業に焦点を当てたプログラムが高齢者の健康に寄与すると報告されている。本研究の目的は、広島県の高齢者にとっての意味ある作業を知ることである。高齢者が自らの作業を主体的に発信しているメディアの内、広島県内でも最も普及率の高い中国新聞の新聞投稿をデータとして用いた。投稿記事には意味ある作業が含まれていると考えだからである。

【方法】2012年3月1日から2013年2月28日までの中国新聞の投稿欄に掲載された75歳以上の投稿者の記事461件を対象とした。各記事について、有馬の内容分析の方法を参考に、性別、年齢などの基本情報に加え、投稿者が行った作業と作業の意味を考えるための枠組みを参考としたカテゴリーとの関連性についてコーディングを行った。基本情報は、①掲載日②性別③年齢④タイトル⑤投稿者の作業⑥意見主張の有無とした。作業の意味を考察するカテゴリーは、①感情②人③思い出④時間⑤頻度⑥場所⑦物⑧自然⑨健康⑩社会とした。例えば、鳥に関する内容であれば⑨自然に関係ありとし、記事の内容は「鳥」とコーディングした。コーディングデータに基づき、該当項目数を数え

—81—
Meaningful Occupations for Older People Living in Hiroshima: Analysis from Readers’ Columns of a Newspaper

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Purpose: Research in Japan and other countries showed that occupation-focused programs contribute to the health of older people. The purpose of this study was exploration of meaningful occupation for older people living in Hiroshima prefecture. Articles of readers’ columns of a local newspaper, Chugoku Shinbun, were analyzed because the authors supposed that the articles included their meaningful occupations on a daily basis.

Method: Four hundred sixty-one articles written by people over 75 years old from March 2012 to February 2013 were analyzed as data. Each item of data was analyzed using a content analysis method (Arima, 2007). Coding items included background information, occupation and categories from the framework of meaningful occupation (Yoshikawa, 2009). The background information included date, sex, age, title, occupation, and opinion. The categories of meaning of occupation included emotion, persons, memorial episodes, time, frequency, places, materials, nature, health, and society. This is an example of coding. If there is a bird in the article, the category was nature then “bird” was written. Relevant categories are counted.

Results: There were 242 articles (52.5%) written by men and 218 (47.3%) articles written by women. Forty men and 23 women contributed more than twice. There were 266 articles written by people in their 70s and 178 articles written by people in their 80s. There were 347 (75.3%) articles related to athletes and politicians. There were 302 articles on current events and 104 articles on past and current events. There were 172 articles related to society, 111 articles related to materials, 95 articles related to nature, and 28 articles related to health. There were 247 (83.2%) articles related to social participation and/or leisure.

Discussion: Occupations related to social participation, leisure, persons, and current events may become meaningful occupations for older people. Keeping the relation to society and current events would be valued for older people. They may feel a sense of security through those occupations. Contributions to newspaper readers’ columns may guide the effects of story-telling. Contributors of readers’ columns may reflect their own activities and find the meaning of occupation and then make their life stories.

References

【考察】社会参加、レジャー、人と関わる、現在との関わりといった要素をもつ作業が、高齢者にとって意味のある作業となる可能性が高いと考えられる。社会とのつながりを維持すること、人生の連続性としての現在を重要視する傾向がある。こういった作業を通じて、高齢者は安定感を味わっていると考えられる。本人にとって最も関心のある出来事が話題を重視されることは、自己の記憶の中に残るというストーリーテリングの効果が、新聞投稿という作業を通じてなされているのかもしれない。投稿者は、新聞投稿という作業により、自らの活動の意味を振り返り、作業の意味を確認し、さらに自分の物語をつなげていると考えられる。

【文献】
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