



Model of Human Occupation

Archived Listserv Discussion

Breast Cancer and Creative Occupations

April 2, 2008

Hi. My name is Angela Schroeder. I am currently an occupational therapy doctorate student at Creighton University in Omaha, NE. As a course requirement for a creative occupations course in my curriculum, I am creating a poster about women with breast cancer and creative occupations during their treatment and post treatment using the MOHO frame of reference. The poster is titled: "The Beauty of a Survivor."

I am looking for resources, personal experience or helpful information about the impact of breast cancer on occupational performance for women. Especially addressing volition-what motivates the client with breast cancer? Also, the psychosocial issues related to a female having breast cancer and perceptions of self-efficacy.

Thank you.

Angela M Schroeder

April 2, 2008

Dear Angela-

I can provide some information for you. We did a study of the OSA's sensitivity to detect change and stability over time. That study included about 70 individuals who were receiving chemotherapy/radiation. They were male and female, and not just diagnosed with breast cancer. But I do know that in general, over time, the group used the OSA in a stable way to talk about perceptions of their competence and values for doing everyday occupations. Perhaps this is something you could suggest as a tool to be used in a future with this specific group to explore their perceptions of themselves. The OPHI-II interview, with the life narrative slope, may also be very helpful and insightful tool with this group.

Best of luck on your poster-

Jessica

April 2, 2008

Hi Angela,

My name is Rosie and I'm an OT in New Zealand. During my studying one of

our requirements was to review an article related to the use of Gardening as a therapeutic occupation for women with cancer. I don't have the reference on me now but will have a look for you, if you are doing a lit search I think its from the American journal.

Thanks

Rosie Brown

April 3, 2008

Dear all: I agree with Jessica on using OSA, mainly at the beginning and from there when you see the person is in emotional conditions applying The OPHI-II. This last instrument is a wonderful and efficient source for intervention in these type of situations. The intervention should be meaningful, so the narrative and the prioritization on resting and doing should carefully done with the person. For people with these conditions it is very important to validate the "lived body" and the volitional process. Depending on the degree of cancer and the attitude and priorities of the person, work towards occupational goals or activity choices. I strongly support as the first stage validating the lived body, and establishing a trusting relationship through knowing the person using the OPHI-II. When people are close to die significant goals should be establish with the person according to their reality. But we can always be one of the best professional resources a person with these conditions may have.

Working with family members in terms of occupational participation and ways to facilitate and validate the person is crucial.

Creative activities might be helpful with those people that find it meaningful. For others other types of activities might be meaningful. For example, the mother's role has many responsibilities and involves many activities and tasks. Our art is discovering, exploring with the person the maximum participation on each role. In this example some women will be able just to give love and maintaining meaningful conversation with their children to guide them, to nurture them. For others they could be able to maintain participation in other tasks. So, if the person cannot participate in fully in a role, we must remember the levels of doing and offer opportunities to participate in some activities of a role, or some tasks of the activities of a role, and even some steps of a task done with others.

Our judgment and sensibility in these cases should be the key. MOHO is perfect to understand and respect decisions of people, so remember not to "dictate" solutions or activities but really work with the person in each of her phases- (remotivation process might be helpful when some people get severe problems in volition due to this illness, so you go at the pace of the person...

This is crucial for all people with cancer.

That's for now. I hope this can be helpful for Rene and other colleagues

With all my respect and love

Carmen Gloria de las Heras from Chile

April 6, 2008

Hello Angela

My name is Michal Avrech Bar, and I'm an OT in Israel. I have done a research with two of my students in the subject of occupational performance and its relation to health and well being among women with breast cancer. We used the OPHI-II as a main tool. The subjects were 32 women (11 were still in chemo-therapy during the research and 21 already done their therapy). The third group was 21 healthy women. No statistical differences were found between the 3 groups in their occupational identity, competence and settings. Looking at the qualitative data we did see that the group of women who received chemo-therapy during administering the OPHI-II had a lower competence then the other two groups.

One thing we learned was that their settings (social support especially) influenced their high identity and competence. We also learned from the interviews that they believed in "Doing is living". In time of illness they participated in meaningful occupations in order to cope with the pain and stress.

I recommend using this tool with women with breast cancer since we learned that the higher their competence was so was their satisfaction with life and feeling of well being.

Good luck

Michal

April 7, 2008

Hi Angela,

I can speak from personal experience- my mom is a breast cancer survivor. She underwent a lumpectomy, chemo, and radiation for pretty much all of last year. Her occupational performance was severely affected. Going to doctor's appointments became primary occupations, and she had to schedule the rest of her 'typical' occupations around these new, very important ones. After her surgery, she had (and still does) lymphedema precautions, which affected how she does some of her daily activities. When she was going through chemo, she would get a treatment once every two weeks. Our family routine was scheduled around her chemo treatments- we planned to be very active with her for the first few days after a treatment, then knew

we would have to keep things low key for the next few days because she would get very ill, then need the following few days to gain her strength back. Then we knew we would have another few "good" days to spend with her before another treatment. And this was the cycle for 12 weeks. Radiation treatments were daily for several weeks, so our family routines changed again to accommodate the new schedule. Throughout the course of treatment, she also had some unexpected hospital stays due to pneumonia, other infections, etc. I could go on for quite a while about how habits/roles/routines/occupational performance was affected...

You also asked about volition- what motivates a client with breast cancer? The will to beat the cancer was my mom's motivation. Although she went through periods of grief and depression, she was highly motivated to try to overcome this obstacle in her life. She strove to live her life as normally as possible, to not have it be defined by cancer, by doctor's appointments, or by what she couldn't do. Of course, she would get frustrated if she recognized that she couldn't do something because of fatigue or her lymph edema precautions that she used to be able to do. But, she gained a higher sense of self-efficacy by focusing on the little accomplishments. She gained strength focusing on what she could do- for example, she would make statements like "remember that after the last chemo treatment, I got so fatigued that I would get out of breath just going up a few stairs? well this time I was able to go for a walk around the block!" There was a lot of give and take during the whole treatment and recovery process- she was only able to work part time, but we were able to spend more time together as a family. She had to cancel on a lot of social get-togethers because of fatigue, sickness, or doctor's appointments, but at the same time her social supports grew. Her values definitely changed- realizing what really was important in life. As a survivor, her priorities in life have changed. She is now more focused on working less and taking more care of herself and loved ones. She's okay with the dishes not getting done right away if it means she gets to spend a little extra time with my father, her kids, friends, or with God. She is less focused on "doing" and more focused on "being".

Hopefully this has given you a slightly different perspective. If you want more detailed information, please feel free to contact me directly. I've probably already gotten too detailed for the listserv...

Anne

Anne Kiraly