

Narrative Reflections on Occupational Transitions

Rhysa Leyshon

Doctoral Program in Rehabilitation Science, University of Western Ontario, Elborn College, London, ON N6G 1H1, Canada

Tel.: +1 519 661 2111 x 88979; Fax: +1 519 850 2469; E-mail: rleyshon@uwo.ca

1. Introduction

At first glance the following story may not appear to be about anything novel. Lots of people move from a healthy status to a sick role. The difference with this story is the individual's reaction to experiencing a health condition he thought he had protected himself against.

2. Transitioning through locus of control

Davis was a lifelong advocate of a healthy lifestyle and healthy living. He did not drink alcohol, he abhorred smoking, he ate only healthy non-processed foods and talked about the need for multiple servings of fruits and vegetables long before nutritional advocates did. He wrote books on health and physical activity and participated in numerous sports. Davis believed that his healthy lifestyle would protect him from any chronic health condition. He had watched his parents suffer and pass away relatively young. He was confident that would never happen to him.

Davis learned a very hard lesson one day while out for a run. Less than 6 months into his retirement at age 65 he suffered a heart attack. Ironically that very same day a local cable broadcast was aired featuring Davis talking about the merits of exercise in preventing heart disease. Davis was found to have no typical risk factors associated with heart disease. His blood pressure was actually on the low side, his cholesterol was fine, he was not overweight, and he exercised regularly. His family doctor still talks about not understanding why Davis was so angry during his first visit following the heart attack. The doctor thought Davis was mad at him. It turns out Davis was embarrassed, humiliated and angry with his own body; it had let him down.

It took quite some time and lots of patience for other health care professionals to help Davis to realize that genetics also played a role and that his heart attack may very well have disabled or killed him, and at a much younger age, had he not been as healthy as he was.

Davis talks about how important it was to stop asking "why me". He realized after much frustration that his attitude was acting as a barrier to his enjoyment of life. Once he adopted the view that he was lucky to have had 65 years of excellent health, he was better equipped to move forward. It is now more than 15 years since the heart attack and with additional health concerns that include Parkinson's disease, non-Hodgkin's lymphoma and bilateral shoulder and knee replacements due to osteoarthritis, Davis is much better equipped to deal with the physical effects of aging and living with chronic disease. Davis feels better able to put things in perspective and realizes he has to accept that some things are out of his control.

Davis says what makes his story different is that his wake up call was not due to a dangerous or unhealthy lifestyle. It was realizing that he did not have total control over his health and well-being. Davis admits that he never would have considered his "why me" attitude an obstacle before his heart attack but he now claims that it negatively impacted his relationships with family, friends and even his health care professionals. He also admits that the attitude likely caused him to be somewhat depressed, which he feels lengthened his recovery time. Just like Davis' own family doctor, Davis thinks that often health care professionals don't talk about issues like control. His doctor just thought Davis was mad at him for not diagnosing the heart condition. He knew Davis was angry but never asked why. Davis reports it took years before the two of them worked out what the issue had been. Davis says he was lucky that a nurse, who had been a former student of his and

knew his health philosophy, took the time to talk to him and understand what he was feeling. He says even she admitted that often health care professionals do blame patients, or clients' often have a sense that they are being blamed. He admits that it is easy to blame someone for their own poor health; he used to do it and admits sometimes still does, but he now also realizes how negative that sense of guilt can have on a person's ultimate recovery. Davis thinks his transition was moving from thinking he was in total control to accepting that his well-being might at times be beyond his control, but either way he has to learn to cope. Davis suggests that knowing what can be controlled and what cannot helps clients regain their own sense of well-being.

3. Readers to reflect on

- Consider asking clients about issues of control as part of any standard evaluation. How might this change how you treat or interact with your client?
- Think about how locus of control in relation to health status might affect clients' behaviour and motivation towards recovery and resumption of all different roles and activities.
- Do not assume a client has knowledge of things based on education level or field of study and alternatively do not make assumptions about clients based on appearances.