Flow and VdTMoCA

Luke Broadbent and Roshni Khatri

5th International VdTMoCA Conference, 18 July 2017

University of Northampton
Oxford Health NHS
NHS Foundation Trust

In juxtaposing Csikszentmihalyi's (1975, 1990) concept of flow with occupational therapy, it appears credential to the professions core concepts, (that engagement in purposeful and meaningful occupation facilitates well-being) thus making research using flow congruent with the aims of occupational therapy.

Wright *et al.* (2006) highlighted the need for further research to understand what educes flow experience and what the specific benefits are in relation to the specific activity

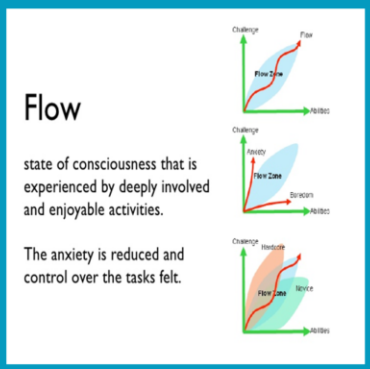
Characteristics of 'Flow' and link to VdTMoCA

Complete concentration on the task	**Doing**
Clarity of goals and reward in mind and immediate feedback	
Transformation of **time** (speeding up/slowing down of time)	**Being**
The experience is intrinsically **rewarding**, has an end itself	
Effortlessness and ease	
There is a balance between **challenge and skills**	
Actions and awareness are merged, **losing self-conscious rumination**	**Becoming**
There is a feeling of **control** over the task	

University of Northampton | Oxford Health NHS NHS Foundation Trust

Pre-requisites for a flow experience

- **Challenge – skill balance** – whereby the participant evaluates the challenge as corresponding to their perceived ability level,
- **Clear goals** – an understanding of the task objective, and
- **Unambiguous feedback** – immediate and unequivocal feedback on performance.



University of Northampton | Oxford Health NHS NHS Foundation Trust

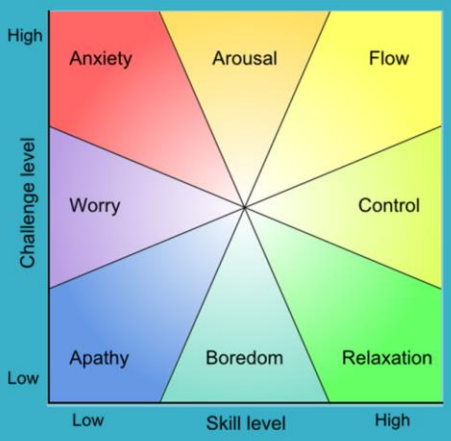
Indicators of a Flow Experience

- **Complete Concentration** – a sense of intense focus upon the current task
- **Time transformation** – perceptions of distortions in time, hours pass like minutes
- **Autotelic experience** – task seen as intrinsically rewarding.
- **Action-awareness merging** – a sensation of spontaneous almost automatic deep involvement in a task
- **Loss of self-consciousness** – A lack of concern about the self
- **Sense of control** – feelings of efficacy in being able to manage the task

University of Northampton Oxford Health NHS NHS Foundation Trust

University of Northampton | Oxford Health NHS Foundation Trust

A person is most likely to find flow while engaged in an activity where the challenges match the skill level. During low-challenge activities, people become bored. If an activity is too challenging, they experience worry and anxiety.



University of Northampton
Oxford Health NHS
NHS Foundation Trust

The Research Project

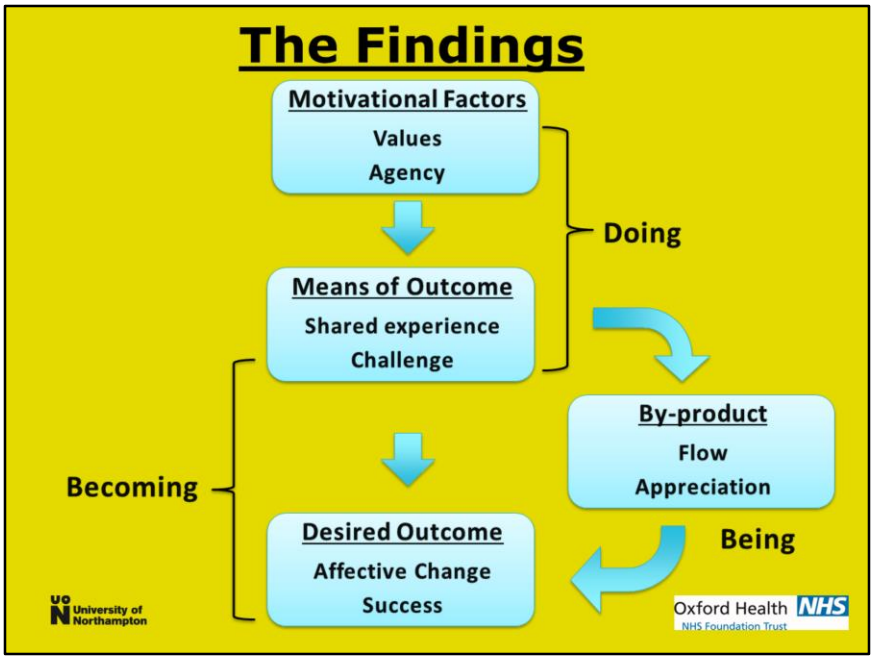
Aim

To explore personal meaning and its importance in facilitating flow experiences from an occupational therapy perspective.

Method

- An explorative and descriptive study that employed an interpretative phenomenological methodology.
- Semi-structured interviews were conducted
- Thematic analysis then completed.

University of Northampton | Oxford Health NHS NHS Foundation Trust

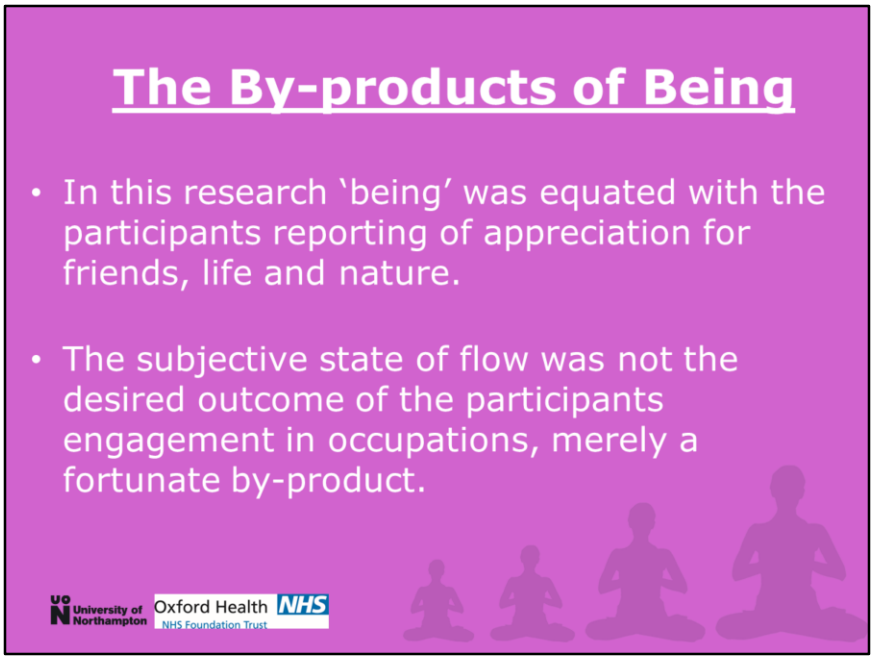

The Findings
Motivational Factors
Values
Agency
Doing
Means of Outcome
Shared experience
Challenge
By-product
Flow
Appreciation
Becoming
Being
Desired Outcome
Affective Change
Success
University of Northampton
Oxford Health NHS
NHS Foundation Trust

The prominent finding of this research was the pervasive role that values played in the selection and participation of flow occupations, Christiansen (1999) asserts that occupations are the medium through which individuals are able to meaningfully express their values through identity

A particularly salient relationship was noticed between the findings of values in this study and the previous research of Ryan and Deci (2000) into intrinsic motivation, whereby in their conception the degree to which behaviour becomes intrinsically motivated is dependent upon the perceived congruence of the behaviour with the individual's value system. Ryan and Deci perceive flow as the pinnacle of intrinsically motivated experience

To experience life as meaningful, Baumeister (1992) proposes that the elements of efficacy, value, purpose and self-worth must be present.

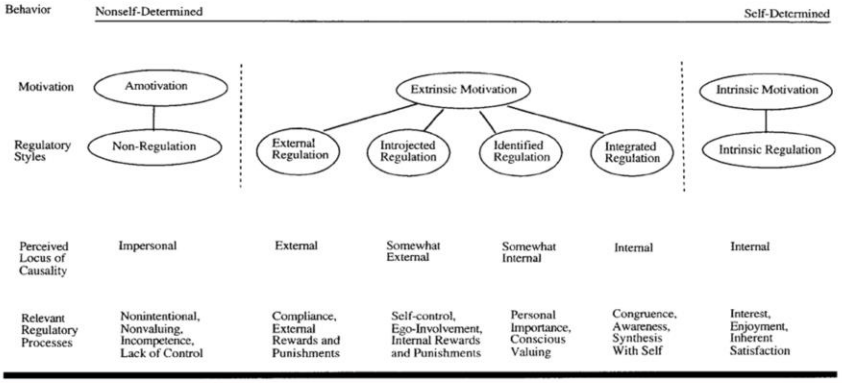
participants in this study unanimously reported states of positive well-being occurring alongside experiences of agency and value



Flow was not perceived of as the desired outcome of engagement in activities and was viewed of more as an enjoyable subjective by-product state. In some instances this was relayed almost as a mindfulness experience with participants associating feelings of 'peacefulness' and 'relaxation' as a result of their experience.
On enquiry, the participants in this study, while clearly reflective and displaying considerable self-awareness, disclosed only minor personality flaws as aspects they would change in their lives, proving congruent with their assertions of positive well-being. Proving perhaps that they have already 'become', are happy to 'be' but will continue 'doing'.

That's nice, but my client isn't intrinsically motivated, well.....

Figure 1
The Self-Determination Continuum Showing Types of Motivation With Their Regulatory Styles, Loci of Causality, and Corresponding Processes



University of Northampton | Oxford Health NHS NHS Foundation Trust

Organismic Integration Theory is a secondary component of SDT that focuses on extrinsic motivation.

Proposes a continuum which sees amotivation at one end of the spectrum and intrinsic motivation at the other.

The progression from an activity being extrinsically motivated to intrinsically motivated occurs as the meaning and value of the activity become first internalised and then integrated into our perception of self.

	Tone	Self-Differentiation	Self-Presentation	Passive Participation	Imitative Participation	Active participation
Self-determination Continuum Motivation	Amotivation	Physiological motivation	Mostly Extrinsic motivation	Intrinsic and Extrinsic motivation	Intrinsic and Extrinsic motivation	Intrinsic motivation
Regulation	Non-regulation	External regulation	Introjected Regulation	Identified Regulation	Integrated Regulation	Intrinsic Regulation
Relevant Regulatory Processes	Non intentional, Non Valuing, Incompetence, lack of control	Non intentional, Non Valuing, Incompetence, lack of control	Some compliance, External rewards and enforcing norms	Compliance with External rewards	Self-control with internal and external rewards	Personal Importance and conscious valuing
Locus of causality	Impersonal	External	Somewhat external	Somewhat internal	Internal	Internal
Locus of Control (Activity Participation Outcome Measure)	External dependent on total nursing care.	External, Is able to do self care but needs external rewards to participate in other tasks. Not able to see if activity was successful or not, incidental actions.	External, egocentric and participates for rewards. Needs to experience success to engage in activity again, impulsive actions.	External, waiting for therapist to structure environment, willing to participate in secure environment.	Internal locus of control emerging, set up a plan of action and beginning to take responsibility for own actions. Could handle negative effects of failure.	Internal takes responsibility for own actions, changes behaviour or actions where necessary, failure is seen as a challenge to improve in future, believes he can influence outcomes of events.

University of Northampton | Oxford Health NHS NHS Foundation Trust

To nurture intrinsic motivation SDT proposes:

- Ambient support for relatedness should be present
- Activities should not be attempted before a client is ready or perceived competent
- Autonomy should be promoted as much as possible

University of Northampton | Oxford Health NHS NHS Foundation Trust

- Relatedness: (wanting to be part of a group motivates action)
- Competence: (relates to challenge / skill balance)
- Autonomy: (the degree to which a behaviour is integrated is directly related to how autonomous the client feels in choosing to engage)

So what do you propose we do as OT?

Need 1: Ambient support for relatedness should be present

- Promote the importance of developing effective and supportive relationships with clients.
- a significant focus should be placed upon developing Social Ability in the lower levels of the VdTMoCA

University of Northampton | Oxford Health NHS NHS Foundation Trust

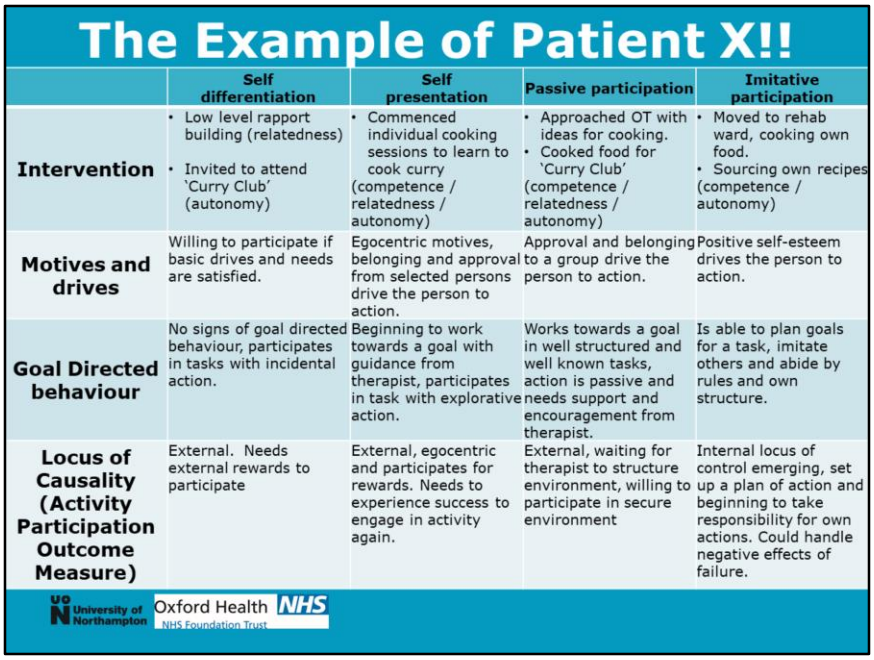
- We need to promote the importance of developing effective and supportive relationships with clients. If they do not feel any relatedness to us they will neither internalize or integrate new behaviours. Therefore in the lower levels of the VdTMoCA a significant focus should be placed upon developing Social Ability.

- This relates to the challenge / skill balance and it is our role as therapists to identify where this point lies for our clients.
- We should be transparent about our using the challenge / skill balance with our clients to nurture this approach to problem solving in the future.
- This is more relevant in the lower levels of the VdTMoCA up until Passive Participation. In these early stages factors such as lack of insight or accurate perception require OT to structure sessions.
- The challenge for us as OT's will be in recognising what is boredom and what is anxiety in the behaviours we observe in our clients.

- The degree to which a behaviour is integrated is directly related to how autonomous the client feels in choosing to engage.
- As OT's we recognise the importance of involving our clients in purposeful and meaningful activity, however, throughout the lower levels of the VdTMoCA clients may not be able to express what is meaningful or interesting .
- Part of our role therefore lies in supporting and empowering our clients to develop interests and self-esteem to be able to make choices.
- From Passive Participation onwards autonomy should develop in line with feelings of competence.

- Challenge in my study was indicative of the participant's propensity toward personal growth and eudaimonic well-being, as the desire to experience success and competence clearly demonstrated. While the balance of challenge and skills is seen as vital to achieving flow, challenge also appears as an integral component of Antonovsky's (1987) salutonogenic concept of a sense of coherence as a coping strategy.

- Antonovsky's (1987) sense of coherence theory proposes that when an individual perceives the world as comprehensible, manageable and most importantly meaningful, any stressful situation that the individual encounters is evaluated as a challenge through which to derive further meaning.
- Seifert and Hedderson (2010) found that autonomy supportive environments allowed individuals to set challenges congruent with their competency level which increased flow experiences and eudaimonic well-being.



Self differentiation: Limited engagement with staff or peers on the ward, isolative. Became curious about 'Curry Club' and so was invited to attend if he wanted to but without pressure (autonomy to decide). Basic needs being met through eating of food. 'Curry Club' is a group session and so had to engage with both staff and peers while eating (relatedness).

Self Presentation: OT had developed good rapport with client now and through CTM's had advocated clients needs (relatedness). For S17 leave to be granted attendance of sessions was recommended (External rewards). Agreed as a treatment goal that he would like to learn how to cook one of the curries he had enjoyed in 'Curry Club' (Explorative / autonomy). The session was carefully planned to ensure success with a just right challenge / skill balance (competence)

Passive Participation: Started to approach OT with ideas for further cooking sessions but required assistance with planning still (autonomy). Sessions were structured so as to develop competence with increasingly challenging aspects and exposure to new techniques. Actually assisted in the cooking of one of the 'Curry Clubs', received positive feedback from his peers and staff (relatedness).

Imitative Participation: Progressed to the rehab ward with the expectation that clients will cook their own food, shopping was a part of this with the choice to cook what you like but within a budget (autonomy). OT noticed that client was frequently cooking dishes that had

been taught in previous cooking sessions and had with help of OT then devised a weekly meal planner (competence). Was also observed that the client was looking for new recipes on their own and attempting to cook these, often in collaboration with some of his peers on the ward to share the cost. While the activity may be motivated by necessity the effort that was being expended on the task would indicate that it had become intrinsically motivated, especially as a lot of his other peers on the ward would order take-away instead!!

Thank-you, questions?

University of Northampton