

Alleviating Boredom in Adult Males Recovering from Substance Use Disorder

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ABSTRACT. Boredom has been linked to a relapse to using drugs and alcohol. Practice guidelines for occupational therapists to resolve the problem of boredom in males recovering from Substance Use Disorder are presented based on the optimal arousal, self-determination and social learning theories. Elements of the Experience Sampling Method are used to assess boredom. Intervention guidelines are proposed to foster adaptation to activities that are perceived to be devoid of stimulation, first by modifying the activities themselves, and secondly by teaching clients how to find fulfillment in everyday tasks. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

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Boredom is “the state of being weary and restless through lack of interest” (Merriam-Webster, 2002). The scientific sphere, however, advances a far more complicated view than boredom as harmless ennui. Farnworth (1998) claims that boredom is less than optimal involvement in meaningful occupations. Boredom is linked to several pathological conditions including substance use. Research supports the fact that people who are bored are more likely to experiment with drugs which can lead to substance use (Csikszentmihalyi & Larson, 1978; Iso-Ahola & Crowley, 1991; Johnston & O’Malley, 1986). Substance use in turn leads to more boredom: During recovery, the contrast to the excitement of procuring and using substances has a significant impact on relapse (Lyons, 1993; Orenstein, 2002). It is therefore appropriate that occupational therapists assist people who used drugs to confront the experience of boredom.

This paper outlines two sets of guidelines to alleviate the problem of boredom in a population of males, aged 21 and over, recovering from substance use disorder. According to the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders IV (text revision) (2000), substance use disorder is the disruptive use of 11 classes of drugs including hallucinogens, alcohol, amphetamines, opioids, cannabis, cocaine, inhalants, caffeine, nicotine, phencyclidine (PCP), and sedatives. The guidelines are designed for a group of males who are cognitively intact, and in early full remission. Early full remission is indicated when none of the criteria for substance abuse or substance dependence have been met in the last month (DSM-IV-TR, 2000). Even though comorbidity with other psychiatric and medical conditions is quite common (Precin, 1999), these guidelines apply specifically to substance use disorder. The guidelines are written for males since they have a greater tendency toward boredom and substance use (McLeod & Vodanovich, 1991; National Household Survey on Drug Abuse, 1999; Shaw, Caldwell & Kleiber, 1996; Sundberg, Latkin, Farmer & Saoud, 1991; Watt & Vodanovich, 1992; Watt & Vodanovich, 1999; Thomas, 1995). College-aged males experience boredom more acutely when the outside world is perceived as unvaried and unexciting (Watt & Vodanovich, 1999). It is taken to be true that males in early full remission from substance use disorder are more prone to this aspect of boredom.

Boredom is a multi-dimensional construct that may require several guidelines to adequately address it. The first set of guidelines for practice are proposed to alleviate that part of boredom that originates from the presumed absence of external stimulation. The guidelines address-

ing the external aspect of boredom must initiate treatment. The second guideline promotes the learning of strategies to cope with boredom. While presented as two separate guidelines, they are best used simultaneously in practice (J. Hinojosa, personal communication, September, 2002).

GUIDELINES FOR ADDRESSING BOREDOM AS EXTERNAL TO THE PERSON

Optimal arousal theory (Csikszentmihalyi, 1975; 1993; Csikszentmihalyi & Larson, 1978; Csikszentmihalyi & Csikszentmihalyi, 1988) and self-determination theory (Deci & Ryan, 1985, 1990; Deci & Flaste, 1995) share the basic assumption that a person initiates behaviour that leads to optimal self-development. Intense, pleasurable experiences that provide a continually challenging match between a person's skills and the demands of the environment, characterize "flow" (Csikszentmihalyi, 1975). The well-integrated self seeks such challenges and is alternately enhanced by them. Positive feelings and a sense of spontaneous creativity emerge. Play or leisure is most typically considered to foster flow, but everyday happenings, such as work and self-care, can also be a source of flow.

According to optimal arousal theory, flow is considered antithetical to, or the opposite of, boredom, while anxiety exists on a continuum at the outer border of boredom. Boredom and anxiety occur as a result of a subjectively appraised mismatch between the number and kinds of skills, and the requisite demands of the task. The state of boredom occurs when one's skills are considered to be better, or greater than the requirements of the task. Diminished enjoyment, and estrangement from the self, become apparent. The person might readjust to activities that are deemed less challenging, but a general disruption in cognition, self-perception, and motivation is produced. Anxiety, on the other hand, arises from the sense that the ability to respond to demands is inadequate. Here, challenges are experienced as overwhelming relative to one's skills. Feelings of worry or confusion abound. Apathy seems to occur when both skills and challenges are below what is common for the individual. In this instance, lack of motivation characterizes the inability to begin activity. The concept of flow is similar to that of intrinsic motivation (Deci & Ryan, 1990). Intrinsically motivated behaviour is based on free-choice and genuine interest in the activity for its own sake. External rewards do not appear to have a stake in the enjoyment of

the task. In addition, intrinsic motivation allows the person to meet basic psychological needs for competence, control, and relatedness. In these guidelines, the label “flow” includes intrinsic motivation.

Flow experience, on the one hand, and boredom, anxiety and apathy on the other hand, define the strengths and weaknesses to assess, respectively. Flow is “the matching of personal skills against a range of physical or symbolic opportunities for action that represent meaningful challenges to the individual” (Csikszentmihalyi, 1975, p.181). In order for flow to occur, both skills and challenges must be above the customary level of experience and must be in balance. A heightened sense of control over outcomes, narrowly focused and easy concentration, an accelerated perception of time passing, lack of self-consciousness, and feelings of enjoyment, satisfaction, openness and creativity, result. Complete involvement in the task for its own sake, is described. The situation of boredom, on the other hand, is accompanied by diminished concentration, and restlessness or irritability. Heightened but labourious concentration, and the experience of worry or confusion characterize anxiety. Apathy is observed as inactivity or the state of vegetation. These are some of the self-reported behaviours and physical signs indicating the state of flow, boredom, anxiety and apathy, respectively. Flow states can be facilitated in environments that foster the development of choice, control, competence, and interconnectedness with others, while providing activities that continue to match the skills and the challenges in the outer context (Csikszentmihalyi, 1975; Deci & Ryan, 1990).

ASSESSING PROBLEM AREAS

The Experience Sampling Method (ESM) (Csikszentmihalyi & Larson, 1987) is an assessment tool that identifies flow, boredom, anxiety and apathy. The ESM involves the use of a pager that is randomly beeped over the period of a week, requiring the respondent to then answer a self-report questionnaire. Given that the use of a pager may either be inaccessible or inappropriate for succinct information-gathering needed in a single session, the tool has been adapted so that adult males recovering from substance use disorder are instead asked to rate on a Likert scale from one through four (“not at all,” “somewhat,” “quite,” “very much”), the general repertoire of activities currently performed according to the following elements: (1) sense of control, (2) restlessness/irritability, (3) worry, (4) *easily* focused concentration, and (5) the

desire or wish to be doing something else (see Figure 1 for assessment questionnaire).

Higher scores in restlessness and sense of control indicate boredom, while higher scores in worry indicate anxiety. Higher scores in focused concentration show the tendency toward flow. Higher scores in the wish to be doing something else, determine apathy. Lower scores in wishing to be engaged in something else, reflect flow (see Table 1 for profiles of boredom, anxiety, apathy and flow). Finally, clients are asked to rate the challenge of the given activities relative to the clients' skills: Ranging from zero to ten (on a spectrum of "none" through "some" and "a lot"), "challenge of the activity" over "skills you possess" is scored. The result is a ratio of demands over abilities. If the ratio is much greater than one, anxiety is indicated. If the ratio is less than one, boredom is indi-

FIGURE 1. Questionnaire Adapted from the Experience Sampling Method (Csikszentmihalyi & Larson, 1987)

On a scale of 1 to 4 (1 = *not at all*, 2 = *somewhat*, 3 = *quite*, 4 = *very much*), rate the overall activities that you currently do according to each of the following questions (**circle one answer**):

1. How much are you in control of what you are doing?

1 2 3 4

2. How restless/irritable are you when you do your activities?

1 2 3 4

3. How worried are you?

1 2 3 4

4. How easy is it to concentrate during your everyday activities?

1 2 3 4

Please give an overall rating of how challenging you find your general activities (**circle one number**), on a scale of zero to ten (0 = *none*, through 5 = *some*, and 10 = *a lot*):

0 1 2 3 4 5 6 7 8 9 10

Please give an overall rating of how skilled you are in your general activities (**circle one number**), on a scale of zero to ten (0 = *none*, through 5 = *some*, and 10 = *a lot*):

0 1 2 3 4 5 6 7 8 9 10

Please list the activities in which you regularly participate:

cated. If the ratio is exactly or approximately one, apathy is indicated. During flow, the ratio is slightly greater than one. This numerical fraction, or ratio, provides a self-reported baseline measure indicating flow, boredom, anxiety or apathy (see Table 1 for summary of ratios).

PROBLEM RESOLUTION

The guidelines for remediation of apathy, boredom and anxiety are intended to be used in conjunction with other approaches pertaining to substance use that are congruent with the philosophy of the facility. Intrinsic motivation or genuine engagement in the overall rehabilitation process is addressed first and foremost, especially if the person or client has been identified to be in the state of apathy. In one-to-one or group therapy sessions, flow is promoted by first providing social contexts that give (1) the opportunity for choice, (2) clearly delineated expectations regarding client's responsibilities, and (3) an opportunity for relating with like-minded others (Deci & Flaste, 1995; Deci & Ryan, 1985; Deci & Ryan, 1990). In this way, readiness for the experience of flow is enhanced.

In general, boredom and anxiety are mobilized toward flow when the occupational therapist establishes the elements of the social context listed above, and later provides activities that (1) match the person's physical, emotional, cognitive and social skills to the challenges of the environment, (2) have logical and predictable rules for action, improvement and achievement, and (3) have clear and ongoing feedback about the accuracy of performance (Csikszentmihalyi, 1975). Also, tasks that possess infinitely increasing levels of difficulty that can be experienced

TABLE 1. Score Profiles and Ratios of Boredom, Anxiety, Apathy and Boredom

Problem Area	Score Profiles		Ratios
	High	Low	
Boredom	Control; Restless	Concentration	Significantly less than 1
Anxiety	Concentration; Worry	Control	Significantly greater than 1
Apathy	Wish to be doing something else	Concentration	Exactly or near 1
Flow	Concentration	Wish to be doing something else	Slightly greater than 1

as continually challenging by concurrently developing new skills, and taking on new challenges, encourage flow experiences.

Specifically, boredom is mediated when the therapist (1) increases the challenges of the activity in comparison to the client's skills, or (2) uses some means to lower the skills of the client such that equality is established relative to the requirements of the task. This notion is akin to applying a "handicap" commonly referred to in sports. Anxiety, on the other hand, is alleviated when the occupational therapist (1) enhances the skill of the client relative to demands, or (2) diminishes the challenge of the task to match the client's abilities. All the while, choice, control, clear feedback, and opportunity for connectedness, are ongoing.

GUIDELINES FOR ADDRESSING BOREDOM AS INTERNAL TO THE PERSON

Optimal arousal theory (Csikszentmihalyi, 1975, 1993; Csikszentmihalyi & Larson, 1978; Csikszentmihalyi & Csikszentmihalyi, 1988) and social learning theory (Bandura & Walters, 1963; Evans & Huberman, 1988) share the basic assumption that humans control behaviour beyond the dictates of genetics, culture or stimulus-response conditioning. The definitions of flow, boredom, anxiety, and apathy, as well as the relationships that connect them remain pertinent to this guideline. The guidelines for evaluating the problem areas also remain the same. The guidelines for the remediation of boredom, anxiety and apathy from the internal perspective are hereafter presented.

According to optimal arousal theory, the experience of flow can be learned. Csikszentmihalyi (1975) suggests strategies that train the mind to become less prone to boredom. By teaching the use of one's imagination, the ability to perceive something new about the environment or about one's skills, is learned, and resistance to boredom is strengthened. Csikszentmihalyi (1975, 1993) also describes the flow personality, or the ability of certain people to ascribe a balanced match of skills to activity demands, and to set achievable goals, even when the activity appears menial. Everyday tasks and instances of extreme deprivation can in this way be transformed into flow experiences.

According to social learning theory, self-efficacy or the competent manifestation of self-control, is learned through modeling. Modeling is a broad concept that includes the ideas of imitation and identification. In this sense, modeling enables observers to comprehend attitudes, skills, and the general structure and rules of behaviour. The use of modeling

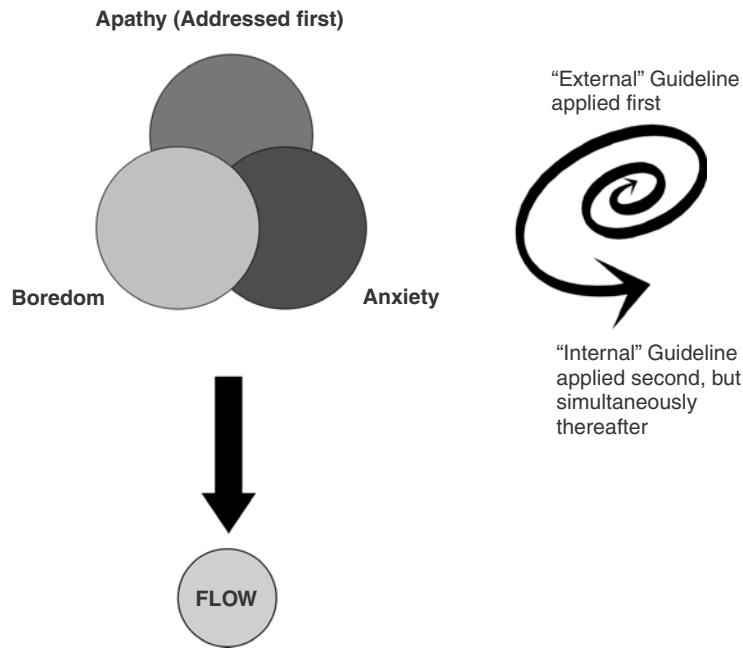
also strengthens positive reinforcement. In turn, observers use this new knowledge to generate alternative and new patterns of behaviour. During the process of modeling, spectators first attend and encode information. Later the new target behaviour is exhibited. Lastly, the motivation to regulate and control behaviour independently arises. Adaptive functioning is a result of a high sense of self-efficacy. A person with a high sense of competence sustains effort and focuses on problem resolution, rather than engaging in negative thinking and giving up.

PROBLEM RESOLUTION

In one-to-one or group therapy sessions, after clients showing signs of either apathy, boredom or anxiety have been engaged using the previous guideline, the occupational therapist demonstrates *his/her ability* to impose (1) above average, well-matched and continually challenging balance of skills to opportunities for action, (2) reachable goals for task progression, and (3) clear feedback on the quality of clients' performance of the task. Following this demonstration, clients are asked to repeat this sequence on a self-chosen activity. The competence to transform everyday occurrences by impressing elements of flow grows when the occupational therapist (1) projects an attitude of acceptance and (2) gives praise for successfully endowing activities with elements of flow. The breadth of activities constituting flow experiences increases as the effort to add elements of flow is sustained.

Specifically apathy is addressed when the occupational therapist (1) gives examples of activities that require both a higher skill level, and a higher opportunity for action, (2) with the client, analyzes the reasons that the activity is better suited to him, and (3) encourages the client to choose an assortment of activities with similar characteristics in which to engage. Boredom is mediated when the occupational therapist (1) gives examples of activities that are more challenging to the specific client, (2) helps the client to recognize why aspects of these examples are somewhat more difficult accomplish, and (3) gives the opportunity to name additional courses of action that might continue to challenge him. Anxiety can be relieved when the occupational therapist (1) provides suggestions for activities that enhance the skill level of the client, (2) facilitates insight into the need to heighten skill acquisition, and (3) allows for the choice of which other skills are important for the client to address (see Figure 2 for diagrammatic model of both guidelines).

FIGURE 2. Diagrammatic Model of Both Guidelines Addressing Boredom. The external guideline addresses the balance of environmental demands and the person's abilities. The internal guideline allows the person to adopt ways to identify and alter the balance of demands to skills. The process begins with the external guideline. Once the internal guideline follows, the external continues to be implemented simultaneously.



CONCLUSION

This paper presents guidelines for the identification and remediation of boredom in a population of adult males recovering from substance use disorder. Based on theoretical information, therapeutic environments that endow a sense of belonging, convey choice and a sense of control, provide clear feedback on performance, as well as continually match the person's skills to the challenges of the task, encourage flow experiences, the theoretical construct considered the opposite of boredom. These guidelines for practice speak to the resolution of only two aspects of boredom, namely, the lack of stimulation in the external envi-

ronment, and the internal processes necessary to mitigate boredom. Other facets of boredom warrant exploration.

Although the notion of boredom has been linked to depression, anxiety, alienation and loneliness (Farmer & Sundberg, 1986) it remains incompletely understood. As occupational therapists, we are in a unique position to adopt approaches espousing meaningful and challenging activity, that can lead to the alleviation of the state of boredom especially with males at risk for relapse to using substances. This paper remains a proposition. Knowledge regarding the adequacy of these guidelines is needed, before they are adopted in practice. This writer completed a qualitative study for her master's project, that aimed to uncover the meaning of boredom to a group of males recovering from substance use. Subsequent studies might focus on the effective use of these guidelines for practice with males recovering from substance use.

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