**Introduction**

For many people, involvement in food preparation, such as cooking or baking, can bring joy and pleasure (Smith 1998). As Oliver enthused, ‘I am passionate about food – not just eating but the whole cooking thing’ (2002, p8). Food preparation skills, whether cooking or baking, are widely used within occupational therapy. They serve a range of purposes, including skill development to support independent living, providing a leisure or work activity and, importantly, offering opportunities for social engagement with others. Baking is suitable for people with all levels of skills; it can be simple or complex and everyone can contribute. Its versatility makes it an apt occupation for inclusion in therapy programmes in many contexts.

Recently, authors in the United Kingdom have explored mental health service users' engagement in a range of occupations (Mee and Sumison 2001, Chugg and Craik 2002, Fieldhouse 2003). These studies considered the process of engagement in occupation from the perspective of people with enduring mental illness living in the community. The findings show some similarities, with occupation being identified as a means for increasing motivation and meaningfulness through reinforcing an individual's sense of purpose and by organising his or her time. Environmental factors were also identified as being highly important. The participants in these studies highlighted the importance of a welcoming atmosphere, which was free from pressure and facilitated people making their own decisions. The participants recognised gains through engagement in the occupation, including acquiring new skills, learning to cope with challenge, having opportunities to experience success and developing social relationships. Furthermore, they identified increased self-esteem and an improved sense of self.

These studies highlight the importance of occupation to mental health service users. This qualitative study sought to contribute to the growing evidence base by exploring acute inpatient users' views. Acute inpatient care has been described as ‘not meeting individuals' social and therapeutic needs’, with users feeling vulnerable, bored and isolated within the treatment process (Sainsbury Centre for Mental Health 1998, p8).

A search found no articles specifically relating to cooking or baking within the mental health literature. Guerrero (2001) also identified this lack of research. However, an earlier study by Kremer et al (1984) explored the effects of selected activities – cooking, craft and sensory awareness – on affect in patients with chronic mental illness. Kremer et al...
used Osgood’s semantic differential to explore the feelings that 22 patients had towards these activities. The results indicated that cooking was rated the highest of the three activities on the evaluation factor, that is, the most positive. The authors suggested reasons for this, including satisfaction, the importance of an end product that is retained or consumed, an activity that is age and culturally appropriate and one that, since cooking is concrete and understandable, is seen as meaningful and valued.

Additional research was found in relation to clients with learning disabilities and their experiences of cooking (Melton 1998). This author interviewed five clients with mild learning disabilities to establish their views on cooking and occupational therapy. Following data analysis, two themes were identified. The first related to the participants’ understanding of what cooking meant to them and included issues such as purpose, activity, routine, skill development and confidence. The second identified their perceptions of the occupational therapist’s role, highlighting concepts of empowerment, flexibility and respect. This research highlighted that the participants perceived cooking in a range of ways, emphasising the unique experience for the individual and stressing the need for an intervention to be client centred.

As a result of reviewing the limited literature, the following research question was asked: what are mental health service users’ views of engaging in baking?

Method

To address the question a qualitative study, using semi-structured interviews, was employed. This approach was used to ascertain people’s occupational experiences. The semi-structured interview addressed a range of issues, including an understanding of the therapeutic aims and objectives and the purpose and structure of the baking group as well as the views on the group experience.

Approval was gained from the Brunel University ethics committee and from the ethics committee of the local health authority. The service users’ written consent was sought: each was aware that involvement was voluntary and that he or she could withdraw at any time (Drummond 1996). The study involved 10 men and 2 women, aged between 21 and 64 years and from an acute inpatient setting, who had all engaged in baking groups with occupational therapists. They reflected the usual gender ratio of the group. These participants had attended at least one baking session, with the average attendance being two sessions.

The interviews were transcribed. The data set was analysed, initially using a template in order to identify the meaningful units within the data (Crabtree and Miller 1999). This was further developed, using a concept map to link similar categories and lead to identification of the themes summarised below (Patton 1990).

Findings

Four themes emerged which captured the participants’ views of engaging in baking.

‘Not playing Scrabble again’: This theme represented the need for the participants to be engaged in meaningful activities. Of importance was the opportunity for such activities to take place, preferably away from the ward. The participants reported that finding their own motivation to organise their time and give structure to their day was difficult. Being involved in a productive occupation appeared to assist the participants to gain a sense of purpose and to organise their time use.

‘Chocolate chip biscuits don’t only come in boxes’: This theme considered the participants’ descriptions of engaging in a productive occupation, building their competence through the acquisition of new skills, coping with challenges and the pleasure of successful achievement. Engagement in baking, the participants reported, increased concentration, improved coordination, built confidence and provided a sense of achievement at producing an end product.

The penultimate theme, ‘Christmas past, present and future’, considered the aims and objectives of and the participants’ understanding of occupational therapy. Most participants were able to express their thoughts on why they were participating in the session. They were asked for their opinion on the composition of the occupational therapy programme and on possible changes to the programme. The majority believed that their opinions were of little value and that, as a result, the therapy programme would not be amended.

Finally, ‘Too many cooks’ highlighted the importance of creating environments that have therapeutic benefits. Environmental influences appeared to play a vital role in stimulating the participants’ motivation. A welcoming atmosphere, free from pressure, was an important element in motivating them to engage in baking. Some suggested that they had a sense of belonging to the group, although this feeling was not universally shared. Enjoying the company of others and having the opportunity to discuss a common interest was valued.

The day and the time of the group were of importance to the majority of the participants. They identified difficulties in getting up in the morning and so preferred sessions in the afternoon. With no occupational therapy available at the weekends, many of the participants were motivated to take part in baking on Fridays because it was the last activity before the weekend.

Discussion

This small study clearly illustrates that the participants perceived the value of the baking group, in terms of it being both a meaningful and a productive experience. These can be summarised as the benefits of baking and the importance of the environment.
The benefits
Participating in baking was reported as providing purpose and meaning, as well as a real and tangible way of filling time. The need to fill time appeared to be of crucial importance to most of the participants during the week and particularly at the weekend. This echoed the results of Chugg and Craik (2002) who found that people with schizophrenia, living in the community, experienced more difficulties in the evenings and at weekends owing to a lack of structure and social contacts.

The opportunity to have something to do away from the ward appeared to be a reason for engaging in occupational therapy. The participants identified their need to occupy their time in a meaningful way. Baking to some degree met some of the clients’ needs. Townsend (1997) identified that it is through occupation that people organise their time, discover meaning and engage in occupations that lead to pleasure, fulfillment and control over their environments.

Engaging in baking also improved concentration, increased coordination and built confidence, leading to an increased feeling of self-esteem. These findings reflect the earlier work of Melton (1998), who reported the importance of skill development and confidence for clients with learning disabilities. In the present study, some of the participants described how the act of ‘baking’ contributed to their feeling of wellbeing. Porter et al (1999) suggested that the successful performance of purposeful activity promotes feelings of competence.

The participants identified that having the opportunity to make something and to be able to keep it or to share it with others was beneficial. Murphy et al (1998) noted that a product not only increased motivation but also made the activity more absorbing, challenging and competency promoting. Trombly (1995) advocated that occupation could be considered as occupation as end and occupation as means (1995, p963). Occupation as end is considered as the goal to be learned whereas occupation as means is considered as a way of bringing about change. This is a useful concept for viewing the participants’ perspective of baking. Baking offers a therapeutic encounter that can provide experiences of success and promote improved functioning.

Key factors were identified which developed confidence, motivation and satisfaction in individuals with mental health problems. Carlson (1996) described a self-perpetuating quality to occupation. Effectively, some occupations can capture enthusiasm and so cause the participant to want to follow up that particular occupation. For most participants, here, engagement in baking was described as a means of building confidence, through the acquisition of skills and coping with challenges, thereby increasing their self-esteem, this reflected the work of Mee and Sumson (2001).

The experience of achievement had personal meaning for the participants. They talked about what they had made, expressed pride in their workmanship and described feelings of personal satisfaction. The discovery of previously unknown skills through engagement in baking was also a source of great satisfaction for some. Fidler (1981) believed that through engagement in activity, people are able to demonstrate their abilities to themselves and to others while realising their own potential.

The environment
The context in which the therapy took place played an important role in stimulating intrinsic motivation, with the participants describing the need for a safe environment that was supportive and free from pressure. According to McKay (1999), the environment can influence the reasoning of the occupational therapist because it sets the boundaries within which the therapy is located. As such, a range of factors can have an impact on the environment, including facilities, staffing roles and procedures.

Within this environment, there was no pressure on the participants to engage in productive occupation during the session. Rebeiro and Cook (1999) suggested that there is a process of occupational engagement and, therefore, for some participants just being in the environment rather than baking may have fulfilled the same need. Individual autonomy and choice were exercised and were deemed important. All the participants had freedom of choice regarding what to bake, their frequency of attendance at the group and the length of their engagement in the baking group. This approach promotes patient empowerment and underpins engagement in occupational therapy (Polatajko 1992).

The need for a supportive environment, so that initial and sustained occupational engagement could be facilitated, was paramount (Burns and Grove 1997, Rebeiro 1997). The creation of a safe environment seemed to enable the participants to experience positive social interactions within the group, supporting Fieldhouse’s (2003) view on social networking. The participants particularly recognised that since they had all baked a product, they had something in common with each other and, therefore, had something to discuss. In practice, the occupational therapist must create the right balance and the right choice of occupation within the environment. There is a need for people to be provided with motivating and challenging environments, where behaviour can be adapted and a new occupational repertoire established. Baking offers an opportunity to be active, to do and to become.

For all the participants, the day, timing and duration of the baking group were important. Cynkin and Robinson (1990) stated that any type of cooking group is complex and needs careful planning. The responses of the participants support this. The session was considered to be long enough to give them time to plan, to prepare the cake or biscuits to eat and to clean up after they had eaten. Kremmer et al (1984) identified the possible need to extend the group time in order to allow group members to discuss the outcome and their experience of the group with staff and other group members.

Critique of the method
A semi-structured interview was an appropriate method because it asked individuals to respond from their own perspective. Several aspects could have influenced the findings. It is acknowledged that as the researcher worked with the participants, this could have resulted in bias being
introduced. However, strategies were employed to limit this effect. To increase the trustworthiness of the findings, following data analysis a second coder examined the data set and themes were agreed. Time constraints and the small sample size limited this study.

**Conclusion**

Engaging in baking was an opportunity to learn new skills and for many participants it was a productive and successful experience. The end product was also important for most. In addition, the participants identified the importance of spending time in a different environment.

The findings of this study have implications for occupational therapists working with individuals in acute mental health inpatient units, which Bowles and Dodds (2001) described as failing to provide anything more than custodial care. The availability and choice of activity should be patient led and offered in an informal, welcoming and non-threatening environment. The need to vary service provision to perhaps include weekend working should be considered. It is essential for therapists to ensure that client-centred processes are evident and understood by acutely mentally ill individuals. There is a need for further research to discover if the therapy offered is meeting the needs of service users in acute inpatient contexts.

For adult acute inpatient care, new guidelines reinforce the need for clients to be at the centre of service developments (Department of Health 2002). Occupational therapists are in an ideal position to support such participation. The participants in this study indicated that with the acquisition of new skills, the right degree of choice and challenge and the personal meaning associated with successful achievement, as in baking, they were able to work towards a sense of their own confidence and, importantly, competence.

**Acknowledgements**

This study forms part of a larger study, which was completed in part fulfilment of an MSc in Occupational Therapy at Brunel University. A copy of the dissertation is available from the COT library.

Thanks to the participants who took part in this study and to the occupational therapists who facilitated the work. Also, the first author’s thanks to Dr Thelma Sumsion and Dr Elizabeth McKay who supervised the research.

**References**


**Authors**

Lesley Haley, MSc, BSc(Hons), CertEd, Community Mental Health Team, St Martin’s Hospital, Bath. Email: lesley.haley@ctscai.co.uk

Elizabeth Anne McKay, PhD, MSc, BSc(Hons), DipCOT, ILMH, Head, Department of Occupational Therapy, International Science Centre, University of Limerick, Limerick, Ireland. Email: elizabeth.mckay@ul.ie