What Is the Proper Domain of Occupational Therapy Research?

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The issue is

The object of the society shall be the advancement of occupation as a therapeutic measure; the study of the effects of occupation upon the human being; and the dissemination of scientific knowledge of this subject. (Article 1, Section 3, Constitution, National Society for the Promotion of Occupational Therapy, 1917)

This excerpt from the 1917 Constitution of the National Society for the Promotion of Occupational Therapy identifies key elements of the proper domain of occupational therapy research: the study of therapeutic applications of occupation via occupational therapy and the study of the influence of occupation on the person. I would add “the study of the occupational nature of the human being” as a key element. This element, too, has historical antecedents. Consider these excerpts from a “Credo” written by William Rush Dunton (1919): “That occupation is as necessary to life as food and drink…. That sick minds, sick bodies, sick souls may be healed through occupation” (p. 17).

A multitude of questions could be illuminated through scholarly inquiry. For example: Given the ubiquitous presence of occupations in the day-to-day lives of persons, how are these occupations structured and experienced? What are the critical ingredients of occupation that are health producing? Might some aspects of occupation be detrimental to health in some situations? If so, what are these? What is the process by which occupation influences health? How might the daily round of occupations, like the daily intake of food and drink, be tailored to meet the health needs of a person? What methods might be used to help a person with a disability shape daily occupations into a healthful con-figuration? Given that several methods might be available, which ones are likely to be most effective for which persons under which circumstances?

Answering such questions requires a deep understanding of the nature of occupation, particularly as it relates to human health and well-being. The implications of such an understanding are far-reaching and intertwine with such pragmatic endeavors as identifying therapeutic measures that are effective in influencing health through occupation and guiding public policy in matters related to health and occupation.

To put it succinctly, the proper domain of occupational therapy research is the study of occupation and its applications to health care. Few of us would question the applications piece of this domain, which focuses on the study of concepts and processes inherent in the practice of occupational therapy, including politically salient issues such as effectiveness of treatment methods. But the study of occupation is a piece of the domain that may go unrecognized, or worse, may be partitioned off as irrelevant or even detrimental to the research concerns of the profession (Mosey, 1992). Therefore, my emphasis in this article is the study of occupation. My emphasis is not meant to imply that research focused on occupation per se should supplant, or is more important than, research focused on occupational therapy practice.

Furthermore, I am not implying that occupational therapists are acting improperly if they conduct research that falls outside the proper domain. I interpret “proper domain of research” to mean the core content areas that are absolutely germane and of focal concern to the profession. Many research projects conducted by occupational therapists are valuable to the profession yet fall outside of this proper domain. An example is research in which occupational therapists collaborate with investigators in other disciplines. Such interdisciplinary research may be a productive endeavor in itself and can be advantageous politically to the profession, whether occupation or occupational therapy is studied. This research is proper to conduct, yet it does not fall within the proper domain of occupational therapy research—the nature of occupation and its applications to health care. Not all researchers who are occupational therapists need to address this domain. However, it is imperative that there be a cadre of researchers in the profession who do.

What Should We Study?

We should study occupation and its applications to health care. In using the term occupation, I am referring to the concept of occupation that originated in our profession. This is the “occupation” of Adolph Meyer (1922), of Eleanor Clarke Slagle (1922), of William Rush
Dunton (1919), and of the 1917 Constitution of the National Society for the Promotion of Occupational Therapy. Occupation, from the vantage point of occupational therapy, refers to the patterns of activity in which persons engage. Traditionally, occupational therapists have thought of occupations as falling within the broad categories of work, rest, play, and self-care (American Occupational Therapy Association, 1995). Occupations have a temporal rhythm, as they tend to recur over time, and they have an element of purposiveness or intentionality. They are multidimensional, as they involve physical, affective, cognitive, symbolic, sociocultural, and spiritual aspects, and hence they are laden with personal meaning. Furthermore, occupations are embedded in contexts that are both sociocultural and historical (Clark et al., 1991). In practice, occupational therapists have been interested in helping clients experience a satisfying and healthful balance of daily occupations. They also have been interested in how involvement in occupation influences the state of a person’s health and well-being (Reilly, 1962). These complex issues together comprise the unique view of occupation that is held by the profession.

The understanding of occupation has not progressed much since the founding days of the profession largely because we in the field have not made a concerted effort to study it. Only recently have occupational therapists designed conceptual frameworks specifically to guide the study of occupation (Christiansen, 1991; Clark et al., 1993; Kelhofner, 1993; Nelson, 1988; Reilly, 1962; Spencer & Davidson, 1991; Trombly, 1995; Yerxa et al., 1990). These conceptual frameworks allow us to use a key strategy for moving toward a deeper understanding of occupation. The strategy is to make occupation the primary unit of study, rather than focusing on its subcomponents or on the macrosystems that shape it.

An example of research using occupation as the primary unit of study is Primeau’s (1998) ethnographic study of how parent-child play is integrated with, or separated from, the household work that occurs in the context of everyday home life. Ultimately, this research may lead to clinical insights with respect to how families with a child who has a disability may be helped to integrate play into home life in a way that is compatible with their personal values and does not disrupt their established daily routines. Thus, by better understanding the nature of occupation as it occurs in the natural context of the home, occupational therapists may gain new ideas for intervention.

However, it has been much more common to study components or constituents of occupation or of sociocultural patterns that shape occupation. This is undoubtedly due to the majority of researchers in our profession having received their research training in fields outside of occupational therapy and thus having learned to study physical, biological, psychological, or sociocultural elements without the additional mandate to tie these elements back to occupation.

Can the study of subcomponents of occupation lead to a better understanding of occupation in its fullest sense? Some believe that such study contributes critical information regarding the nature of occupation (Clark et al., 1991; Henderson et al., 1991). Others believe that the integrity of the person is lost, and hence the essence of occupation is lost, when the focus of study is on some fragment of activity such as a specific motor function (Yerxa, 1987; Yerxa et al., 1990). According to this view, the entire endeavor to apprehend occupation is compromised when one ignores the person’s interpretation and experience of occupation.

Can fragments of occupation be put together to create an unfragmented view of occupation? Will the study of components of occupation ultimately lead to an explanation of occupation that maintains the integrity of this construct? These are important questions that challenge those of us who do research on the constituents of occupation. Perhaps a key strategy in achieving our goal to understand occupation is to make explicit the linkage between components and occupation. Consider, for example, the seminal work of Reilly (1974) and her student Robinson (1977) who described how cognitive components called rules consolidate into skills, which in turn enable habits of doing, or routinized occupations, to become established. These authors do not simply describe cognitive components; they go on to explicitly link them to occupational behavior. Nor do the authors give lip service to occupation by merely stating that the cognitive components they call rules contribute to occupation. Rather, they explain the relationship between cognitive rules and patterns of occupation.

Another strategy that may contribute to the understanding of occupation through the study of components is to plan a program of research or to carefully synthesize existing research whereby, over the course of a number of studies, we painstakingly build linkages between components and occupation. An example of this approach is the work of Trombly (1995) who has begun to synthesize research on neuromuscular, sensorimotor, and perceptual components in order to examine how and to what extent they contribute to occupation. The challenge with this approach is to maintain the focus on occupation and not become sidetracked. As Yerxa (1987) put it, we may “lose our way and arrive at another destination rather than the desired home of occupation” (p. 419). If the goal is to contribute to the profession’s knowledge of occupation, then it is incumbent on the researcher to make sure that research efforts remain clearly and explicitly directed toward the construct of occupation.

In grappling with the nature of occupation, one of the most compelling questions that the profession needs to answer is: How is occupation related to health and adaptation? Whether the researcher chooses the task of studying components or studying occupation directly, a fuller explication of the relationship between occupation and health could carry tremendous benefits for occupational therapy. The doctoral dissertation research currently being conducted by Bonnie Kennedy provides an illustration. She is studying the relationship between affective experiences during daily occupations (measured by self-report to a questionnaire on being paged) and immune system functions (measured through saliva samples) in women who are HIV positive. In addition, frequency
and severity of symptoms of infection are being measured and related to experiences of daily occupations. This study is exploring the relationship between occupational experiences and the health of the person by focusing on fluctuations in immune system function. If a relationship is found, an exciting new dimension will be added to our understanding of occupation and health, and it may open the door to innovative occupational therapy programs. This kind of research could not only make a contribution to the knowledge base of the profession, but also add to its visibility in the eyes of other disciplines and the public.

Studies of occupational therapy in clinical practice naturally are of critical importance to the profession, but these need not be divorced from the study of occupation. A particular study could examine both occupation and occupational therapy simultaneously. For example, a large federally funded study recently demonstrated the effectiveness of occupational therapy in promoting health and adaptation among the elderly (Clark et al., 1997). The occupational therapy treatment protocol in this research used occupation as the central organizing concept. This study not only contributes valuable efficacy data on occupational therapy, but also may lead to new insights regarding how occupation influences health. Questions arise as to which aspects of the program were effective in promoting which aspects of adaptation among elderly persons. This, in turn, will lead to theorizing about the process by which engagement in occupation influences health. In this example, we have a study of occupation embedded in a study of occupational therapy.

Why Should We Study Occupation?

We should study occupation and its applications to health care because a strong knowledge base centered on occupation will nurture the practice of occupational therapy (Yerxa et al., 1990). As our understanding of occupation deepens, ideas for innovative practice will emerge. Furthermore, we will be better informed regarding how and why some of our interventions are effective while others are not. Thus, knowledge of occupation and its clinical application will help us generate more effective and desirable models of occupational therapy practice and thereby make increasingly more useful contributions to the health of society.

We should study occupation and its applications to health care to strengthen the identity of the profession and its practitioners. Although the impact of occupation on human beings was identified in 1917 as "our sole claim to professionalism by our founders" (Weimer, 1979, p. 43), occupational therapists in the 1990s share the common experience of struggling with how to explain the occupation part of occupational therapy. Our explanations would be more compelling if we could draw from an array of research studies to illustrate how occupation shapes lives and how it influences health and well-being. And as we amass research on occupation and its applications in health care, the more it will become clear how occupational therapy is distinct from other professions, such as physical therapy.

The implications for the stature and influence of the profession in the eyes of policymakers are profound. As Weimer (1979) put it some 17 years ago, we must refine, research, and systematize our exclusive domain, occupation, "so that it becomes evident, definable, defensible, and salable" (p. 43). Thus, a strong professional identity rooted in an expansive knowledge of occupation would position occupational therapists to assume leadership roles in health care, industry, academia, and public policy. Such leadership would ensure that knowledge of occupation and health is used appropriately to promote the well-being of all members of society.

How Do We Study Occupation?

We should study occupation and its applications to health care using whatever research methods we deem useful. A broad array of scholarly approaches is available, including such divergent methods as experimental protocols, multivariate statistical analyses, ethnography, narrative analysis, and deconstruction. Thus, there is ample room for scientific, philosophical, and literary approaches to knowledge development in our profession.

More important than the classification of a given research method is the proviso that the study in which it is used lead to a better understanding of occupation as a concept born of occupational therapy. In other words, whatever method is used, the research must maintain the integrity of the concept of occupation as it is viewed by occupational therapy, in all of its richness and complexity. Thus, the research must take into account the multidimensional nature of occupation and its saturation with personal meaning by the person who performs it (Clark et al., 1991).

In exploring research methods for their appropriateness for the study of occupation, we must keep our minds open while maintaining our focus on occupation. We need to assume a postmodern stance to knowledge development. Toulmin (1990), a distinguished philosopher of science, described this stance as a quest for knowledge that is marked by a tolerance for uncertainty, a valuing of diverse approaches to acquiring knowledge, and an appreciation of local conditions and concerns.

Currently, science is dominated by concepts of modernity, rather than postmodernism (Toulmin, 1990). Modernity is characterized by rationalism, which considers universal laws, abstract axioms, and timeless theoretical principles to be superior forms of knowledge in compar-
son to the particular, pragmatic, and context-bound concerns that characterize human affairs. Rationalism views the search for timeless laws as the only legitimate method for knowledge acquisition. Over the past few centuries, rationalism not only became the dominant mode in science and philosophy, but also became downright imperialistic in the way it imposed its methods on all fields of scholarly inquiry.

Toulmin (1990) made a plea for scholars to move away from such methodological imperialism and instead adopt a pluralistic stance in which disciplines are free to develop research methods that are ideally suited for their own special problems. The shift toward pluralism embraces methods that concentrate on the context-bound, local, and timely aspects of research problems as well as methods that search for the universal, axiomatic, and timeless. Pluralism mandates an imaginative, open-minded approach in the search for appropriate research methods (Toulmin, 1990).

A pluralistic, postmodern approach to knowledge development in occupational therapy thus calls for diverse and innovative methodologies. Carlson and Clark (1991) suggested that synergistic blends of methods from the humanities, such as art and literature, with methods from the sciences may produce the truest accounts of occupation. Another creative strategy is the delivery of occupational therapy as part of the methodology in a study of occupation. An example is Clark’s (1993) exploration of the occupational history of Penny Richardson, an academic colleague and friend recovering from a stroke. Clark used a combination of qualitative research methods and occupational therapy practice to describe, and ultimately influence, the story of Penny’s life. Here, a study of occupational therapy was embedded within a study of occupation.

Conclusion

The proper domain of occupational therapy research is the study of the nature of occupation, including how it influences health and how it is applied in the practice of occupational therapy. The profession of occupational therapy has a responsibility to contribute knowledge to society regarding the nature and uses of occupation. The fulfillment of this obligation will nurture and stimulate the clinical practice of occupational therapy. Furthermore, it will strengthen the identity of the profession in the eyes of its practitioners and in the eyes of those outside the profession. Most importantly, all members of society stand to benefit from this knowledge as it is used to promote their health and well-being.

This research agenda is challenging because it demands that we account for a complex, multilayered phenomenon—occupation—that is enmeshed in contextual influences and personal meanings. The enterprise of building knowledge for the profession’s core domain calls for minds that are open to diverse methods of inquiry yet, at the same time, maintain a disciplined focus on our object of study, occupation. ▲

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References


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