Beyond Performance: Being in Place as a Component of Occupational Therapy

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Emphasis on knowing and doing as focal concerns of occupational therapy has tended to overshadow being as an essential ingredient of human experience. This article advocates greater concern with understanding our clients' being in place—that is, their immersion within a lifeworld that provides the culturally defined spatiotemporal setting or horizon of their everyday lives. It is suggested that naturalistic and qualitative research strategies are appropriate for the exploration of this realm of experience. Illustration is provided from an ethnographic study of aging in a rural Appalachian community. The time-space rhythms of taken-for-granted behavior, the significance of the surveillance zone (space within the visual field of the dwelling), and the way in which the environment may come to be a component of the self, are identified as themes within being in place that have significant implications for enhancing occupational therapy practice.
Adding Being to Knowing and Doing

Emphasis in occupational therapy on knowing and doing as cornerstones of practice and research is the outcome of a philosophy premised on maximizing individual competence and autonomy in activities of daily living. Such a perspective involves a number of limiting assumptions about individual needs and the nature of well-being that are deeply embedded in western industrial and postindustrial culture. First, this perspective places an emphasis on performance and productivity as life goals (for a notable exception, see Reilly, 1974). Often this translates into a therapeutic focus on instrumental relationships and activities rather than on interpersonal and socioemotional aspects of identity—the belief that people's sense of worth and fulfillment arises from what they do or how they perform rather than from who they are and who they have been. A second implicit assumption is an underestimation of persons' ability to respond creatively to incapacity and to compensate without occupational therapy intervention for particular dysfunctions through life-style adjustments, psychological accommodation, or enhancement of other domains of their lives. Third is a pervasive assumption that an orientation toward knowing and doing is invariant over the life span—in short, that there are no developmental changes in the degree to which people are or wish to be passive and contemplative rather than active and productive. For example, children at play characteristically spend lots of time “hanging around” with their peers. They engage in seemingly nonproductive activities that generate the familiar response of “Nothing!” to the “What are you doing?” of an inquisitive adult. At the other end of the life cycle, people who are growing older may have an increasing propensity for reminiscence, life review, and more reflective modes of being in the world (Butler, 1963; Coleman, 1986).

Finally, there is an underestimation of the role of a person's environment as a source of identity and well-being. In this article, environment is viewed as far more than the physical or social setting. Environment is the lifeworld—the culturally defined spatiotemporal setting or horizon of everyday life (Buttimer, 1976). This phenomenological perspective embraces physical, social, cultural, and historical dimensions of an environment of lived experience. Thus, the lifeworld not only includes the person's current setting but also has a space-time depth that is uniquely experienced within the framework of personal history. Being in place expresses immersion within such a lifeworld.

Increased understanding of clients' being in place can be achieved by exploration of the meanings, values, and intentionalities that underlie their experience of particular environments. Through this process, it will be possible to develop insights that both contribute to theory and enhance practice. Such an endeavor has significant epistemological implications.

Implicit within this observation is an acknowledgment that each person's response to a situation is uniquely conditioned by personal history and temporal context. A person's handling of recovery from a stroke may be as dependent on previous patterns of response to personal crises or the prevalent values of his or her age cohort as upon physical and occupational therapy regimens (Kaufman, 1988). Finally, qualitative research focuses on the phenomenological world of the individual to reveal experience as he or she actually understands it rather than as externally interpreted. Such research delves into the experiential meaning of having a stroke and the way this meaning impinges on the path to recovery and the effectiveness of interventions.

What does this mean in practical terms? There are now many sources of information on both philosophies and methodologies of qualitative research (Bogdan & Taylor, 1975; Kielhofner, 1982a, 1982b; Lofland & Lofland, 1978). Basic research is also necessary on the way in which people cope experientially with illness and reduced competence in different environments, both with and without occupational therapy intervention.

To develop such insight, it is important to nurture growing acceptance within occupational therapy of the value of qualitative research (Kielhofner, 1982a, 1982b; Merrill, 1985; Philips & Pierson, 1982; Schmid, 1981). A major feature of such research is an imperative to study people's experience in naturalistic context outside the laboratory. As Barris, Kielhofner, Levine, and Neville (1985) noted,

Because persons both shape and are shaped by their environment, occupational function and dysfunction reflect the individual's history of environmental interactions. As a result, no attempt to understand a person's behavior will ever be complete without some understanding (or assessment) of the environment from which the person came and the behavior patterns that were encouraged by these environments. (p. 60)

Implications for Epistemology

There is a need for basic research on normative populations that explores the nature of being in place. How do healthy people experience their lives in different environmental contexts? Clearly, in an increasingly multidisciplinary world, much can be learned from insights developed in other disciplines. Such borrowing needs to be complemented by original research with an explicitly occupational therapy focus that probes the underlying meanings, values, and intentionalities associated with adaptations healthy people normally make in the way they use their homes and conduct activities of self-care, work, and play as they pass through various phases of their lives (King, 1978). Basic research is also necessary on the way in which people cope experientially with illness and reduced competence in different environments, both with and without occupational therapy intervention.
through purposive or theoretical sampling procedures (Glaser & Strauss, 1967). Emphasis is placed on the establishment of strong interpersonal relationships with these subjects. In developing such relationships, the researcher endeavors to be open to the sociocultural and environmental context and to develop a sense of empathy and mutual trust that will enable the subject to reveal dimensions of experience that might otherwise remain taken for granted and unexpressed (Von Eckartsberg, 1971). This process often entails a lengthy investment of time by the research participants (researcher and subject) in developing a shared language. By developing such a lexicon, the researcher is able to assume the role of translator of the subject’s experience.

Significant contamination of the research situation can result from such intimate and potentially intense involvement by the researcher. In qualitative research, however, this is not a problem, because the focus of inquiry is descriptive and oriented toward the development of hypotheses and the generation of original insight. Such insight arises through inductive generalization from case studies. In contrast with traditional experimental and survey research, the criteria for verification however, this is not a problem, because the focus of research experience, rather than on measures of statistical significance. The presentation of qualitative findings becomes a crucial determinant of their usefulness. Presentation is characteristically detailed and descriptive. It relies on the researcher’s ability to write, not only in a way that evokes the nuances of the research situation, but also in a manner that effectively conveys the essence of the research experience, rather than on measures of statistical significance. The presentation of qualitative findings becomes a crucial determinant of their usefulness. Presentation is characteristically detailed and descriptive. It relies on the researcher’s ability to write, not only in a way that evokes the nuances of the research situation, but also in a manner that effectively conveys the environmental context and the process involved in arriving at conclusions—the natural history of the project.

Having provided the outlines of a methodology for exploring people’s being in place, a study of elderly people living in a rural Appalachian environment will be used to illustrate the value of such an approach in occupational therapy.

The Colton Study

In the spring of 1978, I began a 3-year ethnographic study of 15 elderly residents of Colton, a community of approximately 400 people (Rowles, 1980, 1981, 1983a, 1983b, 1983c). The subjects, 11 women and 4 men, ranged in age from 62 to 91 years at the outset of the study. Most were lifelong residents of Colton or its vicinity.

Close interpersonal relationships were developed with each participant to explore their involvement with the places of their lives. Particular emphasis was placed on attempting to reveal their relationship with the Colton environment. This involved learning about their daily activity patterns, identifying social networks, assessing perceptions of local space, and trying to reveal the phenomenological meaning of the setting that had been their home for so many years. In addition to observation and all unstructured and semistructured tape-recorded interviews, data gathering included time–space activity diaries, mental mapping procedures, aerial photography of the space around each participant’s residence, social network measures, and a variety of morale and life-satisfaction scales. The overall objective was to develop a comprehensive understanding of each participant’s lifeworld and the role of being in place in conditioning their experience of growing old.

Analysis involved both ongoing interpretation during interactions with the participants and inductive sorting of material following the fieldwork. Descriptive case studies were developed on each person. In addition, the dossiers compiled on each of the participants were carefully reviewed in a search for common themes. A clear image of what it is like to live and grow old in Colton gradually emerged through this process. Three themes in particular carry implications for occupational therapy.

The Rhythm and Routine of Taken-for-Granted Behavior

Each participant inhabited a highly individualistic lifeworld characterized by distinctive patterns of daily activity, a unique set of social relationships, and a highly personalized emotional affinity with the Colton environment. Early in the research, it became apparent that there were a number of shared underlying motifs that characterized elderly Colton residents’ being in place. One of these was the way daily behavior had become highly routinized and taken for granted. There are two aspects of this phenomenon.

First is the concept of body awareness, an implicit sensitivity to the physical context that allows the person to effectively negotiate space on a preconscious level. This phenomenon, originally identified by French phenomenologists and elaborated by Seamon (1979), involves the way the repetition of actions within a familiar environment may allow a person to transcend sensory capabilities. For example, typing proficiency developed by practice enables us to produce a memorandum on our personal computers without having to identify each letter; our fingers seem to know where to place themselves. We climb the stairs many times in our residences without being conscious of the number of steps involved. When driving on the freeway, we may suddenly become aware that we have traveled 20 miles while daydreaming and yet have not driven off the pavement. In each case the body’s “automatic pilot,” or learned awareness of the context, has guided our actions. This phenomenon is clearly mani-

1 Pseudonyms are employed for all persons and locations referred to in this account.
fested in the lives of the Colton elderly. Walter, 82 years of age when my research began, had lived with his 81-year-old wife, Beatrice, in the same house for more than 57 years. He did not have to think about the location of the throw rugs or about the camber on the porch steps that made them particularly treacherous following a rainstorm. Intimate familiarity with the layout of his home had served him well as he had grown increasingly constrained by failing vision. Beatrice’s use of this environment was also facilitated by her body awareness of the placement of furniture. The configuration of furniture had gradually evolved over the years in a manner that provided places for her to hold on should she experience one of the dizzy spells to which she had become prone. Body awareness may become particularly adaptive in old age. It may compensate for sensory decrements and allow elderly people to continue functioning effectively in residences that might otherwise preclude independent living. Such familiarity may be a factor in the strong attachment to home and reluctance to leave displayed by many elderly people (O’Bryant, 1983).

Body awareness of the larger environment beyond the residence may contribute to the rhythm and routine that characterizes elderly Colton residents’ everyday use of space within the community. Every morning, shortly before 10:00 a.m., Walter takes a leisurely 400-yd stroll down the hill from his house to the trailer that serves as the post office to “pick up the mail.” He traces exactly the same path each day. Several male age peers from different locations within Colton embark on the same trip at about the same time. Of course, there is often no mail to be collected, but that is not the point. Rather, picking up the mail provides a rationale for an informal gathering of the elderly men of the community at the bench outside the Colton Store, which is located adjacent to the post office. The men generally linger throughout the morning. They watch the passing traffic, converse with patrons of the store, and discuss events of the day. Then, around lunchtime, the group disperses and Walter wends his way home again. There is also a spatiotemporal rhythm to the way in which the elderly women of Colton use community space. Their activity patterns tend to be focused on the Senior Center during the noontime hour when lunch is served. Indeed, most elderly Colton residents exhibit highly regular and routinized activity patterns focused on a limited number of behavior settings (Barker, 1968; Barker & Barker, 1961). Considered together, this regular interaction of diverse activity patterns reveals an ongoing “place ballet” (Seamon & Nordin, 1981). The spatiotemporal consistency of this place ballet may be highly adaptive. It provides a sense of security, because deviation from the regular pattern (e.g., the failure of Walter to appear at the bench outside the Colton Store) is characteristically noted and investigated.

Recognition of taken-for-granted and routinized behavior as a component of normative adaptation is not new (King, 1978; Meyer, 1922), but it is a theme that merits reemphasis in occupational therapy. To what extent is it possible to enrich practice through exploring interventions that build on these aspects of being in place? Recognizing the importance of taken-for-granted behavior also suggests that individual functioning—the freedom and confidence to participate in the environment beyond the home—may be closely related to the sociocultural ambience (accepted rules and norms of behavior) of the community environment. It becomes important to study not only actual behavior but also the underlying premises that condition such behavior—premises that include community expectations with respect to the assumption of mutual responsibility for the welfare of the vulnerable.

The Surveillance Zone

A second theme concerns the importance of certain zones of space as components of many elderly people’s being in place. There is now a large and growing literature on the meaning and significance of home (Altman & Werner, 1985; Rybczynski, 1987). Most occupational therapists are at least implicitly aware of the significance of this space to many of their clients. Only a few, I suspect, are equally cognizant of the significance of space immediately beyond the threshold. In Colton, the surveillance zone (space within the visual field of home) assumed increasing importance in many elderly persons’ lives as they grew older (Rowles, 1981). For some, particularly the homebound, this space became the arena of their lives—space that could be viewed from the window or from the porch. Several of the study participants spent many hours each day watching events as they transpired on the street below. In some cases this involved the development of unspoken relationships with those who passed by. In turn, this was the zone of space in which they were watched by concerned neighbors. Some of the participants had developed a system of signals whereby they would open their shades or switch on the porch light at prearranged times each day. They gained a sense of security from the knowledge that they would be checked on should they fail to follow this procedure.

The surveillance zone often becomes the focus of both practical and social support relationships between neighbors. Some of the participants engaged in a process of setting up for surveillance. They would position a favorite chair by the window and place their telephone, television remote control, sewing, lunch tray, and other needed items within arm’s reach. The significance of the surveillance zone is illustrated by 68-year-old Peggy, who perceived herself as virtually housebound. Following the death of her husband, she had the window by which she spent much of her time replaced with a larger picture window affording a better view.

The surveillance zone view from the window may have therapeutic value not only for elderly people but
also for those who are sick (Ulrich, 1984). Occupational therapists may significantly enrich their clients’ lives by showing increased sensitivity to the potential of this space. This might be accomplished by facilitating the process of setting up for surveillance, recommending the removal, where feasible, of obstacles to vision (e.g., trees or high sills), and engaging in efforts to enhance communication with neighbors within the visual field.

Environment as a Component of Self

One of the most important findings from the research was that for many of Colton’s older residents, particularly persons 75 years of age and older, the environment had become almost literally a part of the self (Rowles, 1983c). Over many decades of residence, the environment had developed a time-depth as it accumulated layer upon layer of meaning. Participants in the study had known the setting in a variety of different contexts. They had known it in childhood as a bustling and vibrant railroad and coal town of more than 800 residents. They could visualize the excitement of the annual Oyster Day when one of the local businessmen would arrange for oysters to be brought in from Baltimore and the whole community would celebrate an unofficial holiday. They could recall the first kiss of adolescence, stolen by the pond in Raccoon Hollow, a favorite teenage haunt. They had also known this place during the hard times of the Great Depression. They remembered the day in 1931 when the bank closed its doors; they remembered the stores that had gone out of business, the abandonment of homes, and the departure of the young in search of employment in cities beyond Appalachia. Indeed, over the years, they had accumulated memories of incidents and events within a series of different Coltons that had evolved during their lifetimes.

For each person the reservoir of memories was unique. It represented a collage of incident places, that is, locations where particular events transpired, that are grounded in personal history and suffused with emotional significance. Each participant was able to vicariously immerse himself or herself within the places of the past and in so doing was able to transcend the bounds of both physical competence and the contemporary environment. Acknowledging this ability enables us to understand how the environment, particularly for those who have lived in the same setting for many years, may become a repository of meaning, a part of the self that is inextricably linked to self-identity.

Such fusion with the environment is well illustrated by the way many older people, and young ones too, manipulate their physical setting in a way that transforms it into an expression of who they are and have been. For example, Walter had assembled a working set of railroad lights and signals in his front yard. The trains no longer stopped in Colton, but these memorabilia served not only to remind him of the focus of his working life as a railroader but also presented a statement of his enduring identity to all who passed by.

Similar insight can be gleaned from the environment that Dan, a burly 86-year-old former coal miner, had created for himself. Dan shared a home with one of his daughters and her husband; it was located on a hillside overlooking the center of Colton. During our early meetings, I met with Dan in his bedroom or in the living room of the house. His sparsely decorated room contained many of the artifacts one might expect to find in the home of a rugged person who had enjoyed hunting. There was a gun rack on the wall and photographs recording successful fishing exploits. During our initial conversations, Dan would sometimes refer to his “rooms.” I assumed that he was referring to his bedroom. One day, after I had come to know him a little better, he decided to show me the rooms. There were two of them, interconnected and located on the second floor of the house. As we entered, I was surprised to be confronted with a blaze of color. The walls were covered with decorated china plates and the tables, cabinets, and shelves were crammed with neatly arranged vases, china dolls, and ceramic and glass ornaments. When Dan was in his early 50s his wife had died, leaving him alone to raise five children. He had been obliged to adopt a more conventionally feminine role. In the process, he had begun to accumulate the artifacts, and gradually his interest had evolved to the point where he would search out such items at yard sales and local fairs. His rooms both reflected and symbolized an important aspect of an unusual life experience that had become a part of his identity and a source of feelings of accomplishment in his old age.

By attempting to reveal and become sensitive to the spatiotemporal meaning and significance of the environment to their clients, occupational therapists may be able to identify intervention strategies more attuned to the experiential worlds of those they seek to serve. Such sensitivity may be especially important in dealing with people who have resided for many years in the same setting or who recently relocated from such a familiar environment. From a pragmatic perspective, developing deeper understanding of being in place will necessitate research. In-depth qualitative studies may be valuable in developing a clearer understanding of why some people respond positively to specific occupational therapy interventions and conscientiously follow recommendations but others seem resistant to efforts to assist them (Merrill, 1985). Such research may suggest ways in which environmental manipulation may be used to substitute or compensate for losses and to foster a continued sense of self-identity. This may be an important complement to more traditional skill- and competence-building interventions. Finally, research into the existential meaning of environment to clients may contribute significantly to the develop-
opment of more sophisticated theory in occupational therapy.

Conclusion
In developing my thesis, I am not suggesting that knowing, doing, and being are discrete and mutually exclusive components of human occupation. They are intimately interrelated. Indeed, implicit within the illustrations from Colton are elements of knowing and doing. Physical routines of moving around within the environment, the process of scanning the surveillance zone, and accumulating artifacts to reinforce a sense of identity are all active components of occupying place. They undergird the person's experience of being in place and are prerequisite to it.

My argument is that widely accepted and internalized tenets of contemporary occupational therapy philosophy may be compromising and limiting the potential of the field. Emphasis on performance, as manifested by knowing and doing, has tended to relegate the notion of being (as a component of well-being and a fulfilling life) to an ancillary role. One outcome of this has been inadequate consideration, at least until recently, of the role of the person's experienced spatiotemporal environment in conditioning his or her response to dysfunctions and to the intervention strategies designed to remedy them.

More explicit incorporation of concern for understanding the person's being in place will enrich occupational therapy research and practice in several domains. First, it becomes possible by employing naturalistic and qualitative methodologies to more directly incorporate within emergent theory, consideration of the influence of the environmental context as a component of the meanings, values, and intentionalities with which clients imbue their occupation (be it self-care, work, or play).

Revelation of the nature of being in place in all of its space–time complexity in both normative and therapeutic situations facilitates discovery of ways in which compensatory strengths may be manifest in both the person and his or her environmental context (Rogers, 1982). Such strengths may emanate from dimensions of human experience that are neither productivity nor performance driven. They may arise through the identity-reinforcing potential of reminiscence, through vicarious immersion in spatially or temporally displaced environments, or through other noninstrumental aspects of being in place that are part of the context in which occupational therapy is practiced.

Finally, concern with an exploration of the nature of being in place offers the potential for improved understanding of the way in which many people function as their own occupational therapists or as therapists for their peers. They may accomplish this by developing an invariant daily routine in their use of the environment, by increasing the size of a picture window, or by surrounding themselves with artifacts and memorabilia who provide a constant reminder of their enduring identity—who they are and who they have been. Such simple and frequently taken-for-granted facets of being in place may assume great importance in persons' striving for continuing independence and autonomy as they accommodate to changing abilities and personal circumstances.

In making these observations, I am not suggesting that occupational therapy should turn away from other aspects of its mission—for example, from concern for increasing a person's range of motion, or for enhancing a person's ability to cope with or overcome physical or sensory losses. Rather, I am reinforcing recent arguments for a return to the more holistic perspective that characterized the origins of occupational therapy in the early part of this century as the field evolved out of a Moral Treatment tradition (Kielhofner & Nicol, 1969). I am advocating that efforts to enhance performance be framed within the broader context of increased sensitivity to and concern for clients' being in place. It is these sometimes subtle components of a person's lifeworld that may continue to sustain him or her as a fully self-actualizing human being in spite of the circumstances that have necessitated occupational therapy intervention.

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References


