Recovery of Our Phenomenological Knowledge in Occupational Therapy

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- art and science
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- phenomenology
- pluralism

I recently attended a keynote address by Ron Coleman (2005), who identified himself as both mental health care consumer and professional, at a mental health conference in Australia. Addressing the issue of mental health recovery, he urged mental health workers such as nurses, social workers, and occupational therapists to “recover” their own professions. He was referring to the need to recover our belief in holism rather than responding to government and organizational pressures to see people as diagnoses and symptoms. This is excellent and timely advice for occupational therapists, regardless of the area in which they practice.

Coleman reminded us that working with people who seek our services is an art, rather than a science. So much of what he said resonated with me as an occupational therapist, even though he was addressing a broad audience of service providers, caregivers, and people with mental illness. Many definitions of occupational therapy include reference to both art and science. Kielhofner (1997) identified balancing art and science as a value of the emerging paradigm in occupational therapy. In this article, I argue that valuing an art–science balance reflects the pluralistic nature of occupational therapy and that recovering our phenomenological knowledge is a key to achieving this balance. I present two aspects of phenomenology. The first relates to the way occupational therapists strategically use an understanding of the constructed nature of experience to bring about therapeutic outcomes. The second is reflected in a call for occupational therapists to adopt a critical perspective on their own practice. Finally, I briefly discuss art and science with reference to the work of the philosopher Paul Ricoeur (1970).

Science and Art: Expressing Pluralism in Occupational Therapy

The term *science* often is used to convey the concepts and values associated with positivism, in which logic and deductive reasoning processes are used to identify replicable “facts.” *Art* conjures a different kind of knowing, guided by aesthetics and intuition, and often is associated with the humanities. Kelly (1996) discussed art and science as associated with feminine and masculine principles, respectively, and claimed that occupational therapy emphasizes the masculine principles of science over the feminine principles of art.

Kielhofner (1997) stated, “Managing the intersection of scientific understanding and judgement with artful practice is challenging work. It requires occupational therapists to balance different ways of knowing and thinking in action” (p. 88). Mattingly (1994b) described occupational therapy as a “two-body practice” (p. 37), distinguishing between a biomedical concern with the physical body and a phenomenological interest in the “lived body” (Mattingly, 1994c, p. 64). This distinction provides a theoretical framework for understanding the different ways of knowing and thinking to which Kielhofner referred. Paradigmatic and phenomenological thinking and knowing are required for science and art, respectively. Paradigmatic thinking involves understanding the specific in general terms (Bruner, 1990).
biomedical perspective essentially adopts a paradigmatic thinking process, in which logical thinking is used and objectivity, consistency, and reliability are valued. Thinking and knowing phenomenologically focus on the constructed nature of experience and attend to the subtle nuances of meaning.

When occupational therapists refer to the paired concepts of art and science, they express their moral dissatisfaction with being constrained by either. In isolation, art somehow seems too soft and unquantifiable and science too hard and unyielding. The pairing of art and science expresses the complexity of occupational therapy; we are not one thing, but many. Likewise, we believe that the people with whom we work cannot be reduced to one thing, such as a diagnosis, but should be seen in their complexity—"holistically," we would say. Whether occupational therapy is conceptualized as including a balance of science and art or a two-body practice, the feature common to both is pluralism. Occupational therapy is a multidimensional approach to thinking and knowing. Although both examples provide binary distinctions, these distinctions may reflect a tendency in Western thinking to seek bipolar categorizations, and other cultural concepts might capture richer examples of occupational therapy's pluralism.

Phenomenology is a useful framework with which to explore the pluralistic nature of our profession. Occupational therapy is pluralistic in the sense of encompassing both artistic and scientific values and perspectives, as well as of acknowledging that multiple perspectives and experiences coexist. Phenomenology is a philosophical tradition that is concerned with the process of constituting personal meaning. It is a pluralist approach (Miller & Crabtree, 1999) in that meaning is conceptualized as constituted through the interaction between the external world and mental processes rather than limited to either. On one hand, it rejects the position of positivism that reality is pre-existing in the material world and separate from and superior to mental processes. It also rejects the relativist proposition that reality is confined to mental processes alone, cut off from the world. From a relativist position, only those phenomena attended to by conscious awareness actually exist. Phenomenology opposes both of these positions, proposing that reality is created through one's experience of the world. That is, reality exists in and through the interaction or transaction between a person and the world.

In phenomenology, experience is conceptualized as resulting from a process whereby the material world presents itself to an individual, who perceives it and makes mental representations of it to which the individual ascribes meaning. Therefore, the experience of a phenomenon differs from the world's presentation of that phenomenon. In other words, the phenomenon and the experience of that phenomenon are not the same. Consequently, as the experience of phenomena is unique to the individual, phenomenology highlights how multiple perspectives can and, in fact, must coexist.

A Phenomenological Understanding of Occupational Therapy Practice

Because experience is created through the interaction of the individual and the world, changes in either will alter experience. Occupational therapists work strategically to change either the way the world presents itself to individuals or the way individuals perceive the world for the purpose of enhancing occupational performance, which, in turn, contributes to health, well-being, and satisfaction. In considering the way the world presents itself, occupational therapists accept the fundamental importance of physical, interpersonal, societal, cultural, and ecological environments to individuals. According to the Occupational Therapy Practice Framework: Domain and Process (hereafter referred to as "the Framework"; American Occupational Therapy Association [AOTA], 2002), a primary professional activity is to alter environments to create changes in individuals' functioning. In phenomenological terms, to facilitate an individual's occupational performance, occupational therapists manipulate the way the world presents to that individual. The aim of this process is not simply to enhance actual engagement in occupation, but also to facilitate the individual's experience of meaningful and purposeful occupation. That is, modifying the environment aims to alter the interaction between the world and the individual to facilitate an individual's experience of his or her occupational performance as meaningful and purposeful. Thus, occupational therapists work strategically to influence individual experience through manipulation of the environment.

Conversely, occupational therapists work to change the way an individual experiences the world. In phenomenology, an individual's experience of phenomena is dependent on his or her focus of attention (consciousness). Although the world presents itself in an abundance of different aspects, a person's perception of the world will depend on what aspects he or she intends toward (i.e., which elements of the world he or she focuses on). This process is referred to in phenomenology as intentionality (Sokolowski, 2000). It would be impossible to intend toward all available sensory information, so individuals limit the information toward which they intend. Different individuals intend toward different aspects of the world depending on a range of factors that include their interests, motivations, level of physical comfort, cognitive arousal, and history of personal experiences and the social and cultural conventions that they have internalized. Therefore, individuals experience phenomena through an active and selective process whereby they direct conscious attention toward and focus on particular aspects of the phenomena.

In practice, occupational therapists use both dialogue and action to influence the way an individual perceives and, therefore, experiences the world. They might aim to influence individual perception by addressing and manipulating the meaning and purpose of occupation (AOTA, 2002). Two examples of the processes involved include narrative and conditional reasoning. In narrative reasoning, occupational therapists use stories to create meaning in relation to engagement in occupation. Mattingly (1994a) proposed that occupational therapists "emplot" (p. 811) events—that is, organize them into a coherent plot to move the story from beginning to end. The process of "therapeutic emplotment" (Mattingly, 1994a, p. 811) provides engagement in occupation with meaning and purpose.
In phenomenological terms, therapeutic emplotment influences how an individual experiences occupational performance. The unfolding of the story influences the individual as a character in the story. Occupational therapists working in health services, for example, are probably most involved in creating quest narratives (Frank, 1995), in which the hero (the client) overcomes obstacles (e.g., limitations due to impairments, social stigma, or discrimination) to obtain a valued goal (e.g., going home or achieving a functional goal that will enhance quality of life).

Occupational therapists use conditional reasoning to influence the perception of individuals by creating meaning through action. One aspect of conditional reasoning is “attributed intentionality” (Fleming, 1994a, p. 206), by which therapists aim to enhance a person’s self-efficacy by attributing choice making to clients who might not be making such choices. By reframing certain behaviors as choosing, therapists help clients intend toward aspects of their participation in the world that could indicate choosing and help them feel more able to act purposefully on their environment. Both therapeutic emplotment and attributed intentionality influence the way individuals perceive the world by facilitating the process of intending toward aspects of the environment over which they feel a sense of control.

A Phenomenological Understanding of Occupational Therapy Assumptions

In addition to providing a framework for understanding two major strategies that occupational therapists use in their practice—influencing the person’s perception of the world and the way the world presents to him or her—phenomenology provides a basis for critical reflection on the assumptions of occupational therapy. I present two aspects of this critical reflection in the sections that follow: the concepts of habits of mind and suspicion and retrieval.

Acknowledging Habits of Mind

The process of constituting experience applies to occupational therapists as much as to their clients. Just as an individual’s experience of the world is influenced by environmental factors such as culture and social expectations, occupational therapists also are influenced by their professional culture and expectations. Toombs (1992) referred to the habitual ways of thinking that develop over time and largely remain unnoticed as “habits of mind.” Perceptual and experiential habits guide the direction and focus of conscious intention and form a boundary within which everyday phenomena in a professional context are experienced. Just as the Earth’s horizon refers to the limit of what is visible because of the Earth’s curved surface, the term horizon of experience (Toombs, 1992, p. 4) is used in phenomenology to refer to the boundaries that a person places on the potential meanings available for particular phenomena. That is, any particular phenomenon could be given meaning in an unlimited number of ways. The horizon of experience limits the potential number of meanings that an individual might use. These habitual ways of seeing the world reduce the possibilities for meaning making to prevent the individual from becoming overwhelmed by a phenomenon’s potential for meaning.

Over time, the horizons that limit the ways in which individuals constitute experience become taken for granted. That is, they generally remain unnoticed. In particular, a person’s body and self-identity provide the taken-for-granted background to ordinary experience. Professional groups develop a particular culture that influences the horizons of experience that their members use to make meaning in professional situations. For example, occupational therapy professionals’ habits of mind typically relate to concepts of occupation and independence. Professional habits of mind become the background to professional experience and, without overt reflection and critique, remain unnoticed.

Toombs (1992) emphasized that health professionals and their clients habitually focus on very different aspects of illness or disability. Whereas clients typically focus on the effects of impairment on their lives, health professionals have professional habits of mind that lead them to focus on generalized categories such as diagnoses. In occupational therapy, this proposition is consistent with research by Rogers and Holm (1997) showing that medical diagnosis is a primary organizing feature for occupational therapists. In discussing a client-centered approach, the Framework noted that occupational therapists bring knowledge of disease, disability, the effects on health of engagement in occupation, and the processes of occupational analysis to the therapeutic encounter. In contrast, the client contributes knowledge of his or her priorities, life experiences, and “hopes and dreams for the future” (AOTA, 2002, p. 615).

Individuals need to make an effort to become aware of the habits of mind that form the unnoticed background to their experiences. This awareness is labeled the phenomenological attitude to distinguish it from the natural attitude, in which habits of mind remain unnoticed. In a phenomenological attitude, an individual takes a critical perspective toward his or her own assumptions. Authors have investigated the professional habits of mind of other health-related professions. For example, Steele (1989) claimed that the “scientific gaze” (p. 223) through which psychology interprets the world had become invisible to that profession through training and custom. Rawlinson (1982) claimed the same of medicine.

Three major strategies can facilitate a critical perspective in occupational therapy. First, awareness of the difference in perception between clients and therapists can be enhanced through a phenomenological understanding of the constitution of experience. Although several publications have addressed phenomenological concepts over the past decade, in particular the work by Mattingly (1994b), it appears that a systematic approach to including phenomenology as part of occupational therapy’s knowledge base may not be widespread. Interestingly, Yerxa (2005) described the first 2 years of her training at the University of Southern California as “devoted primarily to the study of the liberal art” (p. 108). However, it may be that the increasing emphasis on biomedicine in recent decades has contributed to a reduced emphasis on the humanities in many occupational therapy curricula.

Second, occupational therapists need to make their professional habits of mind as explicit as possible. Occupational therapists need to take a critical perspective toward
their own profession and to understand the assumptions they make automatically and the power structures they often are engaged in. Kiellhofner's (1997) book, in which he made overt the values of the emerging paradigm, is an example of a work that contributes toward a critical perspective. Townsend's (1998) ethnographic study of empowerment in mental health services provided a critical perspective on a service structure in which occupational therapists frequently work. A range of other authors (e.g., McColl, 1994; Whiteford, Townsend, & Hocking, 2000; Wilcock, 1993, 1998) also have contributed to a critical perspective in occupational therapy.

Third, once aware of the differences in the habitual patterns of perception of professionals and clients, therapists need to continue to develop and use assessments and intervention methods that elicit and use individual meanings. Examples include a greater use of narrative information and the documentation of information about meaning and purpose; these methods too often remain part of the “underground practice” (Fleming, 1994b). Such methods are essential to support a client-centered approach.

Taking a more critical perspective toward one's own professional assumptions is an important step toward developing a holistic perspective. Although holism is often discussed in occupational therapy in terms of seeing a client as a whole person, there is still a limited understanding of the concept. We not only need to see the person as whole, but we also need to understand the therapeutic encounter as a whole. This whole includes the therapist and the unique perspective that he or she brings to the encounter, the constraints and opportunities that the setting provides, and the broader social, cultural, and political context in which the encounter occurs. Acknowledging occupational therapy habits of mind is an important step toward developing a more holistic perspective.

**Balancing Suspicion and Retrieval**

Another way to explore holism in occupational therapy is through the concept of balancing art and science. The question of how to achieve this balance continues to be raised in occupational therapy in relation to a variety of issues, including the nature of evidence (Yerxa, 2005); the need to see the “whole of things” (Coppola, 2005, p. 476); and the challenge to understand occupational therapy as including heart, mind, and soul (Wood, 2004).

The philosophy of Paul Ricoeur is useful in conceptualizing the relation between art and science in occupational therapy's quest for holism. Although Ricoeur is a hermeneutic philosopher (hermeneutics is a branch of phenomenology that deals with the question of how understanding is possible), his work comes from the branch of hermeneutics that flows from phenomenology. Thisleton (1992) referred to Ricoeur's philosophy as a “hermeneutics of suspicion and retrieval,” because Ricoeur attended to the “methodological roots of suspicion and criticism” while also seeking to “retrieve the creative power of symbols, metaphors, and narratives” (p. 5). In his book *Freud and Philosophy*, Ricoeur (1970) claimed that understanding was “animated by this double motivation: willingness to suspect, willingness to listen; vow of rigor, vow of obedience” (p. 27). This double motivation that Ricoeur claimed is essential to understanding reflects occupational therapy's striving for holism through art and science. A scientific perspective is one that values suspicion and criticism. Science needs observable proof before something can be accepted as fact. Art is concerned with symbols and the meanings they have for people. In Ricoeur's terms, science is about testing claims, being rigorous, and holding back until convinced. In contrast, art is about listening and obedience to what one hears. It is about connecting through shared meanings rather than waiting for proof.

Ricoeur (1970) claimed that understanding requires both suspicion and the retrieval of symbols. Without suspicion, “idols” (p. 27) go unquestioned. Ricoeur's use of the term “idols,” rather than having a religious connotation, includes the ideas and assumptions that have become accepted as fact. Unless we critique our own assumptions, understanding is not possible. Suspicion alone, however, is insufficient for ensuring understanding. In addition, we need to listen for the creative power and meaning that comes with symbols. For a deep understanding to occur, we need both suspicion and retrieval. Ricoeur claimed, “[In our time we have not finished doing away with idols and we have barely begun to listen to symbols” (p. 27). Had he been talking about occupational therapy, he might have been emphasizing how far we have to go to achieve this balance between science and art. A useful step toward this balance would be to highlight our phenomenological understanding of experience.

**Practical Implications**

A phenomenological perspective has a greater capacity to encompass science than science's capacity to encompass phenomenology in that phenomenology forms the basis for acceptance of multiple perspectives, including science, that coexist simultaneously. Phenomenology makes explicit the way that individuals constitute experience through interaction with the world. Because it acknowledges the existence of multiple perspectives, science can be understood as one of many perspectives. Different ways of thinking and knowing are required for a holistic understanding. Phenomenology provides a conceptual framework and language for examining these different ways of knowing. Therefore, recovering our knowledge of phenomenology would provide a framework for understanding and discussing the complex pluralistic nature of occupational therapy and would establish a foundation for balancing art and science. One way to recover this knowledge would be to explicitly incorporate the philosophy of phenomenology into the education of occupational therapists through both university curricula and continuing professional education.

Using the language and concepts of phenomenology, occupational therapists might be able to articulate more explicitly the ways they work phenomenologically. These ways include influencing experience by changing the way the world presents to an individual—for example, by adapting the environment and using occupation to influence the ways that the world presents to clients—and co-constructing meaning with clients through narrative and conditional reasoning.

Using the language and concepts of phenomenology might also facilitate the process of taking a critical perspective and...
being aware of the professional habits of mind that underpin occupational therapy. Understanding the personal and professional habits of mind that we bring to the therapeutic encounter could help us to see more clearly the way our horizons or experience is constrained and differs from those of our clients. Understanding our own part in the whole when working with clients can deepen our understanding of the holistic nature of our practice.

Finally, the concepts of suspicion and retrieval of meaning can contribute to our thinking about how to balance art and science. Because both are important but insufficient to achieve understanding, we can review our concepts and methods to critically evaluate the extent to which we are considering both ideas and the ways we are combining them. For example, the concepts we use to describe the nature of the evidence and the ways we judge these concepts’ importance in our practice, as well as the kinds of research methods we value and fund, will benefit from this examination. ▲

References


