A FIRM PERSUASION IN OUR WORK
Respecting Both the “Occupation” and the “Therapy” in Our Field

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• occupation
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Events and people ultimately shape the things we most care about in our professional lives. My entry into the field and two important mentors have had a lasting impact on the things that matter most to me about occupational therapy.

I came into occupational therapy almost by accident. In the early 1970s, I was a psychology major, earning a certificate in peace studies and actively involved in the antiwar movement. I was drafted during the Vietnam conflict and, after a long hearing, was granted status as a conscientious objector. Subsequently, I was granted permission to complete my alternative service obligation by working as an aide in a hospital-based occupational therapy department. Although I originally intended to continue my studies in clinical psychology after alternative service, I became increasingly intrigued with occupational therapy.

The occupational therapists in the setting encouraged me to consider a career in the field. In the second year of my alternative service, they were very supportive in developing an alternative schedule for me. I had to be a full-time employee to meet the alternative service requirement, so I worked evenings and weekends to make up for the hours I attended occupational therapy classes during weekdays. Nights were for study, which made for little sleep and even less free time. In time, I became quite flustered, racing back and forth between classes and clinical responsibilities. What wore on me, however, was not the grueling schedule.

I was increasingly disconcerted to learn that the occupational therapy practice I witnessed every day and for which I had developed such respect had so few concepts to support it. I began to vocally raise objections about the lack of correspondence between what I was learning in the classroom (arts and crafts, anatomy, neurology, physiology, and other topics that largely reflected a medical orientation) and what went on in practice. Because I was spending most of my time outside the classroom in the clinic, I wasn’t consoled by my professors’ predictions that “everything would come together once we went into fieldwork.”

Before my studies, I had spent 7 years as a seminarian on the path to becoming a Vincentian Catholic priest and a missionary. The Vincentians provided a strong classical education. I studied Greek, Latin, and Mandarin (our main mission was in Taiwan) and majored in philosophy and theology. My seminary education taught me the importance of having one’s actions shaped by clear, deeply articulated convictions and ideas, something that was reinforced by the psychology major I completed after leaving the seminary. From my perspective, there seemed to be something deeply important missing in occupational therapy education: theory that could explain and guide the most important aspects of occupational therapy.

As class president in my occupational therapy program, I was privileged to attend the American Occupational Therapy Association (AOTA) conference, which took place in Los Angeles. There I had the opportunity to meet some of the faculty and students from the University of Southern California (USC). They seemed to be onto something that was missing in the
program in which I was enrolled. So I returned home, promptly applied to USC, and dropped out of the program in which I was enrolled to begin my occupational therapy education over.

At USC I encountered my first important occupational therapy mentor. Mary Reilly was my instructor in several courses and then my thesis adviser. Reilly was the kind of active intellectual that I had come to respect during my seminary days. She was a formidable adviser who inspired strong feelings best described as a mixture of admiration and fear. When I began to work with Reilly, I promptly announced to her that I already knew what my thesis topic was going to be. “Oh yes?” she replied skeptically, staring straight at me over her glasses.

Not really catching on, I enthusiastically shared with her how I had developed an intense interest in sexuality following spinal cord injury (SCI). (During alternative service, I had worked mostly with clients with SCI. I had amassed a virtual library of articles and books on sexuality and spinal cord injury.) I described to Reilly that I already had my literature review done, hoping to impress her with my seriousness and hard work.

Still staring out over her glasses, Reilly lowered her tone and responded, “Sexuality . . . how nice . . . and what field is it you plan to go into since you are leaving occupational therapy?”

A couple of days later, when I had recovered from the initial shock, we had a further discussion. Reilly pointed out to me something I had already observed about occupational therapy but had not linked to my choice of thesis topic. Occupational therapy in the 1970s was undergoing a painful identity crisis. The field had no sense of how its various specialties were linked together, no common mission, and no shared vision of the profession. And no one could give a definition of occupational therapy that anyone else in the field would fully agree with. In fact, there was serious consideration in AOTA of changing the name of the profession, because “occupational” didn’t seem to say much about the kind of therapy we did.

Reilly pointed out to me that I was, like so many others in the field, headed down the pathway of my own interests without asking first if what I was doing belonged to and contributed to the domain of the field I was entering. She went on to point out that if I was going to stay in the graduate program in occupational therapy, my thesis would have something to do with occupation, not sexuality. As it turned out, my thesis proposed many of the foundational ideas that eventually became the model of human occupation (MOHO).

This story illustrates Reilly’s great gift to the profession (see Reilly, 1962, for a distillation of her viewpoints). She, more than anyone else, awakened the field to the fact that it had lost its bearings and needed to return to the vision of its founders, which was the great power of occupation to transform people whose lives had been affected by illness and trauma. Given the ubiquity of occupation in our contemporary concepts and language, it’s hard to imagine that we had almost lost the “occupation” in occupational therapy.

Reilly certainly began what was a renaissance in thought about the core of occupational therapy. I believed strongly in Reilly’s vision and tried to take up the torch. Focusing on occupation was not a popular idea in the early 1970s, and those of us who espoused it felt that we were on a fringe of the profession and representing a radical perspective. Having been a political activist in the 1970s, I loved the role of advocating anything considered radical. Over the next decade, I wrote papers and gave speeches that argued for the field to focus on the central construct of occupation. These efforts culminated in 1983 in the text Health Through Occupation, which I edited with contributions from many of the field’s major leaders at the time (e.g., Elizabeth Yerxa, Jerry Johnson, Gail Fidler). In that book, we argued, in a number of ways, that the field needed to reorient itself to its heritage of occupation. I believe, in retrospect, that all those efforts had a significant impact on the field’s turning a corner and adopting its contemporary focus on occupation.

Despite my strong beliefs in Reilly’s vision of a focus on occupation during the 1970s and early 1980s, there was one nagging problem. As I have already noted, not many in the field had warmed to the ‘occupational behavior’ tradition that Reilly initiated. No doubt, this partly reflected the resistance that any new movement or idea encounters. But there also was an important criticism: that the ideas developed in the occupational behavior tradition were difficult, if not impossible, to put into practice. After completing my graduate degree, I continued to meet periodically with Reilly and a number of colleagues for intense discussions and debates that went on for hours. Out of those discussions, I became more convinced than ever that theory and practice needed to be more closely aligned. Because I was working in an inpatient psychiatric setting (the University of California, Los Angeles [UCLA] Neuropsychiatric Institute) and trying to make clear connections between theory and practice, the relationship of theory to practice was always a central part of my concerns in our discussions.

By then I also had begun doctoral studies at UCLA. I worked full-time as an occupational therapist and matriculated full time in the doctoral program. Another long stretch of little sleep and less free time ensued. But combining my doctoral studies with work as a practitioner turned out to be fortuitous. My doctorate was in public health, but I took a great deal of coursework and minored in sociology. I was deeply influenced by a growing argument in sociology that knowledge should be developed out of praxis. This was an extreme idea; the then-prevailing notion of social science was that one should be objectively distant from and careful not to let one’s presence or actions bias the social phenomena under study. In contrast, the notion of praxis argued that if one really wanted to understand social structure and process, one should try to make change in the phenomena under study. This perspective implied an intriguing kind of activist-scholar who would achieve positive change while generating knowledge.

During that time, I also helped write a grant that, when funded, allowed me to move from inpatient services to work with adults with intellectual disabilities in the community. These folks had been discharged into community residential facilities as part of California’s deinstitutionalization policy. Our grant, based on the
concept of praxis, combined the aims of studying the phenomenon of deinstitutionalization while trying to enhance the circumstances of a cohort of deinstitutionalized people living in five community residential facilities.

The facilities had had many negative influences on the lives of their residents. Consequently, we actively tried to make change in the very facilities we were studying. The process of deinstitutionalization and the lives of people with intellectual impairment in the community became the topics of my doctoral dissertation and a number of my early publications. Most important, though, I had my first real experience of combining service, research, and theory.

While I was completing my dissertation research, I also worked with two former classmates and colleagues (Janice Burke and Cindy Heard Igi) on another ongoing project. As practitioners who had graduated from USC and who had learned the concepts of occupation emphasized there, we were attempting to apply those concepts (especially ones we had explored in our thesis work) in our everyday practice. It was a challenging but exciting process, and we wanted to share it with others. Over a 5-year period, we met and developed presentations on what we were doing. Eventually (the same year I finished my dissertation), we published the series of four articles that introduced the model of human occupation (Kielhofner, 1980a, 1980b; Kielhofner & Burke, 1980; Kielhofner, Burke, & Heard Igi, 1980). I suspect that most people don’t realize that MOHO grew out of the efforts of three practitioners trying to articulate what they were doing in their work with clients. But that’s how it started.

When the MOHO articles were published in 1980, I had just taken my first faculty position, at Virginia Commonwealth University (VCU). During that time I certainly felt the pressure that all faculty members do to balance teaching with the expectations for research and publication. For most faculty members, this meant leaving behind any involvement with practice. The process of deinstitutionalization and the lives of people with intellectual impairment in the community became the topics of my doctoral dissertation and a number of my early publications. Most important, though, I had my first real experience of combining service, research, and theory.

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Next, I spent 2 years at Boston University (BU). I was attracted to the level of scholarship that was going on there, but I felt torn because it was even more difficult to keep connections with practice. I was busy writing articles, books, and grants—just trying to survive on a rigorous tenure track.

My second year at BU, I received a phone call from a dean at the University of Illinois at Chicago (UIC). He wanted to know if I would apply for the position as occupational therapy department head. I promptly declined, informing him that my heart was in practice, research, and teaching and definitely not in administration. A few months later, Ken Ottenbacher suggested that I reconsider. In particular, he emphasized that UIC was unique in that the academic and clinical aspects of occupational therapy were integrated into a single department. He felt that it had tremendous potential. At his urging, I agreed to interview at UIC. Five months later, I was the head of the occupational therapy department at UIC and the chief of service who oversaw occupational therapy clinical programs in the University of Illinois hospital and clinics. Now, I was firmly planted in both practice and academia.

UIC also is where I met my second important mentor and came to think most deeply about the connection between theory, research, and practice. I first met Beatrice D. Wade by reputation. She had founded the occupational therapy program at UIC and was its head for 27 years. When I took the position as head, countless people pointed out to me what big shoes she had left behind to fill. From their descriptions, those shoes were the size of fishing boats! I met with Wade on a number of occasions over the first years I was head. She was a consummate visionary, organizer, and leader. From the first meeting, I detected that she was sizing me up as to whether I was a suitable heir. We tended to talk cordially, with her handing out bits of advice on running a department. Occasionally, she would lower her voice and lean over to solemnly let me know which parts of the department I had inherited were not her doing and not to her liking.

Consistent with her being a person of action more than words, Wade’s vision was made most apparent to me through the organization of the occupational therapy department she had founded in 1943. Known in the profession as the “Illinois Plan,” UIC administratively combined academic and clinical components. The organizational structure was such that the academic program and clinical services were part of a single, unified academic–clinical department. This organization served to support the approach of educating occupational therapists that emphasized the interweaving of theory and practice. Wade understood an important truth: If the ideas that are generated by leaders, theorists, and researchers in the field are to find their way into practice, there must be a structure to facilitate that process of translation from concept to practice.

Today, I remain concerned that there still exists a wide divide between our theories and our practice. For instance, the latest National Board for Certification in Occupational Therapy (2004) survey indicated that occupational therapy practice is still largely impairment focused and has adopted occupation-focused practice in only a limited way. I was pleased to see in that survey that 11% of new practitioners named MOHO as one of the key models that guided their thinking, but the vast majority of occupational therapists do not appear to be engaging in the kind of practice that our contemporary concepts reflect. At the same time, I am concerned that many occupational therapy academics do not appear to focus their efforts on science that will improve practice.

Mary Reilly had a critical role in reminding the field to return to its focus on occupation. Her seminal work and that of others behind her have kept occupational therapy from losing a central aspect of our heritage. However, just as we were once in danger of losing the occupation in occupational therapy, I fear sometimes that scholars in the field are in danger of losing the therapy in occupational therapy. As an occupational therapy academic, I feel duty bound
to promote scholarship that advances practice. I believe that the field must never lose sight of its focus on occupation and never forget that it is committed to occupation, because occupation is a unique and powerful tool for advancing the health and well-being of those we serve. I believe that what we most critically need at this juncture in our field is occupational therapy scientists—that is, scholars who are devoted to advancing occupational therapy practice.

My responsibilities as the chief of clinical service at UIC and my desire to see the practice there reflect concepts I strongly believe in have taught me a lot. Together with UIC colleagues, I have worked on a concept we call the Scholarship of Practice. It emphasizes the development of occupational therapy knowledge in the practice context and in partnership with practitioners and consumers (Kielhofner, 2005a, 2005b). I hope that more academics in the field will take up the challenges of doing work that is clearly immersed in occupational therapy practice and the challenges it poses.

I like to think of my current work as combining the lessons of Reilly and Wade. As Reilly (1962) argued, occupational therapy’s vision of using occupation to influence health can be one of the great ideas to have arisen out of 20th-century medicine. But that greatness will be realized, as Wade reminds us, only through a close interweaving of scholarship and practice.

After 20 years as head, I have decided to return to the faculty to concentrate on my research and teaching. I find that I am increasingly intrigued by opportunities to work with practitioners and consumers to codevelop occupational therapy theory and practice. I have projects in Europe, in our own clinics at UIC, and in community facilities in Greater Chicago that give me opportunities to see how MOHO concepts and tools can best be used in practice and that allow practice to inform MOHO concepts and tools. My real passion is to provide practitioners with increasingly useful means for doing occupation-focused practice. ▲

References