A Firm Persuasion in Our Work

Learning to Love the Questions

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Introduction

Having been in occupational therapy for over 52 years, I will focus the "retrospectoscope" on three dimensions of my career: (1) turning points that generated my curiosity and deepened my "firm persuasion" in our work (Whyte, 2001); (2) how these experiences translated into questions that energized my life as a scholar; and (3) why I am still wholeheartedly committed to occupational therapy and those we serve with my mind, spirit, and heart (Wood, 2004).

Occupational Choice

I chose occupational therapy when I was a teenager. My parents assumed that I would go to a university even though neither of them could due to economic constraints. I am grateful for their sacrifices and belief in me and for their resilience (Deveson, 2003) that enabled our family to survive the Great Depression of the 1930s and the death of my brother in World War II. They gave me total freedom of choice and thought I could do anything I set my heart on.

I realized that my interests were unusually broad (people, human sciences, philosophy, spiritual values, helping others, working with my hands, reading). I puzzled over what work fit me and what I would need to study. Nothing seemed to click with my eclectic interests. Then I discovered an article in Seventeen magazine describing the little-known profession of occupational therapy and I had an immediate "aha!" experience. Occupational therapy was to be my calling. I now had a career objective driven by my deepest desire to be of help and practical use to other human beings and to contribute to the world whatever talents I possessed (Whyte, 2001). I would enroll at the University of Southern California (USC) to become an occupational therapist.

Professional Education

My first 2 years at USC were devoted primarily to the study of the liberal arts (Yerxa & Sharrott, 1986). Margaret Rood, who designed the curriculum for occupational therapy, believed that a foundation in the liberal arts was essential for professional education. As I studied history, literature, the arts, philosophy, anthropology, sociology, and psychology, I began to perceive the world as larger and more exciting than I had ever imagined. I was infected with the need to know as Mary Reilly once described the influence of good teachers. I began to ask deep questions about the purpose of my life and I searched for answers in books, seminars, and bull sessions in the student union. I never wavered from my career choice and couldn't wait to take the courses that would transmute me into a real, practicing occupational therapist.

In my junior year the occupational therapy courses I had been so eager to take both excited and disappointed me. I loved having Miss Harriet (Zlatohlavek) enthusiastically share her rich experiences with patients as she taught us arts and crafts. I was disappointed by the disconnect between the mechanistic science courses and the ideas generated by the liberal arts courses I had just completed. I was disheartened by the paternalistic attitudes of many physicians who taught us, the constraint of requiring a physician's prescription for occupational therapy, and the lack of differentiation between physical and occupational therapy practice. But I was still intrigued by the potential contribution...
of occupational therapy to the quality of people's lives and inspired by the human values of the faculty and clinicians who taught me.

Work, at Last

My first position was as a staff occupational therapist in an outpatient clinic for children with cerebral palsy. Our practice was founded upon orthopedics, neurology, and human development. I evaluated the children, developed treatment plans, and instructed mothers in carrying out daily home therapy. I felt supremely confident that I was helping these children because treatment was based upon sound scientific principles and the children would be receiving it daily at home.

Later I accepted a position with a rural mobile unit based in the Mojave Desert treating children with cerebral palsy in their homes. This experience created an important turning point. For, once I entered the children's homes and saw their real everyday environments, my view of their needed expanded dramatically. The mothers were often overextended and exhausted because large families required their attention. The children, in order to participate in life, needed to engage in all the activities of childhood at home, school, and in the community. Each child's environment was as unique as his or her persona. To be truly helpful as an occupational therapist, I would need to deal with all of the bumbling, confusing mess of real life. My earlier confidence at the outpatient clinic had been based on tunnel vision narrowly focused on neurology.

My primary clinical experience occurred at a world-class rehabilitation center designed for people with the most severely disabling conditions imaginable. Our patients couldn't breathe on their own, needed to be suctioned, and could only move a few muscles due to poliomyelitis. Their lives literally depended on technology, innovation, and the good will of caretakers.

In my 16 years at the center, I had three major turning points. The first turning point was discovering the profound respect I felt for the strength and resiliency of the human spirit. Many of our patients adapted to their circumstances and flourished, engaging in life fully in spite of profound losses, life changes, and unfathomable challenges. The second turning point was seeing how having something worthwhile to do (Vash, 1981) significantly contributed to patients' strength and resiliency even though the value of meaningful occupation might not have been acknowledged by the medical staff who were preoccupied with "fixing" their bodies. The third turning point was reading a sociology paper written by a former patient who was attending the University of California at Los Angeles. He proposed that people with disabilities constituted an invisible, demeaned minority group in American society (a new idea to me in the 1960s). In my excitement, I showed his paper to a colleague who dismissed it immediately with, "Betty, you have to remember that Jim has brain damage." How pervasive, I wondered, was such an attitude among rehabilitation workers who were closed off to the experiences of our patients?

Graduate School

In 1966, I left my position at the rehabilitation center to attend graduate school because I was becoming routinized in my life and work. I wanted to know more and to contribute more to occupational therapy and those we served. I pursued my interests in psychology and philosophy while participating in the politically charged atmosphere of Boston University as a doctoral student and teaching assistant. Many voices were crying for civil rights and social justice. The country was deeply conflicted over the war in Vietnam. My dissertation research concerned how to change social attitudes toward people with disabilities, reflecting my hopes of improving their life opportunities by better understanding and changing the social environments in which they lived, worked, and played.

Academia

In 1976 came the major turning point of my career as I became chairperson of the Department of Occupational Therapy at USC. This was my "fools rush in where angels fear to tread" era. I was deeply naive about both the university as an institution and the complexity of chairing an academic department (while striving for tenure). When I arrived our department was barely surviving, lacked faculty and material resources, was divided by conflict, and was housed in a deteriorating buildings 10 miles from the main campus. Fools rush in indeed.

However, through our shared commitment we developed an enthusiastic faculty, recruited outstanding students, earned essential support from the vice president and dean of the College of Letters, Arts & Sciences (Yerxa, 1991) and learned, survived, and thrived together to contribute our vision and hope to the profession (Yerxa, 1993). I respected and valued the work of previous faculty members, especially Mary Reilly, Harriet Zlatohlavek, and Jean Ayres. During sleepless nights when I worried whether our department would survive, I was buoyed and energized by their example and the rich tradition they had created at USC. Walking in their footsteps we developed a community of scholars united in designing a doctoral program. We hoped it would create a new generation of scholars who would contribute fresh ideas for occupational therapy (Yerxa, 1993).

I was inspired that both Mary Reilly and Jean Ayres, motivated by their firm persuasion, first had to investigate and synthesize core ideas relevant to occupation before they could apply these ideas to therapy (Ayres, 1972; Reilly, 1974). Questions had to be raised about the nature of and contribution of the play–work continuum and sensory integration to human development in order to develop models of occupational therapy concerned with remediating problems. These questions had to be explored because no one had done so before through the lenses of scholars who were occupational therapists.

Prior to the pioneering work of Ayres and Reilly, practicing occupational therapists frequently used ideas from other disciplines such as medicine, kinesiology, and psychiatry to guide practice, often without an appreciation of the rich traditions from which the profession had developed (Meyer, 1931). Thus it was easy to fall into a mechanistic, formulaic practice, as I had, or to follow the latest fad from psychology or medicine.
Mary Reilly (1974) asked, among many questions, why do humans and other creatures play? Jean Ayres (1972) asked how is the central nervous system affected by input from the environment so that learning occurs? Both based their investigations on an assumption—a positive optimistic view of human nature—that considered, for instance, what people could achieve or assumed that children seek the stimulation they require. Both avoided compartmentalizing knowledge into categories for normal versus “pathological” groups of people.

Working on the curriculum for doctor of philosophy in occupational science was one of the most exciting experiences of my career. My feelings resembled having bipolar mood disorder, sometimes ecstasy, sometimes despair. The greatest challenge was “selling” the university committees on the scholarly viability of a PhD in occupational science because it was new and unique. That “sell” took both political assertiveness and scholarly sophistication. The most rewarding endeavor was doing the scholarly work: reading, debating, synthesizing, and questioning ideas and values, deciding on their relevance to our study of occupation, fulfilling my need to know as never before.

In 1988, I retired after we had completed and submitted the PhD proposal. By then I had exhausted my store of psychological and intellectual energy but not my commitment to the work. I continue in retirement to think, dream, and study, always asking myself if or how any ideas I discover might contribute to our understanding of occupation.

Today: Loving the Questions

Rilke’s (1903/1962) advice to a young poet illustrates my current involvement in occupational therapy. “. . . Be patient toward all that is unsolved in your heart, and try to love the questions themselves . . . ” (p. 25).

Today I am even more committed to our profession than ever. I continue to be inspired by the wisdom of our founders and by the yet unrealized potential contribution of our knowledge and practice to humanity.

Society faces unprecedented challenges as we enter the 21st century, problems that tear at its very fabric and at my heart. Many of them concern the need for meaningful occupation. The knowledge we generate about occupation might elucidate solutions and offer better opportunities for people to flourish as individuals, communities, and societies. Loving these questions while being patient with all that is unsolved fuels my reading, thinking, and writing with hope. My discoveries become part of my internal dialogue about the significance of occupation to humanity and how, if we knew more, could we make the world a more welcoming, healthy place. Here are a few of the questions I have learned to love.

What sort of science should the science of occupation become in order to serve the deepest needs of humankind in a humane, compassionate way? I assume that “science” is not a single way of perceiving the world but pluralistic, as sciences, consisting of many different ways of seeing and responding to a variety of human needs (Keller, 2002). What important needs ought our science serve? What ethical conditions should it meet? I love these questions because they are freeing. They stimulate me to consider how a human science of occupation might differ from a materialistic science such as physiology and how it might meet complex human needs in a framework of ethical human values.

In this pursuit, I read voraciously in philosophy, ethics, a multitude of sciences and criticism. My heart is deeply engaged because I fear that making our science too superficial, fragmented, and reductionistic will make us view people in an equally absurd, diminishing way. How might occupational science become a deep, ethical, and integral science that integrates human experiences (I and We phenomena) with the material world (It and They phenomena) (Wilber, 1996) in its exploration of the occupational human in interaction with his or her environments? Such a science would enable us to take people’s experiences seriously and thereby help them without diminishing them. I owe the Independent Living Movement a great deal for clarifying that goal.

A related question concerns the evidence we seek to assess the efficacy of therapy (Ottenbacher, Tickle-Degnen, & Hasselkus, 2002). What sort of evidence should we seek and accept as valid in evaluating the usefulness of science-based occupational therapy? If such evidence is limited to the statistical, material, and externally observed (as in drug efficacy research) can it be considered valid for living, acting, choosing, engaged occupational beings? What is “really real” evidence is at issue here (ontology). Paradoxically, if we reduce efficacy to material cause-effect relations we also reduce those we serve to automatons and we ourselves to mere technicians following a preordained protocol (Glenn, 2003; Hacker, 2004).

If biological evidence (for example, physiological test results) is sought for efficacy because it is “fundamental stuff,” it may be measurable but not necessarily significant (Visser, 2003). A primary question about evidence is, what is significant, not necessarily statistically but humanly? Humanly significant evidence is consistent with our traditional values of empathy and compassion as contrasted with authoritarianism, judgmentalism, and stereotyping. Exploring the question of significance stimulates me to read many insiders’ views (or I and We perspectives) of undergoing rehabilitation or living in the real world with the extra challenges of disability (Murphy, 1990; Osborn, 1998; Prince-Hughes, 2004) to understand their significant occupational experiences.

Another question I love is, what assumptions support the ideas and methods that might be relevant to the future development of occupational science and therapy? By assumptions, I mean fundamental beliefs and values that we accept as the starting point of our thinking about occupation and the people who engage in it. Looking honestly at assumptions can help our scholars choose knowledge from other disciplines that fits the study of occupation because it is congruent with our beliefs and values. One must often be a diligent “detective” (Yerxa, 2000) to discover other scholars’ assumptions since they might not be made explicit by some authors who aren’t even conscious of them. For example, cost-benefit analysis might assume that artificial dollar values can be placed on human lives, beginning with a belief that even human
experience can be reduced to a monetary value (Hacker, 2004).

All theories and scientific methods begin with beliefs and values (Gergen, 1982; Wilber, 2000) that cannot objectively be proven. I ask these questions about my own work so that I can be transparent to myself and true to my own values.

Since occupational therapy emerged from a tradition of perceiving people positively and optimistically (Meyer, 1931), what can we learn about occupation’s influence upon human resiliency, strength, and hope (Deveson, 2003)? What can people who have surmounted obstacles or responded to challenges teach us about how to create environmental situations that foster transcendence and quality of life?

The 21st century has emerged as the era of the study of human consciousness (Donald, 1991; Searle, 1992), both a fascinating and mysterious domain. What can we learn about the interaction between engagement in occupation and individual conscious experience? How do engagement of minds, hands, and wills influence consciousness, for example, satisfaction in daily living, sense of time, learning, personal identity and community membership? What can we learn of the “i” who observes the I having the experience of such engagement? This question also relates to occupational therapy: How can people who engage in occupational therapy emerge from the experience without feeling inferior or different from the mainstream of humanity (Snow, 2001)?

My own experience in a world of accelerating technological change raises questions about how humans adapt successfully to rapidly changing environmental conditions affecting their occupations. With ubiquitous technology such as cell phones demanding attention, constantly interrupting other occupations, and requiring frequent multitasking, I wonder what the effects of such intrusive technologies are on the quality of people’s daily experience. Do people become more tired because of divided attention and lack of restful periods during the workday? What happens to their abilities to attend to their occupations, to their continuity and quality of experience, in light of frequent interruptions and bombardment by noise and information? What effects do intrusive technologies exert on the way we think and feel? To what extent could engagement in other occupations offer relief from the cacophony or addictive qualities of such devices (Kubey & Csikszentmihalyi, 2004)?

How can occupational science inform society about how to achieve “equality of capability” or the opportunity for more people to pursue their interests and develop their skills? If Bickenbach (1993) and Sen (1980) are right, what the constrained peoples of the earth, including those stigmatized as “the disabled,” really want is equality of capability. They want to be able to engage in any of the life activities that they choose. Achieving this would require greater understanding of how environments might be changed and opportunities offered (Meyer, 1977) so that more people could better exercise their skills and achieve their potential to engage in daily life.

A final question I love is, How do work, rest, play, and the quotidian occupations, including their patterns in time, contribute to human happiness and satisfaction both immediately and for the long term? To what extent does the developmental continuum of work translate into survival, contribution, being in place in the world, zest for life, identity, self-expression, and participation in the changing human community? How does engagement in work change the individual so that people in certain occupations become more alike? Since the nature and configuration of work has changed dramatically in the last decade (Rifkin, 1995) with outsourcing, downsizing, and temporary networking rather than life-long continuity, how have the experiences, interests, and skills of workers changed? How are these changes related to health and well-being?

Conclusion

I am impressed by the values, significance, and potential for occupational therapy and the questions it raises for occupational science. The turning points in my life emerged from my desire to improve our practice. They led to an enchantment with both the questions and the life of a scholar. I have been blessed with opportunities to travel widely and teach in many countries, meeting occupational therapists and scientists from an array of cultures. My sense of the world community of occupational therapists is that we are deeply committed to both our profession and those we serve. We are united in helping people discover their interests, develop their capacities, and find something worth doing with the ultimate goal of improving their health and life opportunities (Wilcock, 1998).

I love our profession wholeheartedly because it has not finished evolving, it has not accomplished its mission yet, it has only just begun to achieve its potential of helping human beings thrive and experience satisfaction through their own actions. Occupation is such a rich concept that it will never be exhausted of content but will continue to generate questions as long as issues are unsolved in the hearts and minds of occupational therapists and as long as we have the courage to risk, question, and to love what we do, especially asking the questions.▲

References


Keller, E. F. (2002). Making sense out of life: Explaining biological development with...
models, metaphors and machines. Cambridge, MA: Harvard University Press.

Correction

In the In Memoriam column of the November/December 2004 issue, Janet Falk-Kessler, EdD, OTR, FAOTA, was incorrectly listed as deceased. Dr. Falk-Kessler is indeed not deceased, and she is currently the Director and Associate Professor for the Columbia University Programs in Occupational Therapy. Our most sincere apologies to Dr. Falk-Kessler for this error.