An Attempt to Define Purposeful Activity

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An initial look at the term purposeful activity suggests it would be difficult to define except in terms of the individual. Because purposeful activities are unique constructions for individuals, the term eludes definition as a conceptual whole.

Elude, however, does not mean defy. To elude is to hide, to evade exposure. That the profession of occupational therapy has only recently attempted to synthesize a consistent and official definition for purposeful activity (1) despite a history of repeated use of the term, is evidence of this elusiveness.

In the past, the use of purposeful activity in treatment has been debated. This discussion often centered on the meaning of the term, with therapists taking opposing positions as to those modalities and activities that they considered appropriate to practice. I, too, shall enter the debate and attempt to examine the term purposeful activity by addressing issues that underlie the problem of achieving its definition.

A first step in definition is to analyze each word in the term. The dictionary defines purpose as "an end to be obtained, intention, determination" (2, p 736). Activity is defined as "vigorous or energetic action, liveliness, a process that an organism participates in or carries on by virtue of being alive, a similar process actually or potentially involving mental function" (2, p 10). These definitions, when seen in light of one another, reveal that personal will is integral to the understanding of each word. Further, individual intention and choice are inherently related concepts, both to each other and to the concepts of personal will. Finally, purposeful activity suggests both mental and physical involvement. Thus, the mind/body unity to which occupational therapy subscribes correlates with the term that has long been associated with its practice.

Philosophical Origins
The education philosopher, John Dewey, expressed the concept of purposeful activity before the occupational therapy literature. In 1916, Dewey proposed that occupation is conceptually allied with purposive action inherent in play and work (3). He believed that development was structured by independently constructed striving, relevant to the individual's personal explorations. Dewey also proposed that the elements of personal choice and self-direction are enabled by active occupation. This concept is among Dewey's principles that appear to have been adopted and adapted by occupational therapy's founders toward application in health care, which is not inconceivable considering their historical relatedness (4, 5). Although the occupational therapy literature does not refer to pragmatism, it does demonstrate it. Therefore, Dewey may represent the basic philosophy upon which occupational therapy is based.

Discussion
Arguments within the profession about defining the role and tools of occupational therapy have centered around the use of purposeful activities by occupational therapists. Because there had been no official definition of the term, the need for definition increased as the profession moved from its conceptual origins toward wider health applications. As these practice vistas have expanded, it has become less clear to therapists how to deliver practice and retain their unity and identity as occupational therapists.

Several authors represent various positions around which the argument has been drawn. Fidler (6) addresses the value of tangible creations and interaction toward increasing the patient's self-image. Similarly, Huss (7) asserts that action upon environment defines occupational therapy. Yet her view includes associated neurodevelopmental principles and techniques, a dimension absent from Fidler's view of practice. Huss goes on to address the use of mechanistic modalities and rejects their use for occupational therapy. In response, English et al. (8) refute this position, defending the use of such modalities in practice. Certainly it is common knowledge that therapists in all dimensions of practice differ widely in their use of tools. Those just mentioned represent some of the variety of views occupational therapists have expressed in practice.

In analyzing these positions, it seems evident that occupational therapists define their practice by the tools they use (9) rather than by the process in which patients engage. Therefore, the arguments about definition may reflect therapist role identity conflicts rather than conceptual
foundation criteria. A profession that adopts a concept of mind/body synthesis must reach beyond the tools of the therapist to reflect on the motivation or intent of patients as they engage in living.

Occupational therapy is not what therapists do to their patients. It is a collaborative effect of therapist and patient directed toward eliciting cognitive/perceptual capacities of patients through development of skill in all levels of performance (10). Therefore, purpose or purposeful action cannot be defined in terms of the tools with which, or activities in which, therapists engage their patients. Purposeful activity must be defined in terms of the unique directions of individual patients and the enabling of patients toward enhanced growth and development, and by involvement and organization of self and environment, both structural and personal.

Using these parameters for definition, all activities requiring both mental and physical involvement in which occupational therapists and their patients engage collaboratively can be assumed to be purposeful activities, if they elicit choice and provoke development. It is the occupational therapist's role to identify and ameliorate or circumvent barriers to that development. The goals must be those of the patient. Goal-directed activities assume intention and purpose on the part of the individual. It is also the therapist's role to identify will and barriers to will, assuming that with all life there is will, although perhaps not the will idealized by the therapist.

Choice, intention, or purpose are not always in conscious awareness (11). The occupational therapist can serve two roles regarding choice or purpose. One role is to bring patients' intentions beyond choice and into automaticity. Automaticity is defined as behavior that occurs without conscious awareness. For example, proprioceptive muscular facilitation and neurodevelopmental training can be interpreted as a means of solving praxis disorders through clarification of antigravity discontinuity. Praxis or motor planning reveals an element of choice or intention in its expression. Conscious attention, or planning, is an indication that skills are being attempted, but automaticity in performance is a sign that skills have been achieved. To be able to perform skilfully requires the ability to disregard, and disregard is enabled by automaticity. Sensory integration is directed at increasing spontaneous responses as a means of eliminating barriers created by the necessity to choose among behaviors. Moving behavior from conscious to below-conscious awareness and into automaticity is viewed as enabling.

On the other hand, in the second role, the therapist may be directed toward bringing patients' automaticity to conscious awareness. Group tasks that highlight interactional patterns and the use of media to elicit symbolic representations are such examples.

Issues of personal intention, occupation, and relationships associated with development were of concern to early twentieth century philosophers outside occupational therapy (3, 12). Occupational therapy appears to have adopted these principles and applied them to health care.

Much attention in the education and practice of occupational therapists has been directed toward the technology of practice and away from these early principles. This attention to tools has clouded our understanding of the pragmatic principles of personal choice upon which our profession was founded. The dispute in our profession about tools is founded on an illusion, perhaps facilitated by the medical model by which we have been directed, which is leading us away from the educational and philosophical principles upon which I suggest we were founded.

Conclusion
I conclude that purposeful activity cannot be defined by one individual for any other individual, other than that it requires both mental and physical involvement. It is a personal construction, which is solely dependent on individual choice and subject to the influence of the structural and personal environment of the individual; this position is consistent with the philosophical principles upon which the profession probably was founded. Further, it may not be valuable to stress the tools of occupational therapists; rather, the developmental process in which our patients are engaged should be emphasized. With this emphasis, the tools must follow, as I believe has been demonstrated by our current admirable level of practice, which is founded on a sound philosophical heritage.

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REFERENCES
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