THE FOUNDATION

Why Study Human Occupation?

Joan C. Rogers

Work is more effective than reality orientation as therapy for the institutionalized elderly (1). More employed women than homemakers, and more homemakers than retired women, resumed normal activities after mastectomy (2). Prolonged stimulus deprivation can have deleterious effects on normal life-span developmental processes (3). Research findings such as these lend support to the fundamental premise underlying occupational therapy practice, namely, that occupation is a determinant of physical and mental health and well-being. The findings suggest that some occupations may be more effective than others for some populations and that environments in which the opportunity to engage in occupation is restricted may have a negative influence on performance. Since the application of knowledge of occupation to individuals whose occupational behavior is dysfunctional or at-risk constitutes the social mission of occupational therapy, the study of human occupation is a critical area of professional skill.

Areas of Study

Occupational therapy rests on the belief that a balance of self-care, play, work, and rest is essential for healthy living. Individuals, who have failed to develop balanced living routines or whose routines have been severely disrupted, may learn or re-institute such routines through participation in occupation. Occupation is our medium of therapy. To use occupation effectively to promote health, the occupational therapist requires an in-depth understanding of the health-enhancing nature of occupation. The knowledge needed to apply occupation falls into three general areas—knowledge of normal occupational functions; knowledge of ineffective performance in occupational functions; and knowledge of the therapeutic properties of occupation. Thus, the therapist studies occupation to understand its dynamics in development, to recognize and comprehend problems in occupational performance, and to restore or enhance health through occupation (5).

An appreciation of the contribution of occupation to life and living may be attained by studying the daily living habits of normal individuals. Health is manifested in the ability to carry out daily living tasks. Over the course of a day a person might read, write, sing, walk, cut, glue, paint, polish, and sew, in addition to eating, sleeping, dressing, and grooming. Why do people elect to spend time occupied in doing things? Participation in occupation has been postulated as serving survival functions since biological integrity depends on the procurement and use of food, clothing, and shelter. Occupation has also been viewed as a means of enabling individuals to demonstrate and realize their potentials. Abilities are converted to skills through practice. An additional conjecture is that people participate in occupation because it allows them to relate to their fellow humans through the contributions they make to the continuance and progress of society (4). Knowing the role occupation plays in self-development, self-management, and self-fulfillment provides a basis for understanding why occupational therapy strives to engage persons with functional impairments in occupational endeavors.

Examination of the occupational nature of humans includes not only the motivational basis of occupational participation, but also the exploration of its fundamental characteristics. What qualifies behavior as occupational? What constitutes occupational competence and how is it achieved and maintained? Answers to these questions clarify the meaning of human occupation. Clarity makes it easier to distinguish elements that are central to occupation from those that are more peripheral. The central elements may be selected out for more extensive study. Knowing what occupation is allows us to refine the focus of our practice and our science, and ultimately permits a more adequate definition of our unique contributions to health care.

Among the most salient characteristics of human occupation is its developmental quality. The balance or configuration of self-care, work, and leisure activities changes as the individual matures from infancy through adulthood and senescence. Thus, the daily routine of infants and adults is...
very dissimilar. Furthermore, there may be contextual differences in expectations for daily performance. Behavioral expectations often vary as a result of situational or cultural factors. Knowledge of age-appropriate and societal performance expectations provides the therapist with health standards that can be used to identify and evaluate deviations. Understanding the dynamics of normal life-span changes in occupational functions provides the therapist with guidelines for treating those whose occupational development is retarded or disrupted.

Age-appropriate occupational functions may be disrupted by disease, trauma, abnormal development, age-related changes, or social conditions, such as unemployment and cultural deprivation. Persons experiencing such problems may suffer from an inability to perform daily living occupations and a loss of the day-to-day regime. Problems in occupational functions are the focus of occupational therapy intervention. Knowledge of dysfunction in occupation enables the therapist to identify individuals who can benefit from intervention. Understanding the continuum of function-dysfunction in occupation assists the therapist in predicting which individuals are at-risk for developing problems and in producing an adequate technology for assessing occupational status, in terms of both assets and liabilities.

In addition to knowledge of normal and ineffective performance in occupational functions, the therapist requires knowledge of how occupation works to foster change from dysfunction toward function. Occupational competence is accomplished by minimizing the disabling effects of physical and mental impairments and optimizing existing strengths. The process of improving is encouraged by active involvement in tasks that are of interest to and within the capabilities of the patient. The therapist needs to know the various approaches to provide the conditions that foster occupational competence and spur the patient to pursue his or her own growth. Occupation is not like a salve that one can stop applying when a rash is cured. It must be continually maintained in some form for healthy living. The responsibility to determine the efficacy of our therapeutic strategies through systematic study is entrusted to us by the public we serve.

The nature of the occupational task provides important clues about its therapeutic potential. For example, in seeking to understand why work was more effective than reality orientation with older patients, one might speculate on the emphasis given to tangible, socially useful outcomes in the former program as opposed to the nontangible, conversational outcomes in the latter. Occupations may be conceptualized from various perspectives. One scheme describes tasks in terms of their cognitive, social, emotional, or motor characteristics, whereas another concentrates on their novel or structured aspects. Knowledge of the properties of activities and of the responses they elicit enables the therapist to collaborate with the patient to select a course of action intended to result in positive change. Consideration of the properties of tasks is an important component in our conceptions of occupation and achievement.

Approaches of Study

The study of occupation needs to be approached in several ways to assure the vitality of the knowledge base of occupational therapy. First, we need to keep abreast of knowledge developments that occur in other academic disciplines and other professional fields that shed light on occupation. As a field oriented toward human service, occupational therapy will always make use of knowledge developed in the arts and sciences. This knowledge needs to be "filtered" through the screen of occupational therapy philosophy for its compatibility with our basic premises and purposes. Since knowledge is constantly evolving, "filtering" is an on-going professional responsibility. The process of filtering and synthesizing information and integrating it into an existing body of knowledge is referred to as synthetic research. Synthetic research serves the critical function of maintaining the currency of "borrowed" knowledge.

A second way in which occupation needs to be studied is through the filter or perspective of occupational therapy philosophy. Although we may draw on knowledge from other fields, we combine and blend this knowledge in a unique way. The emergent picture of occupation merits theoretical and empirical study of its own. The study of occupation from an occupational therapy perspective is likely to be pursued only by occupational therapists. As facts are gathered and accumulated, theories are put forth to explain the facts. Theories lend a sense of understanding of occupation.

Although synthetic research and theoretical and empirical studies of occupation may be regarded as
a corporate professional responsibility, and hence carried out by those therapists designated as "researchers" or "theoreticians," the academic and clinical studies of occupation are challenges that face all occupational therapists. The translation of accumulated knowledge into use in clinical practice depends on an understanding of its concepts. Such understanding is gained through disciplined study. Academic study is not a task that can be left to the formative years of undergraduate and graduate professional education. It is an on-going process of continuing education through reading, scholarly dialogue, and reflective practice. The clinician becomes immersed in the knowledge of occupation and uses it to assist the patient in developing goals for occupational achievement. By translating theory into practice, the clinician also has the opportunity to translate practice into theory and thus, to maintain the relevance and utility of our knowledge. The "practice to knowledge" link ensures that our ideas are not just "mouthed" but also "headed" and "hoofed." (6) That is to say, our thoughts about occupation are not just esoteric ideas, rather, they have been critiqued and tested for their usefulness for improving patient care. The clinician applies scientific knowledge, mindful of ethical, religious, and cultural considerations, and learns of the healing value of occupation from the patient.

REFERENCES

CLINICAL EDUCATION ASSOCIATES, INC.
of Atlanta, Georgia

presents
UPPER EXTREMITY ORTHOPAEDICS
for Physical Therapists & Occupational Therapists

This is a three day course consisting of 21 contact hours of lectures, hands-on laboratory sessions and case presentations. Topics to be presented include anatomy, normal and abnormal biomechanics, upper quarter evaluation, and treatment with mobilization, splinting and serial casting.

Tuition: $260.00

Write of call today for a free brochure & registration information.

CLINICAL EDUCATION ASSOCIATES, INC.
c/o Michael Wooden
1096 McLynn Avenue—Atlanta, Georgia 30306
Office: (404) 478-0011 or Home: (404) 874-3972

Name ____________________________
Address ____________________________
City/State/Zip ________________________

The American Journal of Occupational Therapy 49