The events of September 11, 2001, have changed the world forever (Schuster et al., 2001). As occupational therapists and occupational therapy assistants, we struggle to respond to both the tangible and intangible consequences of these events for ourselves, our clients, our families, our profession, and our society. I am sure that many of you have been confronted, as I have, with the question of whether as an occupational therapy professional, you can make a contribution to the restoration of health and well-being in the wake of these events (Hasselkus, 2001). As I write this article, it is 3 months since the American tragedy. The Taliban government in Afghanistan has been defeated; Osama bin Laden and many of his co-conspirators elude capture; bodies continue to be recovered from the wreckage of the World Trade Center; and many people still experience the economic consequences of the crisis. Commentators and experts tell us that the fallout from major tragic events continues for years after the event itself but that a critical period of distress follows between 3 and 9 months later (Lee & Young, 2001; Ursano, 2002).

In the past 3 months, the American Occupational Therapy Foundation convened a group of interested individuals to attempt to formulate a response from the profession. This group discussed initiatives that might reach out to people in distress because of the events and help occupational therapists and occupational therapy assistants to come to grips with their role vis-à-vis their clients and their communities. One of the initiatives of this group is this article—an attempt to understand how occupation might be a source of healing and relief in stressful times.

As long as human history has been recorded, we have known that it is important for human beings to be occupied in meaningful ways (Kielhofner, 1982; Licht, 1948; Reed, 1986). Without being involved in activities (e.g., looking after one's self; contributing productively to one's home, family, or community; engaging in leisure in one's free time), both physical and mental health are seriously compromised. As early as 172 CE, the Greek physician Galen is quoted as saying that occupation “is Nature's best physician and is essential to human happiness.” St. Thomas Aquinas spoke eloquently about the value of occupation for a full life: “To live well is to work well.” Victorian proverbs, such as “idle hands are the devil's playground,” show us the extent to which this idea pervaded our culture.

Long before the profession of occupational therapy was conceived, the word occupation was used colloquially in much the same way that occupational therapists and occupational therapy assistants now use it—to refer to a meaningful way to use time. However, not until the 20th century did we begin to understand the full impact of occupation on human health (Law, Steinwender, & LeClair, 1998; Wilcock, 1998b; Yerxa, 1998). The development of occupational therapy and occupational science advanced the study of occupation in order to afford a more comprehensive perspective on the many benefits associated with being meaningfully occupied (Clark et al., 1991; Yerxa, 1993; Yerxa et al., 1989).

We know how useful having something to do can be in the midst of stressful times (Blair, 2000; Clark, 1999; Fine, 1991). In fact, evidence from studies in primatology shows that the need to be occupied is “hard-wired” in the human species (Wood, 1993). Reilly (1962) perhaps expressed it best in her seminal article: “[Humans], through the use of [their] hands, as they are energized by mind and will, can influence the state of [their] own health” (p. 2). (I hope I will be forgiven for updating the language. My experience as an educator is that young people—those who do not remember that 1962 was a different time—are distracted from the power of the idea by the gender-specific language.)

This article explores how occupation exerts its powerful effect on health and well-being. We will consider seven ways that occupation provides a bridge to health in difficult times.

Survival

First and foremost, occupation refers to doing things, and to the extent that the things done actually address the problem at hand, occupation has survival value. Wilcock (1998b) has shown that occupation is essential for human beings, both for health and for survival. Looking at evidence from anthropology and prehistory, Clark et al. (1996) suggested that there is a biological need for occupation. Wilcock (1998a) asserted that occupation was the vehicle through which humans meet safety and sustenance needs, and as such, it is an essential survival tool. As community-living creatures, humans created and differentiated occupations that promoted cooperation and favored the survival of both the individual and the group. Yerxa (1998) also has shown a relationship between occupation...
and survival. Thus, in the most basic way, occupation helps people to survive difficult times, and very often, it provides a modality for addressing the source of stress.

**Diversion**

Second, doing something provides a diversion from the negative aspects of stressful situations. Diversion was one of the original ideas responsible for the development of the profession of occupational therapy at the beginning of the 20th century. As part of the moral treatment approach, diversional activities were seen as a way of promoting a healthy lifestyle among persons with mental illness by occupying their time and their thoughts with something other than their troubles. However, in the wake of the scientific revolution of the 1950s and 1960s, the unscientific nature of diversional activity came into question (Bissell & Mailloux, 1981; Levine, 1987; Yerxa, 1980). In a thoughtful article, Friedland (1988) asked whether diversion “deserves its bad name” (p. 603), reminding us of this history and the compassionate roots of the profession.

More recently, diversion has been reconceptualized and has enjoyed a renaissance in the ideology of occupational therapy. Originally, diversional activity was said to provide a medium through which individuals could transcend the obstacles and difficulties of their daily lives. In the late 20th century, occupational therapy theorists talked about the concept of “flow” in the same way—as an optimal experience achieved through activity where individuals transcend the fixed realities of time and space in the process of conducting occupation (Csikszentmihalyi, 1990; Emerson, 1998). Occupational therapy professionals at the beginning and end of the past century recognized the power of occupation to divert persons away from the difficulties present in their lives and to find satisfaction and healthy engagement through occupation.

**Mastery**

Third, occupation reminds us of our capacity for exercising some measure of control over our circumstances. It validates in us our sense of being able to master a situation, turn it to our advantage, and come out of it intact. The relationship between occupation and the sense of competence or mastery emerged in occupational therapy theory in the 1970s. Burke (1977) talked about the role of occupation in making persons agents of their situation rather than victims of it—origins versus pawns. Smith (1974) proposed that the drive for competence and mastery was the basis for all occupation, and Fidler (1981) reinforced this idea in her article entitled “From Crafts to Competence.” Rosenfeld (1989) introduced the idea of occupational disruption where a crisis interrupted the individual’s normal occupation. She proposed that the means to recovery and adaptation was the restoration of occupation. Thus, as Trombly (1995) suggested, occupation was both a means and an end; that is, mastery in occupation could be achieved through the use of occupation as a therapeutic medium. A number of authors have developed this idea further and called it occupational adaptation (Nelson, 1996; Schkade & Schultz, 1992; Schultz & Schkade, 1992, 1997). They maintained that occupation is intrinsically motivated and that it is the vehicle for overall adaptation or mastery.

**Habit**

Fourth, being occupied in usual ways in the midst of a crisis reinforces in us our normal daily habits. It reassures us that the world continues to turn and that it is possible to have a normal life again. Habits and habit training were another of the original ideas that spawned the profession of occupational therapy. Slagle (1922) is perhaps best known for her regimes of habit training to produce health among institutionalized patients with mental illness. Kielhofner, Barris, and Watts (1982) resurrected this idea in the original Model of Human Occupation, where the habitation subsystem was the means through which skills and activities were organized to meet needs and enhance motivation. In the past 5 years, the concept of habits has taken a huge leap forward because of a focused initiative of research on the topic. Several authors have explored the neuroscientific principles underlying the presence and effect of habits (Clark, 2000; Dunn, 2000; Rogers, 2000; Tickle-Degnen & Trombly, 2000; Walker, 2001). Habits have been shown to increase occupational skill, decrease fatigue, free attention, and protect the individual against the stressful effects of difficult situations.

**Support**

Fifth, very often being occupied during difficult times involves helping others, providing support to the coping efforts of others, and contributing to the sense of community and cohesion. This sense of belonging is now widely understood to be associated with health and wellness. When difficult times arise, social support has been shown repeatedly to be one of the factors that helps people to achieve positive outcomes and to weather stress without undue negative consequences for their health. Social support usually is defined from the perspective of the recipient of support. However, for our purposes, let us expand that definition to recognize the fact that providing support is an occupation. Definitions of support usually involve three particular types: emotional support, informational support, and instrumental support. All three clearly can be seen as occupational in nature: Instrumental support involves the delivery of practical assistance; informational support includes finding and sharing information, advice, or guidance; and emotional support involves those functions that communicate caring and esteem (McCull, 1997). Thus, the occupation of providing support in the midst of stressful circumstances has a twofold positive effect: It has a well-documented positive effect on the recipient of support, and it has a positive effect for the provider of support. The humanistic origins of the profession recognized this strength (Bing, 1981; Engelhardt, 1977; Yerxa, 1980). Recent research on caregiving (Reid & Reid, 2000), altruistic activity (Bower & Greene, 1995; DePoy, Gallagher, Calhoun, & Archer, 1989; Hatter & Nelson, 1987), and voluntarism (Ager, 1986; Butin, 2001; Rebeiro & Allen, 1998) attests to the fact that occupations contributing to the welfare of another have numerous salutary effects for the provider as well as for the recipient.
Identity

Sixth, occupation reminds us of who we are. Through the things we do, we shape, modify, and express our identity. We are what we do, and occupation is an essential part of the formation and maintenance of the self. Difficult times threaten the integrity of the self, and to the extent that occupation reinforces identity, it assists us in remaining healthy. Occupation provides the mechanism through which the past, present, and future of a person’s life are integrated into a whole self (Christiansen, 1999). Fidler and Fidler (1978) expressed these ideas first in their work aptly entitled, “Doing and Becoming.” They proposed that occupation was the means through which the human organism developed and achieved full humanity. They used activity analysis as a tool to select occupations that would promote optimal development or becoming. Building directly on the Fidlers’ ideas, Wilcock (1998b) wrote about “doing, being and becoming.” She tied occupation directly to the process of becoming, through which humans achieve identity and authenticity. Christiansen, Little, and Backman (1999) added to this the idea of personal projects, or complex, multidimensional occupations, through which identity is developed and sustained. In the face of difficult circumstances, occupation grounds the person to his or her past identity; expresses the essence of the self in the midst of the crisis; and offers potential for the development of a fuller, more integrated self once the crisis resolves.

Spiritual Connection

Finally, much has been written lately about the expression of spirit through occupation. Many people believe that through occupation, we are spiritually connected to the self, to others, to the natural world, and to a supreme power (McColl, 2000). The sense of meaning has become highly prevalent in discussions of occupation in recent years, perhaps as Fox (1995) suggested, because industrialization has eroded the spiritual content of work. Urbanowski and Vargo (1994) encouraged occupational therapists to distinguish between the grander concept of the meaning of life and the everyday notion of meaning in life. Howard and Howard (1997) suggested that when difficult times arise, occupation, particularly work and the purposeful use of time, may be the means through which meaning in life is restored. Whereas in earlier times, people might have turned to religion to restore meaning, in the contemporary world of secular pluralism (Kroeker, 1997), occupation may be the most effective medium available through which individuals can affirm their connection with the self, with others, with the cosmos, and with the divine. In stressful times, being occupied may provide this sense that one is not alone, both literally and in the most profound sense.

Conclusion

We have considered seven ways in which occupation has been shown, both historically and empirically, to offer help, hope, grounding, and connection in the midst of difficult times. Although the discussion offers us no answers about what to do or how to react as occupational therapists and occupational therapy assistants, I hope it affirms some things that we already know: Being occupied promotes health and well-being, both for the therapy professional and for the person receiving his or her help. ▲

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Note. As the only Canadian on the AOTF task force, I am acutely aware that aspects of the September 11th experience are uniquely American. I have been grateful for the opportunity to learn from American colleagues at this troubled time and hope that I am not being presumptuous to comment on it from a short distance away; that is, from the perspective of a neighbor and friend.

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