Occupational Therapy’s Domain of Concern: Reconsidered

(human occupation; models, theoretical; time)

Noomi Katz

This paper focuses on the domain of concern part of a professional model presented by Mosey in her book Occupational Therapy: Configuration of a Profession (Raven, 1981). Based on additional review of the literature, I suggest two principal alterations.

1. A change in core versus parameter. “Human occupation” replaces “occupational performance” and is presented as the core of the domain of concern because this is the focus of occupational therapy practice; the “performance components” defined here as “competence components” actually serve as a parameter of practice.

2. A reconceptualization of two parameters: “time” and “cultural environment.” Time should be considered a separate parameter, including categories of time practice, balance of activities over time, and time perspective. Cultural environment is perceived as a parameter that is composed of four categories: the symbolic, social, physical, and natural environments.

This paper emphasizes the interrelatedness of all parts of the model and points out the qualitative differences between the parameters.

In her book Occupational Therapy: Configuration of a Profession, Mosey (1) outlines a comprehensive and useful model of the major parts of the profession. Mosey said, “The model of a profession is characterized by a description of the profession’s philosophical assumptions, ethical code, theoretical foundations, domain of concern, legitimate tools and the nature of and principles for sequencing the various aspects of practice” (p 50). Thus, the structure of any professional model consists of six principal parts, similar for all professions. According to Mosey, although the content may be shared in part and differ in other aspects, “… in its totality each profession’s model is unique” (p 57). She also defines a model as “… a collection of the beliefs, scientific theories, and considered area of expertise of a profession” (p 41). This paper focuses on the area of a profession’s expertise referred to as the domain of concern part of the professional model.

Mosey (1) describes the domain of concern for occupational therapy “… as consisting of performance components within the context of age, occupational performance and an individual’s environment” (p 74). In her book, (p 75, Figure 2) she presents an illustration of the domain of concern that comprises a core and three parameters, and details the relationships between them.

Core, according to Mosey (1), refers to “the primary or first area of consideration in the evaluation and intervention process” (p 74). She defines parameter as the boundary of the domain that spells out the limits of the expertise of the occupational therapists and also influences the evaluation and intervention process.

In Mosey’s (1) illustration, the core is made up of performance components, including sensory integration, neuromuscular, cognitive and psychological functions, and social interaction. The age parameter refers to chronological and developmental age. The occupational performance parameter includes activities of daily living, work, recreation/leisure, and temporal adaptation. The environment parameter differentiates between cultural, social, and nonhuman environments. The model explicates the interrelatedness of the core with the parameters and de-
fines the relationships among the parameters themselves.

The purpose of this paper is to reanalyze Mosey's (1) conceptualization of the domain of concern by introducing a different perspective of her model (p 75) by accepting the use and definitions of core and parameters as the structural building blocks of the model.

The elements in Mosey's conceptualization seem to include all the necessary variables, yet I suggest two main alterations.

1. A change of focus concerning the core of the domain versus its parameters. "Human occupation" is presented as the core instead of "performance components."

2. Some changes in the conceptualization of the parameters: a) "competence components" replaces "performance components", b) time is presented as a separate parameter, and c) environment is conceived as a cultural—environment parameter.

The Core of the Domain of Concern

Mosey (1) said, "The domain of concern of a profession is those areas of human experience in which practitioners of the profession offer assistance to others" (p 74). The area of human experience on which occupational therapy practice focuses are those activities that are occupational in nature (2—6). In the occupational therapy literature, occupational activities are referred to in a variety of terms, such as routine task behavior (7), life tasks or lifestyle (8), and occupational roles and behaviors (4, 5, 9, 10). Within these general concepts, three main categories are recognized: a) daily living tasks, also called activities of daily living, and self-care or self-maintenance; b) work, including also learning tasks as a student or pupil, homemaker, and recreation or volunteer work of a retiree as a major life task; and c) play, recreation and leisure activities.

I propose that these human occupations constitute the core of the domain of concern, because this is the primary area of consideration in occupational therapy and not a parameter, as is suggested by Mosey.

The concept of human occupations comes from Kielhofner and Burke's (4) model accepting its meaning as encompassing the wide spectrum of areas of human functions that are occupational in nature (5, 11). However, the human occupation model is an analysis of the human system, which is conceptualized as being comprised of the volition, habituation, and production subsystems, all of which interact with the environment and change over time. However, the domain of concern model is seen as more complete for occupational therapy practice because it includes all the relevant elements (both internal and external to the individual), including biopsychosocial components hereditary and/or environmentally determined.

Rogers (12) suggests that the view of occupational therapy concerning order and disorder (function-dysfunction) relates to occupational performance, saying "Occupational performance, or order in occupational therapy, refers to competence in self-care, work and play activities" (p 30). However, disorder or dysfunction in occupational performance will result "in an inability to effectively accomplish daily tasks and to enact occupational roles" (p 31). Rogers also says, "Such a conceptual scheme would put occupational performance problems in the foreground" (p 33).

Along the same line, Clark (2) states that occupational therapists focus on the performance components of "... sensory-integrative, motor, cognitive, psychological, and social functions as these relate to performance of daily activities" (p 580).

Thus, our assistance or expertise in direct evaluation and intervention is centered on the specific aspects of competence components, with the purpose of improving the quality of the individual's life occupations. The term competence components is used rather than performance components because performance is the behavior that is observed, whereas competence is the underlying structure of performance, whether it be biological, cognitive, or affective. Performance is the outcome, the function, and the actualization of the underlying competence (13). The individual's potential or competence to perform in his or her biopsychosocial make up is evaluated and taken into account for intervention. However, the individual's present and future performance in the areas of human occupation is the purpose of the occupational therapy intervention process. Clark (2) states, "The outcome of occupational therapy service delivery is determined by the client's mastery of tasks and relationships necessary to actively engage in play, work and self-maintenance" (p 580).

Viewed in this way, performance in the core—human occupation—is the primary focus because it is the outcome of the occupational therapy service. This outcome is based on the consideration of parameters, competence components, age, time, and the relevant cultural environment, which together determine the patient occupational performance.

Mosey's use of the terminology occupational performance and per-
formance components is found also in Llorens' (14) manual that differentiates between "areas of occupational performance" and "occupational performance components," both of which include the same subcategories. However, Banis and others (15) define occupational performance components as skills or their constituents, which consist of symbolic, neurological and kinesiological parts. The alternative terminology used here seems clearer in differentiating the various elements of core and parameter and also emphasizes what ought to be the focus of the occupational therapy domain of concern, as opposed to what it may be in daily practice.

Another way of referring to the core of the occupational therapy profession can be seen in Clark's (2) statement that "The core of occupational therapy service delivery is the therapist's use of activity analysis and adaptation processes" (p 580). Clark's core refers to the techniques and processes of our expertise that are applied to the core or primary concern, as used by Mosey (1) and presented here as human occupation.

Actually, these two views are complementary. They emphasized the occupational therapist's unique professional expertise (techniques and processes) and state that human occupation is the purpose and primary concern to which the expertise is applied.

Interestingly, in Mosey's (1) professional model, these techniques comprise one of the legitimate tools for practice, namely, activity analysis and synthesis. It can be said that activity analysis is directed primarily by the parameter of competence components. This is seen in the following perspectives: the focus of Fidler's and Fidler's (8, 16) activity analysis is the psychological and social interaction required for performing an activity. Allen's (13) task analysis is related to cognitive abilities; Trombly and Scott (17) biomechanical activity analysis is related to motions, strength, and sensory input.

On the other hand, activity synthesis (or adaptation) takes into account the additional parameters of age, cultural environment, and time use. This information, which is gathered through the evaluation process, assists in planning the occupational therapy intervention and in adapting the activity analyzed to the patient. However, any activity analysis and synthesis are relevant only in relation to the daily living tasks, work, and play/recreation components of human occupation.

Thus, the core techniques and processes used by Clark (2) in respect to activity analysis and adaptation are meaningful when applied to the core of human occupation.

To describe how the elements of the proposed model may guide clinical practice, let's take the evaluation process as an example. Evaluation in occupational therapy defines the parameters of practice and should begin with an assessment of a person's predicted or actual limitations in the performance of occupational activities. As Rogers (11) emphasizes, occupational therapy "diagnosis" should begin with a description of the various types of occupational performance function and dysfunction. Evaluation will vary according to the particular competence disabilities of the individual and the frame of reference used by the therapist.

The first step, and focus of the evaluation process, is described well by Rogers (6): "You do not need to infer that I can dress from my grip strength, or mental acuity. You can observe my ability" (p 613). The second step consists of an evaluation of the specific competence components that are assumed to be related to, or the cause of, the occupational limitation. During this phase, the evaluation of the time parameter is conducted and age and cultural environmental factors are taken into account. The third step includes a projection of future occupational plans and placement.

To illustrate the above ideal conception, a number of hypothetical cases concerning the evaluation process are presented.

1. A child with a learning disability is referred to an occupational therapist working within a sensory-integration frame of reference. The therapist starts by viewing the child and parent to gather data about the child's development, play, and learning patterns. In addition, the child is observed while performing motor activities. Then the sensory-integrative component is assessed by the use of standardized tests (SCSIT) (18), along with specific language, writing, and mathematical tests, all of which are administered to assess the actual task limitation. Finally, a projection of the possible assistance and appropriate environment that the child will need is made.

2. An adult mental patient who receives occupational therapy treatment within a cognitive disability frame of reference. The first step includes a chart review and a short semi-structured routine task-history interview (7, 13). Second, the cognitive function component is assessed by means of structured instruments (ACL, LCL, ROC) and the performance of semi-standardized tasks is observed, based on a compatible task analysis. Third, predicted future placement and goals are formulated.
Considering the same mental patient through a psychodynamic approach would change mainly the competence components being assessed, focusing on the psychological and social interaction functions and using projective instruments and tasks administered individually or in groups (16). Nevertheless, the steps described and the focus on human occupations are identical for both approaches.

3. A patient with a physical disability or psychosocial dysfunction who receives treatment within an occupational behavior frame of reference. First, an interview to elicit a play history (19), an adolescent role assessment (10, 20), or an occupational history (21, 22) is performed. Second, the individual's interests, valued goals, and personal causation as parts of the volition subsystem are evaluated (23, 24). The time parameter is also specifically assessed (25–27). Further assessment of various skills and their organization into the habits and roles may be necessary. This skill evaluation may relate to the various competence components (sensory-integrative, motor, cognitive, psychological, and social), using the appropriate occupational therapy instruments.

Third, future occupational plans, with an emphasis on the use of community settings, are projected. Thus, the primary area of consideration in the occupational therapy evaluation process is the patient's past and present performance as related to ongoing human occupation. Therefore, human occupation should be the core of occupational therapy's domain of concern.

**The Four Parameters of the Domain of Concern**

Four parameters are included in the changed model (Figure 1), two of which, competence components and age, are described by Mosey (1). The third, time, includes time practice (e.g., organization and use of time, balance of activities over time, and time perspective), all which lead to temporal adaptation. The fourth parameter, cultural environment, includes symbolic, social, physical, and natural environments.

Mosey's (1) examples illustrating the relationships between the parts of the model require some reconsideration in light of the changes I propose.

Mosey (1) said, "... in assessing sensory integration, the therapist always considers the age of the individual" (p 76). That statement, as viewed here, presents a necessary relationship, not between the core and a parameter but according to the present model between two parameters as the core may center around the patient's occupations. Mosey also said, "... in assisting a client to increase neuromuscular function, the therapist always remains aware of what activities and daily living the client can possibly perform independently in the future" (p 76). The relationship presented here is between the core and a parameter, respectively. From my perspective, the order is reversed and therefore it will be stated differently, as follows: in working with a patient towards the independent performance of activities of daily living, assistance in increasing neuromuscular function will be given.

In another example of Mosey's (1), the relationship stated is again between two parameters, according to the present model. "In assisting an individual to develop skills in social interaction, the therapist attempts to identify what is acceptable and expected social behavior in the client's cultural group" (p 76), to which a core component (e.g., the improvement of the patient's role performance as worker) must be added.

It is important to realize that the various parameters differ in respect to the evaluation and intervention processes. The 'age' parameter is always taken into account and/or evaluated, but there is no direct intervention or manipulation of its categories. On the other hand, as a result of the intervention process, improvement in

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**Figure 1**

*Occupational therapy domain of concern*
developmental age may occur. Thus, this parameter may be used in some cases as a measure of change and intervention effectiveness.

In comparison, the competence components and time parameters are evaluated through observation of the patient’s task performance and/or with specific instruments. The intervention process may be applied directly to the patient’s body or behavior in a stimulated or a real environment.

Thus, there are qualitative differences between the parameters, and, at the same time, as Mosey (1) emphasized, the various parts of the model are interrelated and mutually influence each other.

The Time Parameter

The concept of temporal adaptation used in Mosey’s (1) model as part of the occupational performance parameter is a component of the basic dimension of time, which is defined here as a parameter in its own right. Larrington (27) and Kielhofner (25) expanded on the concept of time originally proposed in 1922 by Adolf Meyer (28). Meyer advocated a philosophy of reality, work, and time, focusing on actual performance that is of interest and satisfaction to the individual. Thus, healthy performance can be defined in part as the use of time in an organized, purposeful, and satisfactory action.

Although time is a universal dimension, its meaning in human life varies considerably in different cultures. Burke (29) emphasizes the influence of culture on the perception and value of time and on actual time-practice behavior of scheduling and regulating activities. Anthropologists studying isolated cultures describe time perspectives and practices that are quite different from the western "modern" notions of time (30). The relative importance placed on the time dimension for human adaptation should therefore be evaluated with the relevant cultural environment in mind. Such orientation guided Kielhofner’s (31) ethnographic study on the temporal dimension in the lives of retarded adults. This study portrayed retarded people as a subculture within a dominant culture. Therefore, the consideration of cultural-environmental perspectives of time is relevant for both the analysis and interpretation of data, and for the intervention based on it.

The use of the term temporal adaptation serves to "...integrate an entire spectrum of activities, the organization of which supports health on an ongoing daily life basis" (24, p 236). Complementarily, dysfunction points at problems in this organization. Kielhofner (25) links the concept of time with adaptation, but the temporal dimension in human adaptation is only one component, although it is a very influential one. Allowing an individual’s optimal adaptation is the ultimate purpose of occupational therapy intervention (14), and, as such, it directs the entire spectrum of occupational therapy expertise, including the various components of the domain of concern.

Viewed in this way, the universal parameter of time comprises three main categories that contribute to the temporal adaptation of man. The first, time practice, is defined as the effective organization and use of time. It refers to performing specific activities, scheduling activities during a limited period of time, or organizing one’s roles over a longer period of time. The time practice category also includes awareness of time and the appropriate use of time measures and technology, such as watches, calendars, and various everyday task schedules.

The second category, the balance of activities refers to the differential organization of self-care, work, play, and rest within certain time spans, such as days or weeks. This notion, proposed by Meyer (28), was later developed by Reilly and her followers (32) into the occupational behavior frame of reference. It underlines the importance of satisfying one’s occupational tasks in a manner balanced over time, and as deemed desirable by the cultural group.

The third category, time perspective, is introduced here in line with Larrington’s (27) work, which defines it as the temporal guidance of behavior. Both the time practice and the balance of activities are guided by the cultural values and norms that are time relevant. Thus, the time perspective, in the short and long run, is an important cultural function expressed principally through the planning of time and the attitudes toward time.

The meaning of time, comprising the above categories, is internalized gradually through socialization and perceived within the individual’s specific social and cultural context. Therefore, it follows that all three components of time—practice, balance of activities, and perspective—contribute to the process of adaptation along the temporal dimension, which is closely related to the cultural environment parameter.

The Cultural Environment Parameter

The concept of human environment cannot be separated from the concept of culture. As Geertz (30)
"... there is no such thing as a human nature independent of culture" (p 34). Moreover, cultural symbols are prerequisites of a person's ability to act and adapt to his or her environment. The study of culture since the latter part of the 19th century took different forms, but the following main premise remained: humans are born to a certain culture within a specific natural, physical, and social environment. For example, the study of cultural ecology refers to the process by which a society adapts to its environment, which "... depends on the technology, needs and structure of the society, and on the nature of the environment" (33, p 337). In complex modern societies, the individual’s environment is increasingly influenced by technological achievements rather than by nature.

The ability to symbolize is another important cultural dimension. Artifacts, events, and acts carry various meanings within a cultural realm. Cultural values guide everyday life, and behavioral patterns are organized by norms derived from these values.

Burke (29), who summarizes the views of various writers, said, "The role of culture is both an adaptive mechanism and an environmental order creating its own performance demands" (p 34). Thus, the concept of culture for humans seems to include the environment and its various components. Therefore, the fourth parameter of the domain of concern for occupational therapy is conceptualized here as cultural environment.

Cultural environment parameter is comprised of the following four principal categories: symbolic, social, physical, and natural environments. The symbolic environment category consists of ideas, values, beliefs, mores, taboos, norms, and language in addition to religion, rituals, customs, and traditions. These are not mutually exclusive. They are strongly interrelated and influence each other. A symbol is defined as "anything that stands for or represents something else" (34, p 54). Any component of the environment, whether it be a physical object, a flower, or a person, in addition to its objective characteristics may carry a variety of symbolic meanings. Symbols are chiefly expressed through words, but they are also expressed through gestures, art, clothes, equipment, and "... anything, in fact that is disengaged from its mere actuality and used to impose meaning upon experience" (30, p 45).

The social environment category can be divided into three levels of organization: primary groups, including the family, peer groups, and friends; secondary groups, including formal organizations, work settings, and communities; and society at large, including its various institutions.

The physical environment category consists of man-made objects and techniques, including materials, tools, equipment, technological achievements, and man-made physical settings.

The natural environment category includes natural objects (e.g., animals, plants, and the landscape surrounding the individual) carries its cultural meanings, and should be considered in these terms. As such, it often provides an important framework for the occupational therapist to work in. Yet, in comparison with the physical man-made environment, the natural environment is less an object of professional manipulation from occupational therapy's point of view. Therefore, the two should be separately considered. In Mosey's (1) model, the physical and natural components of the environment are combined as the nonhuman environment; however, in its application as a parameter, it emphasizes mainly the former.

All four categories of the cultural environment parameter are clearly interrelated. Each physical and natural object receives its meaning and symbolic representation through the specific social and cultural setting in which it is used.

Occupational therapists have always considered themselves part of the patient's environment when designing environmental demands within the intervention process. In the occupational therapy literature, most references to the environment are actually to the environment's social and/or physical aspects. Although cultural variations and symbolic meanings are acknowledged, most conceptual models do not include these aspects explicitly (4, 35–37).

Mosey's (1) model is more elaborate in this respect, because it differentiates the cultural, social, and nonhuman environments. The present approach, however, regards culture as the meaningful parameter for occupational therapy. It is divided into its respective environmental components, rather than being a part of general environment parameter.

Conclusion

The primary interest of occupational therapy is in human occupation, namely in the individual's occupational role performance. As such, the core of the domain of concern comprises the various categories of human occupation, all of which are influenced and directed by the parameters of competence
components, age, time, and cultural environment.

Any philosophical or theoretical model is useful for a profession only if it has the potential to guide clinical practice and further theoretical development. Therefore, the practical implications of the present model should be analyzed in terms of the occupational therapist's clinical reasoning process. On the pragmatic level, studying this process in a systematic manner would provide a better understanding of occupational therapy evaluation and intervention.

On the theoretical level, such studies could elucidate the nature and workings of the interrelationships between the core and the parameters and between the parameters themselves. Thus, there is a need for studies that would enhance our understanding of the specific meaning of the arrows interconnecting the core and parameters in the graphical presentation of the model.

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