

The meaning of everyday occupation: research and practice

O significado das ocupações cotidianas: pesquisa e prática

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ABSTRACT: In this article we present the Point of View “The meaning of everyday occupation: research and practice,” by Dr. Betty Risteen Hasselkus, Emeritus Professor of Occupational Therapy at University of Wisconsin – Madison, and author of the book “*The Meaning of Everyday Occupation*” (2nd ed., 2011). In this text she narrates scenes from her professional practice linked to her understanding of the meaning of everyday occupation as a driving force of the Occupational Therapy practice.

KEYWORDS: Daily Activity, Occupational Therapy, Professional Practice.

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RESUMO: Apresentamos na seção “Ponto de Vista” o artigo “O significado das ocupações cotidianas: pesquisa e prática”, escrito pela doutora Betty Risteen Hasselkus, professora emérita de terapia ocupacional da Universidade de Wisconsin-Madison e autora do livro *The meaning of everyday occupation* (2 ed., 2011). No texto, ela traz cenas de sua prática profissional articuladas a sua compreensão do significado das ocupações cotidianas como norteador da prática da Terapia Ocupacional.

DESCRIPTORIOS: Atividades Cotidianas, Atividades Diárias, Terapia Ocupacional, Prática Profissional.

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It is truly an honor to be invited to write a viewpoint article for this Brazilian journal of Occupational Therapy. In the paper below, I have tried to synthesize my thoughts and experiences in research and practice related to the meaning of everyday occupation. Everyday occupation has emerged as a theme and a driving force for me in my career in occupational therapy and occupational science. It is a pleasure to share part of my journey with you.

The year was 1962. I was a brand new occupational therapist, recently hired for a full-time position in General Medicine and Surgery at University Hospitals in Madison, Wisconsin, U.S.A. I received a referral to see a woman who had sustained severe burns over much of her upper body – torso, arms, neck and face. She had very limited range of motion in her upper extremities and was able to do very little for herself when I first went to see her. I created a special eating utensil for her, with a long handle made from splinting material – riveted to a spoon and bent to just the right angle so that she could feed herself. I still remember the look of surprise and delight on her face when she brought the first spoonful of chili up to and into her mouth. After a few more spoonfuls, she began calling out to nurses going by in the hall outside her room, inviting them to come and see what she could do. The moment was very special to me – radiant and full of spirit. And it revealed to me the power of everyday occupation in our lives.

Everyday occupation is a primary means by which we organize the worlds in which we live¹. The patterns of daily occupations are what give shape and rhythm to our lives. They are what we know as our real world. To me, it is around these experiences of everyday living that we build meaning in our lives.

Everyday occupations are the fabric of our daily experiential worlds, yet these experiences of day-to-day living are often “seen but unnoticed” (p.226)². We take the everyday in our lives for granted, and we often miss the complexity, beauty and “delicate layerings” (p.xvi)³ that exist within the ordinary. Kathleen Norris⁴ says, “It is in ordinary life that our stories unfold” (p.77). The ordinary in our own lives, and in the lives of those for whom we are providing occupational therapy, deserves our time and attention and skills – in our therapy, in our research, and in our education.

Meaning in everyday occupation is derived from a person’s efforts to make sense out of what he or she is experiencing in day-to-day situations. The “sense” that emerges is part of a “*continuing process in which tentative ideas are built upon and elaborated as they*

are exposed to the exigencies of everyday life” (p.555)⁵. Victor Frankl⁶, a Holocaust survivor of WWII, stated that the search for meaning is a distinguishing characteristic of being human. In Frankl’s⁶ view, life never lacks meaning; life is unconditionally meaningful. Sometimes a situation in life may seem meaningless to us, but I would argue that this sense of meaninglessness *is the meaning* of that situation. I agree with Frankl⁶ that life is unconditionally meaningful.

My position as an in-hospital occupational therapist in my first years of practice was the only clinical experience in my entire career that was totally contained within an acute care hospital setting. That hospital practice brought many special moments. But my heart moved steadily elsewhere – into the community: with a small start-up neighborhood agency for the elderly to support living independently and safely in the community; with an interdisciplinary team providing home health care to older veterans in the area; in an outpatient clinic affiliated with a small community hospital in a town near Madison. I found myself wanting my experiences in occupational therapy practice to be as close as possible to the everyday lives of people in their “real worlds.”

My research, too, has largely reflected this basic interest in everyday occupation in people’s lives. For most of my research career, I have carried out qualitative, interpretive research with the stated purpose of gaining understanding about the meanings and experiences of people’s everyday lives. My particular focus has been on the lived experiences of people giving care to other people in a variety of contexts – family members caring for elderly in the community; family and day care staff caring for elderly with dementia; occupational therapy personnel carrying out their practices in a wide range of settings; the triad of physician, geriatric patient and accompanying family member making care decisions together in outpatient clinic visits^{7,8,9,10}. These research studies are all a reflection of wanting to stay as close to people’s real everyday worlds of caregiving as is reasonably possible.

So what does this mean for occupational therapists and occupational scientists in Brazil? Does this honoring of “the everyday” in our therapy serve as a natural and compatible extension of the theories of occupation that are evolving in the profession? Does seeking and coming to understand the meaning that lies within the occupational fabric of everyday lives represent a key aspect of our occupational therapy practice with clients?

The case was an 8-month-old boy who had a spinal cord injury at T2-3 sustained in an automobile accident. He enjoyed batting at toys in a side-lying position, but he could not sit up for play. Because of the paralysis, sitting him up in a highchair for feeding or play was not possible. After therapy sessions, he would cry when placed back in bed. His crying was not angry or frustrated, simply sad and continuous until he was picked up or fell asleep.

*We determined that he was happy in a supported sitting position, not semi-reclined in an infant seat. In this position, he would play by himself, knocking toys around on a tray or watching the nursing staff. I designed a supportive vest, using a bandage wrap to support his abdominal muscles for breathing and Velcro so that he could sit in a highchair. The first day he had it, he smiled and laughed for the whole time I was with him. He ate his lunch for the first time in a sitting position, and cried when his nurse tried to put him to bed. She decided to leave him in the chair for another 5 minutes, and he fell asleep in his support in the highchair. Nursing staff loved the support because he was so much more independent. His mom liked it because he looked more "normal". And he loved it; he cried consistently when we took him out of it. I felt very "OT-ish"*⁹.

Here is the "everyday" of an 8-month-old baby boy. Here is the occupational fabric that gives shape and rhythm to his daily life – out of whack because of a spinal cord injury sustained in an automobile accident. Here is the occupational therapist looking for clues about the meaning of all this in the baby's daily life. Even the baby is trying to make sense out of his situation -- his crying was not "angry or frustrated, simply sad and continuous". The therapist determined that he was happy in a supported sitting position. She designed and constructed a supportive vest for him; "The first day he had it, he smiled and laughed for the whole time I was with him. He ate his lunch for the first time in a sitting position". The nurses loved it, the mother liked it, and he loved it. And the therapist felt, "very OT-ish".

The story of the 8-month-old baby was one of 148 "very satisfying" narratives that Virginia Dickie⁹ and I collected in a study of the meaning of doing occupational therapy. We asked a national sample of 200 members of the American Occupational Therapy Association to tell us about a very satisfying and a very dissatisfying experience in their practice, an adaptation of a critical incident research approach. Our goal was to gain understanding of the lived experience of doing occupational therapy.

Three overarching dimensions of meaning in practice were derived from the data analysis – **Change**, **Community** and **Craft**. All three dimensions are clearly evident in the narrative about the baby.

First was the dimension of **Change**. The stories of bringing about change that met therapy goals and were perceived as making a big positive difference in the client's daily life were very satisfying. And of course, when no change or only partial gains or, more rarely, actual harm was perceived as the result of the therapy, the narratives reflected deep dissatisfaction. Many positive changes are described in the story of the baby – the baby's change from sadness to happiness, laughter, smiles; the change to being able to sit up to eat lunch, to watch the nurses, to play; the change in demeanor of the other people in the story (the nurses loved it, the mom liked it, the baby loved it). All changes were understood by the occupational therapist as the outcome of her construction of the supportive vest.

The second dimension, **Community**, was present among the people and interactions that were revealed in the story. In this story, Community is represented by the sense of being part of a larger network of people, part of a team. The "nursing staff" was included in the narrative, as was the "mom". This therapist saw the very positive responses from others as important parts of her story. A sense of solidarity and collaboration among the care givers seems evident. Community in very dissatisfying narratives included therapists who felt devalued in their practice, who faced strong resistance from family or other staff regarding treatment approaches and decisions, who felt a sense of being thwarted by others in their therapy.

The third dimension is **Craft**. Craft is the technical skill of the therapist and the Craft narratives focus on what the therapist did and the process of doing. In the baby story, the therapist describes the process and the supportive vest itself in some detail and basically presents it as the key to the experience. She remains true to the link between craft and the client's function, remembering with satisfaction the baby's increased ability to play and to eat lunch sitting up for the first time. Dissatisfying stories of Craft included incidents when a therapist expressed dismay for not having the background knowledge and training to provide adequate treatment or when errors occurred. For example, one therapist remembered back to her student days when she felt that she had caused a skin problem for a patient with spinal cord injury; "It was a small blister but it was always brought out in the team meeting, that it was still there".

Thinking back to my story of the burn patient and the adapted spoon, the **Change** (she could feed herself!), the sense of **Community** (calling to the nurses to come in and see what she could do), and the **Craft** (the details about the adapted spoon that I created) are all there. The three dimensions of meaning found in our research on doing occupational therapy fit these stories with ease.

The narrative below is taken from another research study, one in which I contacted a sample of 50 dementia day care centers from around the state⁸. Once again, I asked the staff participants to share stories about very satisfying and dissatisfying experiences in their daily care for people with dementia. I include it here for two reasons: It is such a beautiful story of one staff person's very satisfying experience with an unresponsive woman with dementia, plus the narrative has such strikingly clear themes of **Change**, **Community** and **Craft**.

After talking with the family a little bit about what's her history, what did she like to do, what kind of lady was she, that sort of thing, we picked up on a few cues, one being that she had won blue ribbons with her flower-arranging skills and picking garden flowers, that sort of thing. And knowing that, we thought maybe we can draw this lady out in a one-on-one situation where she will not feel put on the spot; we can draw her out in maybe doing some flower arranging.

So the next time the funeral home was going to bring over some flowers, that was what we were going to target with Lottie, was to have her rearrange these flowers for us. And so we did just that. I sat down with her; I brought the whole spray [of flowers] in at the table, and the vase, with water, and I said, "Lottie, I need your help". And she just kind of looked at me; she barely opened her eyes. and her one hand was up to her mouth and her other hand was clutched in a fist in her lap, and she just kind of gave me a grunt.

And I said, "I've got all these flowers that I need to have in the vase, can you help me put these flowers into the vase?". And I just let that set in for a minute, and I said, "I've got some glads here [gladiolas]" and just kind of gave her some time to get used to the fact that I wasn't going to go away, that her just trying to be quiet and kind of grunt at me a little bit wasn't going to shoo me away. And then she did open her eyes, and she did reach out and start to touch the flowers.

And I took a flower out and I put it down on the table, and with that she picked it up, and she started putting them into the vase. And before long, she was sitting up in the wheelchair instead of slouching back, and she

started to pull the flowers out [of the spray] herself. And so it was very satisfying to have found the key that opened her up and let her know that someone cared about her and showed her that she could do something. I think she felt good about herself because she was able to accomplish something⁸.

In caring for a person with dementia, the Change that is brought about is not long term, it is in the moment. And yet, the day care staff person experienced deep satisfaction related to this participant's momentary engagement and the purposefulness that was present in the flower arranging. The sense of the two of them working together, in Community, is almost palpable. Note, also, that the staff person uses the plural pronoun "we" to describe the thinking and planning that went into reaching this woman – a sign of Community among the staff. And the staff person's respectful and nuanced Craft, revealed in her description of how she approached this activity, is brilliant.

One further thought, prompted by these narratives. We tend to think in terms of measurement and quantitative data when we speak of evidence-based practice. At least that is my perception about the process here in the States. But I think it is a mistake to ignore all the qualitative evidence that is present in our work as well. The woman who had sustained such immobilizing burns, the baby who could not sit up by himself because of his injury, and the woman with dementia who had been largely unresponsive in the day center – all exhibited major changes in their affect and ability to participate in their worlds following therapy: a) Smiling, successfully feeding herself, calling out to the nurses in the hall; b) Happy and laughing, for the first time eating his lunch while sitting in a highchair, watching the nurses; and c) sitting forward, opening her eyes, reaching out to remove the flowers from the table and putting them in the vase. To me, these kinds of observations breathe a certain kind of life into the report of therapeutic efficacy – one that enriches and contextualizes the quantitative evidence that is traditionally presented.

In summary, everyday occupation is present in our lives at all times and in all places. In my lifelong involvement in occupational therapy, I have – through the decades of my practice and research – experienced a gradual and exciting awakening to the complexities, challenges and deeply stirring aspects of the everyday in our lives. In Garfinkel's words, I have tried to see, but also notice². To be able to contribute to understandings about the ordinary occupation of our daily lives has been my own "very satisfying experience" in our profession.

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