This article is concerned with role identity and its relationship to the professional thinking and action of occupational therapists. In this informed viewpoint, the notion that occupational therapists could be perceived as gap fillers is explored, based on empirical data that focused on the roles adopted and the guiding philosophies enacted by occupational therapists working in child and adolescent mental health.

Following the presentation of interview data from four occupational therapists, two cogent issues are presented and discussed. The first issue posits that a failure to ground practice in occupational philosophies contributes to perpetuating an incoherent role identity. The second issue discusses whether the recovery of an occupational paradigm in practice can liberate occupational therapists from role incoherence and enable them to reclaim their identity as therapists of occupation.

**Occupational Therapists: is our Therapy truly Occupational or are we merely Filling Gaps?**

*Tracy Fortune*

**Introduction**

After 3 or 4 years of participation in a programme designed to educate them how to be occupational therapists and practise occupational therapy, it might be assumed by occupational therapists that as a group of professionals they have a common and unique understanding of the history, purpose and nature of their role. An expectation that there is some common clarity might also assume that each individual is able to articulate to peers, learners, clients, friends and family what it is that he or she does and why. More specifically, an expectation that therapists are able to describe the occupational nature of occupational therapy, and how it is both unique and complementary to other therapies, both practically and philosophically, does not seem unreasonable.

The aim of this article is to discuss the extent to which occupational therapy is occupational in nature and whether what occupational therapists do relates to an occupational philosophy. This is done in the context of an exploration of interview data obtained from British occupational therapists concerning their roles in child and adolescent mental health. These therapists’ reasonings are used to enable a discussion regarding the extent to which occupational therapists are able to articulate and enact their own occupational role from an occupationally grounded perspective. In addition, the data prompt consideration of whether the tasks and roles adopted (or not) by occupational therapists are indicative of confusion and/or rejection of the occupational aspect of their identity. While this article draws on data generated from interviews with consenting informants as part of a previous study, it is the intention that the article is considered by the reader as an informed viewpoint rather than a research article.

**Losing and confusing the profession’s history and identity: trading occupation for spare parts**

In her current role as educator and in previous practice roles, the author has continued to be surprised by the number of students who describe their desire to have a ‘traditional’ occupational therapy fieldwork experience or say that they hope to get a ‘traditional hospital occupational therapy’ position upon graduation. The students’ desires are a cause for concern in that while the experiences they seek may be conventional, they may not be ‘authentic’ (Yerxa 1967, p1). It is hoped that they wish to experience a role, and practise enacting a philosophy, which aims to enable engagement in a balance of meaningful and chosen occupations. Unfortunately, it is feared that these students speak more of their desire to be able to assess a hemiplegic limb or to facilitate normal grip strength. Similar concerns relate to whether, for example, these students focus more on understanding the hardware that fits into and around the bath or shower, rather than whether bathing is in fact a chosen and meaningful occupation. Their desires are understandable given the roles and tasks adopted by a significant number of therapists in the field, who have difficulty in articulating the occupational nature of their practice.

The author’s own hopes as to the students’ work aspirations are based on several assumptions. The first assumption is that students understand and value the notion of occupation. The second assumption is that a focus on
occupation is valued over and above a focus on performance components. Many authors have discussed the need to return to traditional occupational values (Reilly 1962, 1966, Yerxa 1983, 1994, Polatajko 1994) to assist in providing the profession with a sound role identity and a return to what has been called 'authentic' (Yerxa 1967) or 'proper' (Goode 1997) occupational therapy. Kielhofner (1997) referred to the idea of occupation presented by Meyer and others as being the profession's first paradigm. It is this paradigm, in addition to recent and future studies based within the discipline of occupational science, which promises to provide the profession with its principal source of coherence and a common identity.

The moral treatment movement, which had its genesis in the asylums of the mid-18th century, is believed to be the forerunner of occupational therapy in the United States of America (Barris et al 1988a). Moral treatment embraced a philosophy valuing the importance of everyday activity for asylum ‘inmates’. As early as 1822, everyday occupations, such as self-care, hospital industry work and organised hobbies, were used as a substitute for restraint (Meyer 1922, 1977). Rogers (1982) articulated the loss of an occupational focus by explaining how the kinesiologic, neurological and intrapsychic views of function were increasingly adopted. She stated, ‘Skill training for self-care, work and play was largely replaced by sub-skill training for factors such as eye-hand co-ordination, strength and endurance and self-expression and control’ (p714). Such a focus no longer reflected the profession’s original beliefs. The demands of two world wars and a perceived need to prove the validity of occupational therapy through measurement of various sub-skills of function, such as range of movement and strength, pushed practice further into specialised areas (Reilly 1962). Reilly (1962) reinforced the view that the profession was being removed from its original mission when she stated that, despite being valuable to medicine, the profession should not concentrate on cure of isolated deficits.

In response to a lack of clarity regarding the role of occupational therapy in psychiatry, Reilly (1966) developed a psychiatric model of occupational therapy, which was guided by the values of human behaviour occurring within occupational roles and environments that would support such behaviour. The occupational therapist was envisioned as a ‘caretaker’ of the context and culture for rehabilitative behaviour, which was referred to as the milieu. In calling for a re-commitment to the principles espoused by Meyer, Reilly (1966, p64) specified that occupational therapy ‘presses for the exercising of life skills in a balanced pattern of daily living; takes into account individual interests and abilities and tailors daily events to age, sex and occupational role’.

Matsutsuyu (1971) developed Reilly’s initial ideas on occupational behaviour and presented them as a frame of reference, which proposed that behaviour is guided both by society through socialisation and role performance and by psychological theories of achievement motivation, problem solving and personal development. Treatment rested on facilitating adaptation or acquisition of the skills necessary to ‘maintain, support or raise the daily living performance of patients in their current life role’ (Matsutsuyu 1971, p293). Heard (1977) extended the idea of a role acquisition model, which was considered to be applicable to such client groups as juvenile delinquents and unemployed people, by providing opportunities for productive participation.

In 1977, Kielhofner and Burke introduced concepts that would later be included within the Model of Human Occupation (Kielhofner and Burke 1980). Developing the ideas of Meyer, Kielhofner’s (1977) work on temporal adaptation suggested that the use of time by humans, as organised by habits and supported by social roles, was crucial to healthy occupational performance.

Barris et al (1988a, b) clarified the links between various perspectives in psychosocial practice and how occupational therapy, viewed from an occupational perspective, either complemented or conflicted with models of practice that were not centred on occupation. Barris et al (1988a) implied that if occupational therapists did not focus on occupation primarily, and were involved in, for example, more psychodynamic or behaviourally oriented treatment techniques, conflicting messages would be given about the unique domain of concern of occupational therapy.

The relatively new academic discipline of occupational science is described as having strong conceptual ties with the philosophical orientations of Reilly and Meyer (Clark and Larson 1993). Being concerned with developing and researching the concept of occupation in its broadest sense, occupational science research has to date addressed, for example, how tasks and roles are woven into daily life (Clark and Larson 1993). The emergence of occupational science reflects, in part, an epistemological crisis, which has seen occupational therapy continue to fragment towards specialisations oriented in other professions and a growing incoherence between practice and philosophy. Its emergence is also likely to be related to a continued reliance on a body of knowledge not generated within the profession but, rather, from disciplines that are not, because of their reductionist perspectives, compatible with perspectives of humans as occupational beings.

Ten years have now passed since Yerxa et al (1989) first published their views on the potential values of an academic discipline focused on occupation and many other scholars, before and after them, have outlined the need to focus research and practice endeavours in and on occupation. Is it too early to ponder whether the occupational visions held by scholars have managed to filter into occupational therapy practice?

‘I am … and therefore I should …’: exploring the how and why of practice

The interview data to be presented were collected during postgraduate study, which explored the roles and philosophies of occupational therapists working in child and adolescent psychiatry in the United Kingdom. A series of in-depth interviews were embarked upon in order to help to
answer the questions: 'Is current practice in child and adolescent psychiatry occupational in nature, and what potential do current practitioners believe exists for practice to become more occupational?'

The participants were identified using nominated (Krefting 1991) sampling. The course leaders of nine undergraduate occupational therapy programmes in the United Kingdom forwarded the names of potential participants whom they felt might help to answer the questions. After the mailing of an information letter that outlined the purpose and nature of the study, six occupational therapists agreed to be interviewed about their practice.

The interviews used a semi-structured format. Each interview was audio-taped and lasted 50-90 minutes. Interview questions were modified after each interview in accordance with pertinent themes that arose (Strauss and Corbin 1990). The questions sought to understand roles and philosophies associated with current and actual practice, for example:

- Could you describe what you feel is the most unique aspect of occupational therapy within your service environment? Try to describe this in terms of (a) the thinking you adopt about young people and (b) the actual intervention that you provide.

Other questions were hypothetical in nature. The following question elicited responses that were used to generate the key theme of this paper, gap filling:

- Imagine you work in a community youth centre. Referrals come from a wide range of sources including GPs, probation officers and social workers. As an occupational therapist what sort of referrals would you accept, given that there is so much that you could do? What sort of input would you offer?

Each interview was transcribed verbatim. Pseudonyms were given to each participant, since sections of interview transcript would be used in order to add meaning to the interpretations offered by the researcher. For the purpose of this article, formal member checking was not undertaken; however, some of the participants had provided feedback that indicated an agreement with the interpretations presented in the original research. These interpretations remain largely unchanged.

Searching for meaning and developing themes

The transcript of the first interview was analysed and coded in a line-by-line manner, with subsequent transcripts coded in a paragraph-by-paragraph manner as sensitisation to the data developed (Strauss and Corbin 1990). Following the initial reduction of data through coding, a more interpretive approach was adopted to assist in the development of themes (Denzin 1989), achieved specifically through a search for oppositions and the use of metaphors around these major themes. Themes were developed into stories or narratives that attempted to capture therapists’ reasoning. Only one theme, gap filling, is presented and discussed in this paper. Data from only four of the six occupational therapists are used as these are felt to be the most pertinent to this particular theme. Other themes will be presented in subsequent publications.

Occupational therapists as gap fillers

During the interviews, a hypothetical question was posed which aimed to explore what it was that an occupational therapist might offer to youth/adolescent services that would be seen as being unique and valuable by others, perhaps to the degree that a role could be justified in that service. The responses from two therapists in particular led to the interpretation that these therapists’ explanation of their ‘potential’ roles were devoid of a philosophical reference to occupation. These two participants highlighted justifications for input which challenged the idea that occupational therapy is practised in a paradigm-dependent way. Instead, these therapists appeared to be referring to a need to fill a gap, or to do what needed to be done for reasons unrelated to occupation, as the justification for their role.

Paradigm-dependent practice, on the other hand, relies on the adoption of a phenomenon by consensus across the members of a profession or discipline, to guide the purpose, nature and scope of practice and research (Clark and Larson 1993). Others have referred to a paradigm as being a profession’s ‘world view’ (Feaver and Creek 1993). The paradigm of concern for the occupational therapy profession might logically be accepted to be that of occupation.

Practice that is context, client or colleague dependent

The notion of occupational therapists as gap fillers is implied as a consequence of the manner in which Sarah and Gloria talked about the tasks that they did and would (hypothetically) adopt as occupational therapists. Sarah and Gloria, who had both been working in adolescent mental health settings for some years, described two variants on paradigm-dependent practice when they talked about gap filling in relation to the roles that they might adopt in a hypothetical youth centre. While paradigm-dependent practice might guide the therapist to adopt roles that would assert a professional identity which consistently reflected core beliefs held by the profession, Sarah spoke of her own practice as being more context dependent while Gloria’s practice appeared to be client dependent.

Gloria’s description of what would determine her enactment of a certain role implied that she would choose to fill a gap where her talents would be noticed over and above those of other professionals. Gloria discussed gap filling in connection with her potential role with young people in a community centre, who may need assistance in the area of occupational choice. Gloria felt that although someone else could fill such a role, it would not, based on her actual observations of others who have taken on such roles, be done as well as it could be by an occupational therapist and, therefore, she would see such a role as a gap to be filled. Gloria exemplified the notion of gap filling by explaining that she would much rather work in an area where other people could not do certain things as well as an occupational therapist or could do them but did not:
[Careers workers] … I would see them being the ones who should be looking at their futures and preparing them for making careers choices … Yes, looking at occupation in its … [broadest sense] … and also in quite a unique way. But they don’t do it, and I think in that role I would have no hesitation in filling that gap … we’re very well suited to do that.

Gloria’s decision surrounding the adoption or rejection of the hypothetical role appears to be based on the skills of others who could provide the input required with the stated client group. Gloria implied that her input would best be focused on clients whose more complex needs could not be met by other professionals. Her practice could therefore be described as client and colleague dependent. This view does not base the occupational therapist’s involvement in the role of facilitating occupational choice on a core professional value about the importance of occupation; rather, involvement in the role is interpreted as being based on a (personal and) professional need for identity.

Role change
Sarah spoke of her role and her place within the overall continuity of a programme aimed at well young people in a manner that promoted the idea of the occupational therapist as a jack of all trades:

So much would depend on what was needed and where I felt I could be most useful, I think often that’s what influences what I choose to do; it’s not whether I think – I am an OT and therefore I should do that … it’s more … this is where there’s a gap – am I the best person to do that or is someone else the best person? … If no-one else will do that then I’ll do it sort of thing … if it comes down to, well, no-one else is going to bloody well do it … and I think, well, actually keeping it structured and keeping it happening is important and maybe that’s where my role would be … I mean I see things very much as fluid and changing your role when it … when things need … you know, and if you need to be involved in getting it started initially and then pull out …

Sarah’s explanation of her role as a gap filler is a very necessary and valid way of practising for her. As she implies, it may not be occupational therapy, but perhaps as an occupational therapist she has a keener sense of where the gaps are. Rather than waste time pointing out these gaps to others or stopping to consider whether what she is doing is philosophically relevant to occupational therapy, she quickly and quietly makes herself useful as a gap filler. The notion of role change and gap filling discussed by Sarah was also touched on by Rob when he described occupational therapists as ‘chameleons’:

Someone came up with the idea of being a chameleon, and that was a very good idea, good sort of metaphor for how OTs often are. You blend into what’s going on.

This vision of occupational therapists quietly blending into the background and maintaining the continuity without upsetting the status quo could also be seen in a less than positive, or even harmful, light in that the chameleon does not assert or advertise its presence nor does it have any unique feature other than the ability to provide a consistent backdrop. This may be a weak weapon in the face of attack from others, who may have described more articulately or advertised more brightly their treatment trademarks. If the chameleon is not noticed when it is present, will it be noticed when it is absent?

The need for identity
The need for identity and the way that gap filling provides this is also evident in occupational therapists’ willingness to take on anything, whether it is relevant to occupational therapy or not. Rob talked about the problems of accepting inappropriate referrals and how this undermined the profession’s attempts at asserting a consistent viewpoint to others:

There’s some people I know … got caught up with … Oh, that sounds like a good thing to do, … they go – oh great, a referral, rather than saying hang on, I’ll have a referral if it’s appropriate …

Gap filling as an explicit and/or a metaphorical theme appears to highlight the need for occupational therapists to have some identity, perhaps personal and professional. For Sarah and Gloria, it seemed that the occupational paradigm did not inform their reasoning or contribute greatly to the identity that they had, nor did it appear to guide them in the tasks and roles that they did adopt or thought that they would adopt. Whether this is a problem of the paradigm or of the individual’s understanding and adoption or adaptation of it is unclear. Another participant, Gail, discussed how she ‘thought’ about a young person who might be involved in crime in a way that more clearly demonstrates an occupational perspective:

I would theorise that point of view that he hadn’t really probably had a chance to participate in activities during his life that have helped him kind of believe in himself … we would look at him from the perspective of seeing which parts of his life he’s finding the most kind of balance … and try to get to grips with which areas are problems and look at how he performs all of those activities … maybe one of his main problems is that he hasn’t been getting satisfaction through activities and occupations in his life and the various roles he plays, so therefore he seeks … more kind of stimulation through other more socially undesirable activities …

Gloria’s and Sarah’s reasonings have been presented in a manner that is helpful to this discussion on role confusion and the extent to which roles are grounded in occupation. However, in reality, with further discussion beyond the confines of this paper, both these therapists did appear to be adopting some aspects of an occupational paradigm. What is most notable, however, is that these therapists could not readily articulate these perspectives. Sadly, due to the attitudes of her work colleagues, Sarah had come to believe that any unique perspectives that she may have were not always valued:
A lot of people have this view that OTs are incompetent … that they only do mote baskets … and what’s quite sad I think is that the psychiatrist I used to work with, used to introduce me as … she’s our OT, but she’s more than that … so anything that I could do, this role that I had wasn’t considered as OT role, I was stepping out of it. At the time I didn’t really stand up enough … I think that’s quite insulting, I mean I think we’re really going to have to prove ourselves as being competent in the area and have something to offer, because it’s very easy for us to get dismissed as a bunch of middle-class basket weavers.

Sarah’s role as a gap filler and an all-rounder was probably a response to the favourable recognition that she had received. In many ways, Sarah had survived and managed to forge an acceptable identity through adopting the dominant paradigm and trademark treatments of her workplace in adolescent psychiatry. Sarah had completed a course in family therapy and was contemplating what direction to take in her career; however, she also explained that she would like to increase her understanding of occupational therapy philosophy and theory because she felt that this might empower her to adopt a stronger stance on such issues as ‘competence’ and ‘achievement through activity’.

Gail discussed the importance of becoming stronger in the profession’s occupational ideas, in order to avoid the flak of others’ misunderstandings. She felt that the profession was at risk of having its ideas about the value of occupation taken over by others when she explained that police and social workers were now running ‘activity programmes’ in areas of high juvenile delinquency:

It shouldn’t be police, I mean I know there aren’t enough of us, but it should be OTs running activity centres, activities for kids in the holidays, or influencing youth services … I think one of the answers would be research and proving … and I mean, you’ve got to be pretty strong in your occupational ideas to resist the ridicule and the lack of misunderstanding and unless you’re strong you’ll go down the slide with them … you’ll train to be a family therapist I guess, ‘cause you’ll get more credibility.

Discussion

This interpretation of the therapists’ reasonings implies that gap filling is a reality of practice. Whether the outlook for the profession would appear as much a matter for concern if the original study had been conducted with therapists from other areas of practice is unknown. In this study, there is a limited voice in relation to participants who espoused that their practice was dependent on an occupational paradigm. This suggests that without a sound framework to guide practice, therapists can become philosophically lost. Gap filling asserts an identity as a competent all-rounder, but does it assert an identity as a unique therapist of occupation? The majority of participants in this study primarily adopted what Kiellhofner (1997) referred to as ‘related knowledge’, or concepts, facts and techniques borrowed from other disciplines, to help them guide and enact their tasks and roles. Gap filling, although presented as a legitimate reality of practice, is felt to predominate particularly among sole occupational therapists who may be struggling to assert a unique identity with limited success.

Creek (1999) highlighted that being useful, rather than powerful, had been crucial to the profession’s survival and she asked us to consider whether being articulate regarding the profession’s role really mattered. The observation that a lack of a clear identity amongst occupational therapists can result in a tendency to accept the identity imposed upon them by their workplace colleagues has been highlighted by a number of authors (O’Shea 1977, Barris 1984, Kiellhofner 1997). The tendency to be ‘conditioned to practise according to how our workplace defines our role through the managers, our colleagues and our clients’ (Gooder 1997, p30) is an expectation believed to be ‘too strong for the new practitioner to withstand’ (p30). In response to Creek’s (1999) query, it could be agreed that occupational therapy has survived, but at what cost to individual practitioners? How many practitioners have left their workplace due to a role identity crisis or remained in an environment that has, as Sarah described, been less than supportive regarding the contributions the practitioner has made to the workplace?

This discussion on gap filling is based around interview data from a small number of occupational therapists; however, other authors such as Gooder (1997, p30) have raised concerns that ‘there are clinicians who are not bridging the gap to academia as a source of influence for their practice’. But is it academia or the clinician who has a responsibility to maintain, transmit or adopt a unifying identity? Gooder (1997, p30) explained that occupational therapy schools can ‘give an idealistic vision of practice’. Personal anecdotal experiences of fieldwork feedback sessions amongst undergraduate occupational therapy students reveal that having seen a ‘shower assessment’ or an ‘upper limb’ treatment activity in progress, they consider that they now have a sense of occupational therapy. This would imply that courses that attempt to ground practice in occupational philosophy and therefore in some ways prescribe practice fall short. Or is it that the students merely lack exposure to exemplar practising therapists who espouse and enact occupationally informed therapy? Could it be that occupational therapists only fully appreciate their history and philosophy after some time in the field and further study? Do they then leave practice to enter academia?

As we enter the new millennium, it seems timely to consider seriously how we will achieve what others have dreamt of for the profession. Yerxa (1994) called for 2000 to be the year that will ‘hail the start of the millennium of occupation’ (p587). Further, Yerxa stated, ‘The increased complexity of daily life for all persons demands a profession that knows a great deal about daily routines and how persons manage and thrive in their environments’ (p578). Providing a Canadian perspective, Polatajko (1994, p591) called for the ‘continued study of occupation’ to enable the translation of occupational ideas into practice. Clearly, for
this to occur we must consider ways of enabling an occupational understanding for practitioners who are neither recent graduates nor current postgraduates.

Gooder (1997) posed a pertinent question for consideration. She wondered why, if occupational therapists are people who can influence change, ‘so many capable occupational therapists are failing to give clients a service which is by their own invisible beliefs – occupational therapy?’ (p29).

Occupational therapy has been referred to as ‘a cause without a rebel’ (Joyce 1993, p447). The author would change such a claim and pose whether occupational therapy is composed of therapists who could be rebels but are inarticulate about their cause. So perhaps Joyce (1993) was partly correct. However, there is no doubt that occupational therapists possess both a tradition and a strong cause.

Finally, Gooder (1997) prompted us to consider why others define occupational therapy and its practice: ‘Because we don’t!’ (p30).

**Conclusion**

This paper has built on a call made by many scholars and practitioners in the profession of occupational therapy to revisit and be energised by its occupational philosophy. It is hoped that this paper has also prompted individual therapists to ask themselves: ‘Do I practise according to the philosophy of my profession and can I articulate why I do what I do in accordance with that philosophy?’ Interview data have been presented in order to raise discussion around the idea that occupational therapists are in danger of being perceived as gap fillers and that the reasons for this lie in their continued incoherence regarding their role and the tasks that they adopt. Adopting a role imposed on occupational therapists by others only perpetuates confusion regarding their identity among the wider community and themselves but, more seriously, such a situation may prevent individual clients and whole communities from benefiting from occupational therapists’ ideas and actions regarding the value of occupation.

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