Sustaining the Art of Practice in Occupational Therapy

Suzanne M. Peloquin

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The art of practice in occupational therapy is intrinsically centered on relationships, on the qualities that make relationships meaningful, and on the meaning of occupation in a life. Demands from today's health care system make it increasingly difficult for practitioners to engage in meaningful relationships with their patients. The art of practice, jeopardized by the health care system, requires sustenance from other sources. A new field, literature and medicine, suggests a source of sustenance for the art of occupational therapy practice. The reading of fictional literature can provide occupational therapists with sustaining images that can reaffirm their commitment to the art of providing occupation as therapy.

The Art of Occupational Therapy

In 1972, the American Occupational Therapy Association (AOTA) Council on Standards defined occupational therapy as "the art and science of directing man's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology, and to promote and maintain health" (p. 204). Years later, AOTA's Representative Assembly accepted a more comprehensive definition that begins as follows:

Occupational therapy is the use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or aging process in order to maximize independence, prevent disability and maintain health. (1981. p. 798)

Definitions evolve over time to reflect changes in priorities and orientations. It is not surprising that the descriptive phrase "art and science," which validates a blend of practice components, was deleted between 1972 and 1981 as the profession's emphasis turned toward scientific research and accountability.

In spite of this deletion from the profession's official definition, the practice of occupational therapy remains a blend of art and science. There is an art to the practice of any therapeutic endeavor. Mosey (1981) discussed art relative to the practice of occupational therapy. She first defined the art of practice negatively, stating that the art of practice is not (a) a desire to help others, (b) the skilled application of scientific knowledge, or (c) simply being a systematic or sympathetic practitioner. Mosey wrote, "The capacity to establish rapport, to empathize, and to guide..."
others to know and make use of their potential as participants in a community of others illustrates the art of occupational therapy" (p. 4). Without art, she claimed, occupational therapy would become the application of scientific knowledge in a sterile vacuum.

Mosey (1981) elaborated those characteristics commonly held by practitioners she called "masters in the art of practice" (p. 23). The artful practitioner perceives the individual as indivisible into various parts or subsystems. Although practitioners reduce the human organism into subsystems in order to understand the patient more clearly, the art of practice reintegrates those subsystems to see a whole person. Meeting the patient as an individual enables the practitioner to empathize with the patient and to accept his or her feelings, ideas, and values. The meaning that the patient places on his or her life, relationships, and environment guides the therapist-patient collaboration toward growth, independence, and the use of potential.

The science of practice, Mosey (1981) said, is a phenomenon fundamental to all professions. In occupational therapy practice, science is the gathering of data through systematic clinical observations or through more formalized research projects to help develop new theories or to verify, refine, or refute existing theories relevant to the practice. The art and the science of occupational therapy together constitute its practice.

Devereaux (1984) identified the caring relationship as the art rather than the science of health care. She wrote, "Occupational therapists are specialists in making care happen. We know how to enrich all the transactions in the relationship with the patient. These become caring gestures" (p. 794). Devereaux characterized the particular caring of occupational therapists as singular among professionals: helping the patient reconnect to those occupations that are meaningful to him or her. She said, "Occupational therapists care by helping people disengage from despair and dysfunction and by helping them look forward, to see their loss as being able to be ameliorated through adaptation and occupation" (p. 794).

Within the context of her definition of caring, Devereaux (1984) highlighted a major assumption that informs the theory and the practice of occupational therapy: that adaptation occurs through the use of occupation. According to Reed and Sanderson (1983), occupational therapy theory and practice build on several assumptions. Although it is difficult to summarize these assumptions, Reed and Sanderson demonstrated that it is possible. They categorized a long list that included assumptions about: (a) human beings; (b) occupational performance; (c) health, wellness, and illness; (d) the receipt of health care services; (e) the provision of health care; (f) occupational therapy; and (g) the therapeutic use of occupations. In the art of practice, as occupational therapists engage meaningfully with patients, they discuss assumptions. They formulate treatment plans based on mutual assumptions chosen from among several possible categories. A cluster of assumptions gleaned from Reed and Sanderson's comprehensive list seems central to the caring connection described by Devereaux. These assumptions relate to occupation and figure prominently in any dialogue with patients about their connection with meaningfulness:

Each individual must perform some occupation or have the occupations performed for the person to survive.
A person adapts or adjusts (grows and develops) through the use of and participation in various occupations.
Occupations may be divided into three major areas: self-maintenance, productivity, and leisure.
A balance of occupations is facilitatory to the maintenance of a satisfying life.
Occupations permit a person to fulfill individual and group needs.
Occupations must be relevant and useful to the individual in relating to the environment. (p. 70)

The art of practice supports the entire structure of occupational therapy. Caring, informed by assumptions about occupation, constitutes the base for those elements Devereaux (1984) considered essential to an effective relationship in occupational therapy: (a) competence, (b) belief in the dignity and worth of the person, (c) belief that each person has the potential for change and growth, (d) communication, (e) values, (f) touch, and (g) sense of humor. Caring transforms a science of occupation into a therapeutic practice.

Mastery of the art of practice in the fullness described by Mosey (1981) and Devereaux (1984) is a challenge. One need only reflect on the current demands faced by practitioners to acknowledge the difficulty. The brief length of patients' stays, the demands for productivity, the documentation criteria for third-party reimbursers and accrediting agencies, and the requirements for research and quality assurance all demand the time and energy required for caring. Occupational therapy practitioners need affirmation that the art of practice is valued and that those assumptions about occupation that are communicated through caring are relevant to patients. Today's health care system does not tend to nurture the art, it does not encourage consistent patient-therapist dialogue about assumptions.

Associates of occupational therapy in medicine have been vocal in their articulation of the struggle to retain the humane side of practice. Engel (1977) wrote of physicians' disenchantment with an approach to disease that neglects the patient, with a dominance of procedures over patient sensitivities, and with a biomedical emphasis that disregards human meaning. Pellegrino (1979) claimed that the
concepts of discreteness of disease processes and specificity of therapeutic agents have transformed the ethos of medicine. Therapeutics as we know it today, a little more than a century old, has been beneficial for humankind on the whole. But the impact of scientific advances and technological successes has profoundly compromised the relationship between patient and physician.

Patients resent the fragmentation of their care. Public distress has resulted in a series of measures to acknowledge the patient, the person, and his or her rights: quality assurance, the patient's bill of rights, legal concern with informed consent, and the regulation of experimentation on human beings. These measures systematize a defense against a powerful medical system that tends to forget or ignore the individual patient. The health care system demands scientific competence; the legal system demands acknowledgment of individual rights. There is no escaping the reality. Practitioners must engage in the science of practice in order to function in the health care system. And yet, patients and professionals alike recognize the sterility of a human service practice devoid of its art, its caring. Rights can be legislated, but caring cannot. The art of practice, not so valued or nurtured by the health care system, requires sustenance from other sources.

Literature: Toward an Affirmation of the Art of Practice

A new field, literature and medicine, suggests a source of sustenance for the art of occupational therapy practice. Jones (1987) characterized literature and medicine as a recent phase in the medical humanities experiment in medical education. She identified two approaches to literature that justify its incorporation into medical education: the aesthetic and the moral. Trautmann (1979) described the aesthetic approach: "to teach a student to read, in the fullest sense" (p. 36). The fictional world, she said, reveals "relationships between people and within a single personality" (p. 33). In reading fiction, one "must look at words in their personal and social contexts" (p. 36). Trautmann said that through literature one can make the leap to empathy, to compassion. Through literature, one can achieve affirmation of personal dignity—a reaffirmation of a personhood threatened by the health care system.

Coles (1979), a physician, described the second approach to literature, the moral approach. He wrote that "the point of a medical humanities course devoted to literature is ethical reflection" (p. 445). Coles believed that novelists and clinicians alike focus on the everyday life and on the unique nature of the human being. He said that there is a continuing tension between one's idealism and life's demands.

Novelists, he said, can move one to scrutinize assumptions, expectations, and values, to reflect on a life either as it is being lived or as one hopes to live it.

Images from fictional literature viewed within the context of either the aesthetic or the moral approach can nurture the art of occupational therapy practice. The art of practice, is, after all, intrinsically centered on images—images of relationships, of qualities that make relationships meaningful, of occupation's meaning in a life.

The aesthetic approach to literature can help, in its scrutiny of relationships, to validate the meaningfulness of "the capacity to establish rapport, to empathize, and to guide others to know and make use of their potential as participants in a community of others" (Mosey, 1981, p. 4). The moral approach can prompt reflection about practice elements and about assumptions that inform practice. Both approaches can validate the practitioner's commitment to the art, to caring, and to caring connections.

Yerxa and Shattrott (1986), in their endorsement of a liberal arts education for occupational therapists, wrote "Occupational therapy's knowledge base requires an understanding of medical conditions, but it is not the medical condition per se that is of the greatest significance; rather, it is the occupational nature of the human being. Thus, although our knowledge, in practice, is primarily applied to people who are ill and disabled, the science of occupation and its concern with the play-work continuum, adaptation, and competence development applies to all people, disabled or not" (p. 158).

Literature, read in its fullest sense and reflected upon, can contribute to an understanding of the human condition.

Mosey (1981) described the process of learning the art of practice: "The individual who strives to bring art to practice must be able to engage in the often uncomfortable process of learning more about one's self, changing one's self, and gaining knowledge about how one's values and expectations may differ from those of others" (p. 25). In the world of fiction, one can find a mirror reflecting back, for recognition and appraisal, one's self, one's values, and one's expectations. One can also find in the world of fiction a window opening onto a world of others, their values, and their expectations. Literature can facilitate learning the art of practice.

Fiction: A Reflection of the Art of Practice

The concept of reading fiction to enhance the art of practice will no doubt elicit varied responses from widely diverse occupational therapy practitioners. Avid, discriminating readers use the process already, but nonreaders may not be intrinsically motivated to turn to fiction without a clear indication that the process can enhance their skill in the art of practice. Although the process seems particularly suited to the
educational system, it is equally adaptable to any continued learning endeavor.

The fictional world is populated by occupational therapists and patients. Some images from that world reflect practitioners inept in the art of practice and patients vocal about that ineptitude. Fiction also contains images that seriously challenge assumptions about occupation. If one expects sustenance from the literature, one needs to know how to handle the negative images.

Reading in a fuller sense can be affirming, even if the fictionalized occupational therapist happens to be a rogue or a villain. If one can agree that the character’s interpersonal style lacks care, that agreement affirms one’s endorsement of a different style: “I’ll be (or I am) a different kind of occupational therapist.” This can be affirming. Reading in the fuller sense, one can find other characters whose interactional styles are favorably represented. To reflect on characteristics worth emulating is to once again affirm one’s belief in caring and in the art of practice.

An encounter in the fictional world with a blatant repudiation of an assumption about occupational therapy may be disturbing. By reading in the moral sense, that is, reading to examine human values, one can step out of one’s own world of assumptions to consider those of others. This experience can enrich later dialogues with patients. The exploration of another world through fiction can enable one to better understand real patients whose values differ from one’s own. The reflection and the broadening of view made possible through fiction can facilitate the meeting of each patient as an individual.

In The Cracker Factory (Rebeta-Burditt, 1977), an occupational therapist working in a private psychiatric hospital is characterized in a most unflattering manner. The protagonist in this story is Cassie, a young woman admitted to the hospital because she is depressed and abusing alcohol. Cassie does not single the occupational therapist out for criticism; the therapist is one of several characters seen as oppressive. Cassie describes her hospital experiences satirically. She depicts the occupational therapist in an interactationally challenging scene: attempting to motivate patients to come to a therapy group. Cassie names the therapist “Brunhilde, the misplaced Viking Lady” and “the Dictator of OT” (p. 114). Both names suggest an abuse of power. One expects ferocious and bloody battle with a Viking and arbitrary orders from a dictator. The names, unfortunately, seem apt. The therapist “marches around the seventh floor telling all the patients that their doctor has ‘ordered’ Occupational Therapy” (p. 114). Rather than discussing with individual patients the merits of therapy or its relevance to them personally, she invokes the power of the doctor’s order. She “herds them out in the hall” and “goosesteps them out the door” (p. 114). There is no evidence of rapport here, no humus, no recognition of patients as individuals. Harshness dominates the scene.

The occupational therapist insists that the patients “must come IMMEDIATELY” (p. 114). When patients try to hide from her by taking a shower, “She doesn’t care. Wet or screaming, it makes no difference. She drags them along anyway” (pp. 114–115). A caring touch is replaced by dragging and goose-stepping. Notably absent are respect for patients’ dignity and an acknowledgment of patients’ rights. There is clearly no empathy. Instead, there are threats: “If you don’t go to OT, it will be written down on your chart and you won’t get out of here” (p. 114). Cassie’s perception of the motivational attempt is one of intimidation. The reader is forced to agree.

Practitioners may recognize in this portrayal the familiar struggle inherent in the motivational process. Ultimately, the patient has the right to refuse all treatment, for whatever reason. Furthermore, the patient has every right to dispute or to reject any and all assumptions about the therapeutic process. Meanwhile, the concerned practitioner, invested in the patient as a person, tries to communicate possible benefits, to convey a deep personal interest, to attempt to collaborate, and to walk away from the motivational effort only when convinced that the patient has sufficient information to have made a real choice.

Powerful images from The Cracker Factory stimulate reflection about the motivational attempt. Does even the best attempt feel, to the patient, like a battle? If so, what interpersonal elements might signal a truce? Cassie’s view clearly reminds therapists that a patient who has little control over an environment perceives those in control as dictators. What therapist characteristics might impress a patient differently? The Cracker Factory provides a clue to anyone reading in the fuller sense.

One favorite nurse escapes Cassie’s sharp criticism: the nurse she calls Tinkerbell. Tink tosses her a set of keys saying, “The kitchen is officially closed but you may go in if you like” (p. 221). Cassie is “delighted, feeling like a friend” (p. 221). Tink takes time to establish rapport, to be with Cassie, to talk with her. She asks personal questions, and she encourages Cassie to share. When Cassie says of herself, “I doubt I’ll ever have the ability to be that open,” Tink says, “Give it time. . . . When you’re more comfortable, you’ll loosen up” (p. 222). When Cassie asks Tink a personal question, Tink agrees to answer, saying, “Okay, Cassie, I’ll play fair” (p. 223). She shares a personally painful situation. Unlike
Brunhilde, whom Cassie describes as not caring. Cassie tells Tink, "You care," to which Tink nods and replies, "I care" (p. 227). But Tink admits personal shortcomings. She says, "I have limitations like everyone else" (p. 227). She tells Cassie, "I prefer involvement on a limited basis, caring on my terms, the way I handle it best, the way I'm most effective" (p. 227).

Tink's disclosure of personal weaknesses has therapeutic value. She can say, "Cassie... from where I'm standing, I have a clear view of your strengths" (p. 227). Tink's display of humanity reinforces Cassie's humanity. In Cassie's worldview, Tink is a caring person; the occupational therapist is not. The art in Tink's practice of nursing contrasts harshly with the absence of art in the occupational therapist's practice.

Interactional characteristics make a difference to patients in fiction and in reality. The exaggeration and striking contrast between one occupational therapist and one nurse used in the House of God, a hospital where the “emphasis was on doing everything always for everyone forever to keep the patient alive” (pp. 25–26). The House of God is filled with gomers, “human beings who have lost what goes into being human beings” (p. 38).

Within this environment, interns and residents lack support from their supervisors, struggle against exhaustion, and grapple with life, death, and ethical issues. Tired interns focus on getting sleep: “I wish she would die so I could just go to sleep” (p. 135). They try to learn “enough medicine to worry less about saving patients and more about saving themselves” (p. 150). They always seem on the edge of sanity and control. Roy says, “I'm scared that one of these nights, with nobody else around, when someone starts to abuse me, I'm going to lose control and beat the shit out of some poor bastard” (pp. 232–233).

There is no balance of occupations, no rest, and no leisure. Roy describes his inner state at his worst point: “I had been as far from the world of humans as I could get... I had been sarcastic. I'd avoided feeling everything, as if feelings were little grenades” (p. 361). Roy Basch, denied a balance of occupations and cut off from meaningful human exchange by the demands and stresses of work, lives in an environment as dehumanized as that portrayed by the Chief.

Kesey and Shem provide hope for both the Chief and Roy Basch. There is a way out of these maladaptive environments and these dehumanizing worlds. Other people lead the way out, people who can laugh, who can relate, who can touch. People help the Chief and Roy to make connections with helpful occupations.

In One Flew Over the Cuckoo's Nest, McMurphy enters the Chief's world: "He sounds big. I hear him coming down the hall, and he sounds big in the way he walks... He talks a little the way Papa used to, voice loud and full of hell" (p. 16). McMurphy laughs. The Chief says, "I realize all of a sudden it's the first laugh I've heard in years" (p. 16). McMurphy’s activity level is contagious. He plays cards and Monopoly, he pitches pennies, he commandeers a tub room for a game room, he socializes and gambles incessantly, he struggles with Big Nurse over the use of the TV. The longer McMurphy stays, the more in touch with reality the Chief becomes. McMurphy organizes two activities (or occupations) in particular that seem to make meaningful connections for others: a basketball game on the ward and a fishing trip.

McMurphy "talk[s] the doctor into letting him bring a ball back from the gym" (p. 174). In response to the nurse's objections, the doctor observes: "A number of the players, Miss Ratched, have shown marked progress since that basketball team was organized; I think it has proven its therapeutic value."
The team increases a feeling of solidarity among the patients. The Chief, though not on the team, says, "We got to go to the gym and watch our basketball team" (p. 176). The game "let most of [them] come away feeling there'd been a kind of victory" (p. 176) despite their 20-point loss. The image of this patients' team is familiar to most occupational therapists: "Our team was too short and too slow, and Martini kept throwing passes to men that nobody but him could see" (p. 176). The adaptive effects represented in this image of the game validate a major occupational therapy assumption about the human condition.

When basketball season is over, McMurphy plans a fishing trip. He deceives authorities into thinking that two maiden aunts will sponsor the expedition. Instead, he engages the help of a prostitute. The Chief focuses his attention increasingly on McMurphy's energy and strength. When he speaks for the first time in years, he speaks to McMurphy. After having been withdrawn for years, the Chief yearns to reach out. He thinks, "I just want to touch him because he's who he is" (p. 188). McMurphy signs the Chief up for the fishing trip. The Chief reflects: "I was actually going out of the hospital with two whores on a fishing boat; I had to keep saying it over and over to myself to believe it" (p. 191).

Images of the fishing trip powerfully present the competence, mastery, and connectedness with others possible through occupation. The activity meets both group and individual needs. The trip is an occupation enjoyable to these men both in the doing and in the end product: the successful catch. Fiction here validates on a dramatic level what a formal analysis might predict about this particular activity for a group of institutionalized patients. Each person on the expedition benefits in some way from the activity. The Chief's experience is representative of that of the others. On the ride he says, "I could feel a great calmness creep over me, a calmness that increased the farther we left land behind us" (p. 208). He recalls that he "was as excited as the rest" (p. 209). He fishes independently: "I was too busy cranking at my fish to ask him [McMurphy] for help" (p. 210). The clearest representation of the healing effect of the experience is the spread of McMurphy's laughter. The Chief says, "I notice Harding is collapsed beside McMurphy and is laughing too. And Scanlon from the bottom of the boat . . . It started slow and pumped itself full, swelling the men bigger and bigger. I watched, part of them, laughing with them" (p. 212). The Chief explains that McMurphy knows about laughter: "He knows you have to laugh at the things that hurt you just to keep yourself in balance, just to keep the world from running you plumb crazy" (p. 212). From within the context of a dehumanizing state institution, a real person, capable of relating and capable of touching lives, makes connections for these men using occupations that help them heal. This image can nurture the art of occupational therapy practice.

In The House of God, Roy Basch's experience cuts him off from a number of caring peers. Two people manage to help Roy reconnect through occupations. Roy's girlfriend, Berry, quietly reflects back to him the changes she sees. Toward the end of the novel she says, "Roy, I'm worried. . . . You're isolated. . . . You're hypomanic. . . . For me, tonight, you're a dead man. There's no spark of life" (p. 349). She organizes a trip to see a performance of the mime Marcel Marceau. Roy tries to get out of going at the last minute, so Berry has four of Roy's friends literally carry him out of the hospital to the performance. Seeing the mime perform, Roy reflects, "All of a sudden I felt as if a hearing aid for all my senses had been turned on. I was flooded with feeling" (p. 359). Later he says, "Betty welcomed me back to her, and I felt her caring arms around me for the first time. Awakening, I began to thaw" (p. 360). The performance, in its dramatic portrayal of the human struggle, touches Roy and reconnects him with his innermost self. He says, "I realized that what had been missing [from the House of God experience] was all that I loved. I would be transformed. I'd not leave that country of love again" (p. 363). Soon after the performance, Roy describes his internship: "I hated this. The whole year sucked" (p. 374). Berry asks him, "Why not become a psychiatrist? . . . Being with people was all that kept you going this year, Roy. And 'being with' is the essence of psychiatry" (p. 374). Berry, having connected Roy to a powerful experience that enabled him to feel again, suggests an occupation in which his need to feel and care might be allowed to grow. This healing image is also one that validates the art of occupational therapy practice.

The Fat Man is a caring resident in The House of God. In some ways a renegade like Kesey's McMurphy, the Fat Man shares survival skills in an insane world. He teaches interns to "buff" charts and to "turf" hopeless cases elsewhere (p. 61). He models caring behaviors among patients who can comprehend the care. He invokes 13 laws of the House of God, all raucous and outrageous, but aimed to counterbalance the senseless thrust of an institution to apply technological procedures regardless of human cost. One law reads: "The only good admission is a dead admission" (p. 420). Patients love Fats, and Roy asks, "As crass and as cynical as you are?" (p. 213). Fats answers, "That's why: I'm straight with 'em and I make 'em laugh at themselves. . . . I make them feel like they're still part of life, part of some grand nutty scheme instead of alone with their dis-

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The Fat Man sees his residency as only a part of the nutty scheme of things. He attends to other satisfying occupations. He dabbles with inventions such as his "anal mirror" (p. 107). Fats expounds on his invention: "The anus is a great curiosity to almost all mankind" (p. 107). Roy is never quite sure how tongue-in-cheek this invention idea really is. But the idea reflects a comic relief, a reprieve from the daily grind. Fats models a life outside the House of God. He manages a private practice out of his home, saying, "What's the sense of being a licensed doc if you don't use it to relieve pain and suffering? This GP work is terrific—these are my neighbors, my people" (p. 372). His life connects beyond his occupation at the dehumanizing House of God. Fats touches others; he can also be touched. When an intern commits suicide, Roy recalls that "the Fat Man was crying. Quiet tears filled his eyes, fat wet tears of desperation and loss" (p. 313). Fats can touch Roy: When he comes to apologize for the recent distance between them, he links pinkies with Roy. Roy remembers, "It was perfect, a magical moment. . . . He'd sensed my emptiness, and he'd responded. His touch meant I wasn't alone. He and I were connected" (p. 373).

Fats also helps the interns consider meaningful occupational connections. Toward the end of their rotation, he works with the interns to select specialty areas. Using chalk and a blackboard, he lists the advantages and disadvantages that the interns see in each specialty. The exercise, one largely of values clarification, helps Roy. He says, "By the end of the Fat Man's colloquium, the remarkable had happened: on paper, Psychiatry was the clear winner" (p. 381). Fats is able to touch the lives of the interns. Through caring gestures he helps connect them with meaningful occupations.

**Conclusion**

Reflection about the art of occupational therapy is less widespread in the professional literature than is reflection about the science of occupational therapy. This is a matter of concern in that occupational therapy is a blend of art and science. The art of practice includes the ability to establish rapport, to empathize, and to facilitate choices about occupational and human potential within a community of others. Engaging in the art of practice commits the therapist to an encounter with an individual who is a collaborator in his or her plan for treatment. Collaboration includes a discussion of each patient's personal goals and of professional and personal assumptions about both the human condition and the meaning of occupation in a life. Without the caring elements that ground the therapist–patient relationship and the dialogue that grounds collaborative treatment planning, occupational therapy would be reduced to a sterile science of occupation.

The current health care system does not encourage the art of practice. Medical practitioners, propelled by the scientific model, have recently returned to a consideration of their lost art. Systematized patient defenses against the depersonalization and fragmentation of their care have affirmed the popular need for care in addition to cure. Practitioners looking to sustain their art have had to turn to sources other than the health care system. The new discipline of literature and medicine attempts to support a humane medical practice through the insightful reading of fiction, and it has the potential to sustain the art of occupational therapy practice as well. By reading fictional literature in its fullest, aesthetic sense, one can reflect on and affirm the importance of relationships and caring in practice by comparing and contrasting those various personal characteristics most conducive to helping. Reading fictional literature in its moral sense can enable practitioners to explore values and assumptions about the human condition and, more specifically, about the importance and meaning of occupation in a life. This reading process is adaptable to the educational system as well as to any other continued education format.

Examples from three fictional works illustrate that both positive and negative images of occupational therapy and occupation can affirm commitment to artful practice. Reading fiction can validate the competence, mastery, and human connectedness with others possible through occupation. Reading fictionalized stories of occupational therapists and other caregivers can affirm those personal qualities of warmth, genuineness, humor, and empathy that are essential in the establishment of a helpful bond.

The art of occupational therapy practice requires validation, though perhaps not in the same manner as does its science. The reading of fictional literature can provide occupational therapists with sustaining images: images of relationships, images of qualities that make relationships meaningful, and images of the meaning of occupation in a life. Reflection on these images can reaffirm one's commitment to the art of providing occupation as therapy.

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