What is Worth Knowing in Occupational Therapy?

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It is assumed that all professional work presupposes and is regulated by paradigms, which are owned by practitioners. Research oriented to a field of practice serves to influence the paradigms in that field and, consequently, the practices in it. Researchers in a field oriented to occupational therapy must find out what the practitioners in that field need to know. They have to explore for problems by engaging in discussions on paradigm issues together with practicing occupational therapists. This paper presents a sketch of a possible occupational therapy paradigm along with lists of queries that make use of essays written by occupational therapists.

Professionals acquire their paradigms in their formal training. Persons engaged in activities within their professions are bound to bring about changes in their paradigms. These changes are improvements or developments to the extent that the professionals are successful in their work.

The paradigm of an occupational therapist may be represented by a geometric figure called a rhomb (see Figure 1). The southern corner represents the therapist's knowledge in a wide sense, including assumptions that do not qualify as full-fledged knowledge, about persons in need of occupational therapy; the northern corner, the therapist's view of and ideals about occupational therapy; the eastern corner, the therapist's abilities to treat patients; and the western corner, the therapist's interest in his or her patients and in occupational therapy.

The four paradigm components are interrelated; views on caring in the north and on persons in the south are adapted to each other. Interests in the west induce development of abilities in the east.

Generalities About Practice-Oriented Research

How does a field of research oriented to a field of practice or a profession affect a profession? Researchers produce knowledge, some of which practitioners assimilate into their paradigms, while the practitioners are being socialized into the profession and while they are carrying out their work in that field. These assimilations bring about changes in the professional paradigms of a kind, which, it is hoped, induce developments in the field.

To ensure that their endeavors will be beneficial, researchers should try to produce valuable knowledge for the practitioners. Researchers should therefore concern themselves with this question: What do the actors in the field need to know in order to be able to perform better in their profession?

Having found answers to this question, researchers confront the following tasks:

• Transforming needs for knowledge into problems for research.
• Making the problems soluble by building research programs containing them.
• Carrying out inquiries belonging to a selected program and making the solutions available to the professional community.

In the present paper, I address the following question: What is worth knowing for occupational therapists?

Exploring for Problems

A main source of occupational therapy problems is located in the occupational therapy paradigms. Hence, if one
Figure 1. The paradigm of an occupational therapist, as represented by a rhomb. The corners of the rhomb represent the following: (a) the therapist’s knowledge in a wide sense, including assumptions that do not qualify as full-fledged knowledge, about persons in need of occupational therapy; (b) the therapist’s view of and ideals about occupational therapy; (c) the therapist’s abilities to treat patients; (d) the therapist’s interest in his or her patients and in occupational therapy.

Involvement of a Paradigm in Occupational Therapy Treatment

The occupational therapy paradigm is involved in the treatment of the patient as follows: The therapist gets to know the patient. Some of this knowledge is collected from the southern region of the paradigm. The therapist makes up a plan for the treatment of the patient. This plan includes items from the northern region of the therapist’s occupational therapy paradigm. The therapist invests interest in the patient as a person and in the treatment of the patient from the store of interests in the therapist’s paradigm. The therapist applies skills to the treatment of the patient, located in the eastern compartment of his or her paradigm.

What the therapist does may be more succinctly described in another way: An occupational therapist forms a specific paradigm that is adapted to the treatment of a patient by bringing together some elements that are contained in the therapist’s professional paradigm. A paradigm regulating a treatment is thus a realized possibility in a professional paradigm.

A professional paradigm may generally be regarded as a field of possibilities for its owner to realize paradigms regulating specific activities within his or her profession. It is broad if there are many such possibilities and deep insofar as its owner is able to realize sophisticated paradigms.

If an occupational therapist fails in his or her treatment of a patient, then he or she has failed to realize a paradigm that is well adapted to the treatment. His or her paradigm may not be broad enough or deep enough to enable him or her to build a paradigm suitable for satisfactory treatment of the particular patient and to other patients in similar situations.

More About Exploring for Problems in Occupational Therapy

In addition to the assumptions presented above, one may conceive of exploring for problems in this way: Clinical researchers engage in discussions of issues pertaining to occupational therapy paradigms together with practitioners in the field of occupational therapy. These discussions aim at disclosing defects in occupational therapy paradigms responsible for unsatisfactory treatment of patients.

These issues are mainly related to the southern and northern compartments of occupational therapy paradigms, that is, they concern assumptions about persons who are in situations in which they need occupational therapy and assumptions of and aspirations about the field of occupational therapy. It is useful to include reflections on specific cases or unsatisfactory occupational therapy. Such reflections are likely to shed light on the question as to why certain kinds of treatment are unsuccessful.
A Closer Look at Paradigms in Occupational Therapy

I have read many essays written by Swedish occupational therapists on paradigm issues in courses on paradigms that I have given. On the basis of these essays (Björkland, 1988) and on my own studies of paradigms (Törnebohm, 1987a, 1987b; 1989), I will try to outline the contents of a possible occupational therapy paradigm and append sets of queries to that outline.

A View of Humankind

A person is composed of a body and of what I call a life-paradigm. He or she lives in what I call a life-world. My life-paradigm, like any kind of paradigm, is represented by a rhomb. The southern corner of the rhomb represents my knowledge, in a wide sense, about the world, about nature, society, culture, and people; the northern corner, my view of life, including my aspirations; the eastern corner, all of my abilities to relate myself to the world; and the western corner, my interests in the world and my own life in it.

My life-paradigm changes all the time as a result of living and learning. It includes special subparadigms regulating various kinds of professional and nonprofessional activities and also subparadigms regulating how I relate myself to others. It also contains a subparadigm regulating what I do with my body. The paradigms in my life-paradigms are far from isolated from each other.

My life-world consists of everything that is important to me: people, professional and other occupations, and items in nature and culture. It changes all the time. Things flow into it and out of it. Many of the inhabitants of my childhood life-world, such as toys and playmates, are no longer present in my adult life-world. A profession, hobbies, and new friends have entered into my life-world since I have grown up. But one thing is always present in my life-world: my body.

If I meet a person or something else, which I will designate as X, then X will enter my life-world provided that X arouses my interests, so that I want to get to know X and to establish an active relation to X. When I do this, I form a paradigm related to X in much the same way as a professional paradigm is related to a profession. The left corner of the rhomb stands for interests, which charge X with values, without which X would not qualify for membership in my life-world.

My life-paradigm at any time contains an ensemble of subparadigms corresponding to the inmates of my life-world. One of them is a body paradigm, in which my desire to enjoy good health occupies an important place. Let X be the collection of subparadigms in my life-paradigm in a period of my life. One of them is my body paradigm. Two or more of these subparadigms are interrelated by sharing common elements, for instance, common pieces of knowledge and common skills. I need physical skills in several of my occupations, for example, playing golf or playing a musical instrument. Paradigms regulating such activities are therefore linked to my body paradigm.

If two people have established a personal relationship, then Person 1 is present in Person 2's life-world and vice versa. There then exists a paradigm in Person 1's life-paradigm and a paradigm in Person 2's life-paradigm. My life-paradigm contains several such paradigms corresponding to my friends.

This view of humankind suggests a number of questions, as listed below, that should perhaps be included in paradigm discussions in the field of occupational therapy:

- How is a life-paradigm linked to a body?
- How are new paradigms established inside a life-paradigm?
- How do subparadigms in a life-paradigm fit together? They may be supportive or they may clash and give rise to a crisis.
- How does a bodily affliction affect a collection of paradigms within the life-paradigm of a person? The body paradigm is likely to be impaired, as are other paradigms that share several elements with it.
- How can a person with an affliction be helped?

This last question brings me to present a view of occupational therapy in a possible occupational therapy paradigm; it contains the view of humankind presented above.

A View of Treatment in Occupational Therapy

What can be done to help a person in a life crisis? Specifically, what do occupational therapists want to do? Most of the occupational therapists who wrote the essays mentioned above carry out work that is in some ways comparable to bringing up children and to teaching. Parents and teachers help children and students to build paradigms. Occupational therapists also work with paradigms. They help repair defective paradigms and build new ones so as to enable their patients to lead better lives.

An occupational therapist must establish a personal relationship with a patient. This means that the patient is brought into the therapist's life-world and vice versa. The therapist builds two paradigms: (a) one about the patient as the person that he or she was before, as he or she is at present, and as what he or she might become after the treatment and (b) one regulating the treatment of the patient. These paradigms must be linked together as
unique treatment for that patient. The patient needs also to build a paradigm regulating his or her active participation in the treatment. The treatment is regulated by both paradigms. The success of a treatment depends on the qualities of these paradigms.

The present paper of a view of occupational therapy in a possible occupational therapy paradigm suggests a number of questions:

- How is a life-paradigm linked to a body?
- How do such somatic afflications affect a body paradigm?
- How do such deficits in a body paradigm affect other paradigms embedded in a life-paradigm?
- How are such changes in a life-paradigm experienced by a patient?
- Which of the defective subparadigms in a life-paradigm are repairable by means of appropriate occupational therapy and which ones are beyond repair?
- How possible is it to build new paradigms within the life-paradigm of a patient that are acceptable to him or her as substitutes for the irreparable ones?
- How should an occupational therapist build a paradigm within his or her own life-paradigm that is conducive to good treatment of a patient?
- How can the therapist help a patient to form a paradigm that is suitable to the participation of the patient in his or her own treatment?

I have sketched a possible paradigm for occupational therapy using material from essays written by occupational therapists (Björklund, 1988) and have appended lists of queries to the sketch because I wished to put flesh on my skeleton-like account of exploring enterprises in a field or in research oriented to occupational therapy.

References


Note

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The term paradigm has many definitions and facets (see Kuhn, 1970). According to the Dictionary of Philosophy (Angeles, 1981), the word paradigm originates from the Greek paradigma, from para, "beside," and deikynai, "to show," thus meaning model, exemplar, archetype, or ideal. Professor Törnebohm presents his unique concept of paradigm and relates it to how we decide what is worth knowing in occupational therapy. Note that research is seen as emanating from practice and flowing back into practice, thus enabling occupational therapists to do a better job. The research approach or method is secondary to the decision of what is worth knowing, which is tied to the breadth and depth of one's paradigms.

Some implications of Professor Törnebohm's unique perspective are as follows: (a) occupational therapists can use their failure experiences as a rich resource for generating new knowledge; (b) research and practice profoundly influence each other; (c) the broader and deeper the occupational therapy paradigm, the more flexible the treatment approaches for individual patients; (d) what occupational therapists do in treatment is influenced by their own life-paradigms; and (e) the patient, who also has a life-paradigm, cannot be reduced to a body or body system.

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