Deeper Into the Heart of the Matter*

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I am a “child” of the 1950s. I don’t mean I was born in the ’50s, but rather that the decade of the ’50s was the time of my formative high school and college years. Those were years that offered not a hint of the liberated thinking that led to the women’s movement of the ’60s and ’70s. Vocational counseling in high school was naively gender-based, offering girls primarily the honorable but stereotypical career options of nursing, teaching, or secretarial work. I took part in such counseling and testing in my senior year in high school, and the test results and the counselor steered me in only a slightly different direction—toward the field of occupational therapy. This choice was considered rather exotic by my friends, as it represented a career that was somewhat outside mainstream expectations.

In Wendy Wood’s plenary address, published in the previous issue of this journal (Wood, 2004), she describes her introduction to occupational therapy—at a summer camp for children with autism—as “magic”; she further says, “I saw how terrifically sensitive my campers were to the ebb and flow of their daily routines and the activities that comprised those routines…I knew that moment I had to become an occupational therapist” (p. 250). Wendy’s was a career decision that came from the heart.

Not so for me. Mine was primarily a decision of the “mind,” based largely on the scores of a test. The heart and soul of occupational therapy were not yet a part of my consciousness; they would come to me later. My journey “deeper into the heart of the matter” is what I share here.

In the Beginning

For 4 years, I immersed myself in the required coursework of the university curriculum for occupational therapy majors. At that time, the curriculum included the usual coursework in the biological sciences and psychology, but also many courses in the art department and in decorative arts. I enjoyed them all. Yet, I remember the head of the occupational therapy program asking me in my senior year just what my understanding of occupational therapy was; and I also remember my great discomfort when I could not come up with an answer. I had, at that time, no vision of the field and no vision for myself within the field.

I married the same week that I graduated from the university. The timing was typical for many young women back then—go to college and then get married. I was ready and willing to soldier through the 10 months of fieldwork and complete my training, but I had no sense of a long-term future in the profession; instead, in keeping with the traditions of the times, I visualized a future of being at home and raising children.

A number of factors intervened to alter my view of who I was in those beginning months and years of my professional life. The first was support and encouragement from my spouse and family to maintain involvement in occupational therapy in whatever ways I could. The second was the mentoring of a good friend and colleague in occupational therapy, Jean Kiernat, who by her own example demonstrated the ability of a woman to be a good family member and a good member of the profession at one and the same time. Third, and perhaps most important, I began to experience the heart and soul of occupational therapy. I began to go deeper into the heart of the matter.

Early Days

My first job in occupational therapy was as a full-time therapist in “general medicine and surgery” at a large hospital in Madison. I liked the variety of challenges that the position offered and I liked getting to know so many different areas and aspects of the hospital. At first, I stuck closely to whatever the referral requested—splinting, “diver-sional activities,” “ADL,” or sometimes just plain “occupational therapy.” I relied heavily for treatment planning on what I had learned in the classroom and in fieldwork, and on what the other therapists in the department advised me from their own experiences.

During that first year of practice, I received a referral to treat a woman who had sustained severe burns over much of her body. The very limited range of motion she had in her upper extremities spurred me on to one of my first experiences of being innovative in therapy. I created a special spoon with a very long handle made from splinting material—riveted to the spoon and bent to just the right angle so that she could independently 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 people going by in the hall to come and see what she could do. The
moment was very special to me as a novice therapist. I knew that the spoon I had adapted enabled this woman to take part in an everyday occupation in a way that was very meaningful to her. And I felt that I had reached a new level of meaningfulness for myself in the therapy I was offering. In retrospect, I would say that I had begun to experience the heart of occupational therapy.

Later that year I had a different kind of epiphany. I received a referral for a patient who was poststroke, with mild residual weakness on his right side plus aphasia. He was a distinguished-looking man who had been a prominent lawyer in the community. Although he was always polite, I could sense the uncomfortableness he felt about the craft-like projects I initially proposed as therapy to facilitate the returning function in his affected hand. One day, after wracking my brain for an alternative, I brought out the office typewriter and encouraged him to try some typing, a suggestion to which he responded with enthusiasm. A few days later I tried out another new idea. By this time, Mr. R. was coming in to the clinic for therapy as an outpatient. I proposed that we practice some community living skills, and we spent one session going outside, across the street, and into a nearby drug store to practice using money and making a purchase.

Using the typewriter as a therapeutic occupation and accompanying a patient into the community were not ideas learned in school or from other therapists in the department; these were my own ideas. What may seem commonplace and even expected in this day and age were much less usual approaches to therapy in the early 1960s. I felt, at the time, like I was beginning to be my own person with my own ideas of how to carry out occupational therapy.

I think that moments of therapy such as these I have just described brought heart and soul to my work. Wood says, “We know soulfulness in our workplaces when they feel alive and organic and evoke creativity and vigorous engagement” (2004, p. 254). Further, soulfulness is present when we feel a “genuineness of connection to others.” No doubt about it—I was definitely beginning to experience more of the heart and soul, as well as the mind, of occupational therapy. I began to form a vision for myself within the profession and a vision of the profession for the future.

Into the Heart of the Matter

Now, as I look back over my 40 years of practice in occupational therapy—a practice that has included a variety of settings and client populations—I am aware of at least three patterns of professional engagement represented in my career. All three patterns have contributed in important ways to my journey into the heart, mind, and soul of occupational therapy.

Gaining Worldwide Horizons

Across the years, I moved in my practice from an initial, almost exclusive focus on the individual client to a much broader focus that now includes not only the individual client, but also the institution, the health care system, the national profession, and the worldwide network of occupational therapists. Little by little my horizons broadened and I have become, as Wood phrased it, “engaged in the larger conversations of the profession” (2004, p. 253). Such a shift in orientation across time is not to be taken for granted, but when it occurs, and when it is nurtured by the choices we make, the mind, heart, and soul of occupational therapy become more deeply present in our professional lives.

I can track this shift in practice and perspective with a trail of published papers, starting with my first American Journal of Occupational Therapy (AJOT) article in 1970 in which I described my experience of setting up an occupational therapy department in a small community hospital in south central Wisconsin (Hasselkus, 1970). Three years later I coauthored an article on my experiences in an independent living program for the elderly, a neighborhood program for which I worked 4 hours a week as an occupational therapist (Hasselkus & Kiernat, 1973). In 1977, I wrote an article describing a group home for the elderly developed by my church; the project represented one of my first efforts to bring my occupational therapy skills to a community organization totally outside the health care system (Hasselkus, 1977). I received many letters of comment and inquiry in response to that article, plus I received my first invitation to speak at a conference in another state. Also, in the late 1970s, I came across an article in an issue of The Gerontologist, a journal for members of the Gerontological Society of America to which I now belonged. The article described a hospital-based respite care program for elderly patients in England (Robertson, Griffiths, & Cosin, 1977). On the basis of that article, I brought the idea for respite care to the geriatric home care team at the VA hospital where I was then located and ultimately successfully took a formal proposal to the medical staff (Hasselkus & Brown, 1983). All of these experiences convinced me that I was part of an expanding community of professionals; I was definitely beginning to take part in the “larger conversation.”

I blush to think how long it took me, however, to develop a world conscience and to take part in the World Federation of Occupational Therapy meetings held every 4 years. The first time I participated in a world congress was in 1998 in Montreal. In 2002, I went again, this time to Stockholm for the 13th Congress. I wrote two editorials on my experiences at the World Federation meetings (Hasselkus, 1998, 2003) in an effort to share the life-changing nature of these conferences, as well as with the hope that occupational therapists in the United States would come to recognize the richness of the meetings and be inspired to attend.

I was eased into this world involvement in two ways. First, I had hosted a visiting scholar, Ruth Watson, from South Africa for a month in 1994. Ruth opened my eyes to the fact that AJOT is read by occupational therapists all over the world. I found that fact astounding. And even more so was the fact that my own name and writings were known in countries around the world, including South Africa, because of the worldwide distribution of AJOT. Second, I received two invitations from occupational therapy faculty abroad—one to the Karolinska Institute in Stockholm to be an external examiner for a doctoral candidate and one to the University of Sydney for a 7-week stay as a visiting scholar. This was heady stuff. Both experiences resulted for me in greatly expanded understandings...
of occupational therapy in the world and a clearer sense of who I was in the profession. International involvements continue for me to this day.

**Fusing Scholarship With Practice**

A second pattern of professional engagement across the past 40 years is a progressive pattern of intellectual development, including graduate-level education for advanced degrees. I believe that movement deeper and deeper into the heart, mind, and soul of occupational therapy requires intellectual sustenance and discipline. As Wood (2004) has stated, “the mind of professionalism nourishes the heart of professionalism” (p. 253). Wood also stated that, in order to take part in the larger conversations of the profession, therapists must fuse scholarship with practice. Although I never had a conscious goal to do that, and take no particular credit that it happened, I can see in retrospect that “fuse scholarship with practice” is what I did.

The early writings I described above were the start of it. The effort it took to put ideas and information in writing forced me to organize, clarify, critique, and fine tune not only the content of the papers but also the practice that I was carrying out and trying to describe. Over the years, writing and publishing have also put me in communication with other professionals who had interests and occupational involvements similar to mine—not only locally, but also nationally and worldwide. I had been amazed to receive an e-mail message from the director of occupational therapy at the University of Cape Town, South Africa, saying that she had read my articles in *AJOT* and wanted to inquire about coming to spend time with me as a visiting scholar. I was equally amazed to subsequently receive invitations to speak in Canada, Israel, Sweden, Korea, Northern Ireland, and Denmark—almost entirely on the basis of people having read my writing!

During these years, I earned both a master’s degree (14 years after the baccalaureate degree) and a doctoral degree (13 years after that). I guess I am living proof that that was possible. I am aware that others have done it even more quickly. I think it is important to be open to such opportunities. For me, the experiences of earning those advanced degrees were the most important and influential experiences of my career. My progression through the advanced educational levels was reflected in my writing as I progressed from program descriptions to empirical research, from newsletters to journals, and from occupational therapy journals alone to journals in gerontology, medical anthropology, rehabilitation, and adult education. Editorial opportunities were another spin-off from the writing and publication, culminating for me in the opportunity in 1998 to be editor of *AJOT*.

**Toward the Essence of Occupation**

The third pattern of professional engagement that I can discern in my career is complementary to the first two. In company with the movement from individual to worldwide community and from novice to scholarly practice, I experienced a gradual but steady shift in attention and interest from an early focus on component-level therapy to a later emphasis on the nature and experience of occupation. Between these early and late professional developments, I focused heavily on function and functional performance. I think this pattern of movement from (a) components, to (b) functional performance, to (c) the nature of occupation represents a chronology of therapeutic thinking that reflects, in many ways, the degree to which I was participating in the larger conversations of the profession.

Although my initial focus in practice was certainly not exclusively on component-level therapy, I think it’s probably fair to say it was predominantly at the component level as my treatment goals emphasized restoration of muscle strength, eye–hand coordination, range of motion, sensory perception—all occupation-related, but not occupation per se. As I moved into community care, and as I gained knowledge and understanding of aging and measurement of functional performance during my master’s degree work, I shifted toward an emphasis on evaluation and treatment of activities of daily living. The meaningfulness to clients of the daily occupations that were the focus of therapy as well as the focus of their lives was apparent. Finally, with my doctoral work and movement into empirical qualitative research, I began to focus on the experience and nature of occupation itself, a focus that delves into the essence or soul of the profession of occupational therapy and the discipline of occupational science. With this final shift came new opportunities for deep exploration of occupation, and I eventually authored a book on the everyday experience of occupation (Hasselkus, 2002a).

**The Meaning of the Changes Across Time**

I refer to my patterns of change and development across my career in occupational therapy as a chronology, purposely not calling them a continuum or a hierarchy. These are not patterns that move from a “lower” to a “higher” or from one extreme to the other. Rather, they are patterns of emphasis that simply reflect change across time. The early is as important as the later; the individual is as important as the community and world; the muscles are as important as the meaning; the description is as important as the empirical research (Hasselkus, 2002b). That said, I think what is also represented by the changes that have occurred for me across my career is a deepening—of understandings about people, systems, and world networks; about the relationship between practice and scholarship; about theory, research, and therapeutic evidence; about the nature of the larger conversation.

This deepening is a powerful manifestation of the professionalism of individuals within a profession. This deepening does not automatically occur for therapists during their lifelong careers in occupational therapy and can be missing in occupational therapists even after many years of active practice in the field. This fact was brought sharply to my awareness at the AOTA Annual Conference in spring 2003. One afternoon, I was walking along with the crowds of other occupational therapists who were headed back to their hotels after attending the awards ceremony. I heard my name being called, and turned to see the friendly but unfamiliar face of a person coming towards me. As we greeted each other, the woman graciously reminded me...
of her name and the years when she had been one of my students at the university. I asked her about her work, and she described what sounded like a rather responsible position in occupational therapy at a facility in the Washington, DC, area. Then she asked me what I had been doing.

The fact that she had no idea that I had been editor of our professional journal for the past 5 years was an ego bruise, to be sure. But the much larger and more discouraging message conveyed by this revelation was the message that this professional occupational therapist, who was well into developing her career in the field, had never, in those past 5 years, even opened the journal. Since my photograph appeared in every issue of the journal while I was editor, and since she obviously had remembered what I looked like as she hailed me on the sidewalk, this is the only logical conclusion I could reach.

Later, back in my hotel room, I found myself fervently wishing that I had had the presence of mind to open up a discussion with this former student about the importance of scholarship in the profession, about evidence-based practice, about the larger professional conversation. AJOT is, of course, only one of many vehicles through which the larger conversation takes place. Nevertheless, to know that one such mode of communication is being ignored leads to worries that others are being ignored as well. For a therapist to spend her or his career without knowledge and awareness of the compelling issues of the profession at home and abroad, without deepening understandings about the nature of occupation as it is embodied in human beings, and without the continual nurturance of intellectual growth is to spend a career at risk for failing to experience the heart, mind, and soul of occupational therapy.

For in the end, each one of us wants to be able to say—as we think back over our careers and our lives—

know that I long ago moved on
dereper into the heart of the matter *(Adrienne Rich, “Delta”)▲

References