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# Occupation as Spiritual Activity

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*Although spirituality is rarely explicitly mentioned in the occupational therapy literature, it is implied as an interwoven part of the human system. This article explores the meaning of occupation in the context of sociological and Judeo-Christian theological frameworks and the meaning of spirituality in the occupational therapy clinic. A case is made for acknowledging spirituality in clinical reasoning as a centralizing component of the patient's motivation and assignment of meaning to life.*

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To ask the question, "What does spirituality have to do with occupational therapy?" is to ask the broader question, "What does spirituality have to do with everyday life?" Spirituality provides us with meaning (Geertz, 1966) and gives us motivation (Breines, 1989; Gutterman, 1990). It is not just a compartment in our human subsystem (Kielhofner, 1985) but is inextricably interwoven with all our activities (Berger, 1964; Breines, 1989; Meyer, 1922/1977; Reilly, 1971). In fact, spirituality is the center from which all other human activity flows (Foster, 1978, 1981). Spiritual activity is not relegated to what we do when we attend a worship service or spirituality seminar; it permeates our ordinary existence on a conscious and subconscious level. It is intensely personal yet binds us to our community. It is part of our life's story (Mattingly, 1991a) and becomes the reason, the "author and perfecter" (Heb. 12:2) of all we do.

Spirituality is a notoriously difficult phenomenon to define. Yet, how one chooses to define spirituality, or religion, is critically important because it shapes the way one understands the role of religion in the life of the person and in the society. *Webster's New Collegiate Dictionary* (1979) identifies similar qualities in religion and spirituality (i.e., supernatural, system of beliefs and values, principles influencing action) but flavors them slightly differently by equating religion to faithfulness and systematic belief in a deity or ultimate reality, while identifying spirit as a vital, lifegiving force and the sentient part of us that gives character and disposition. Spirituality stresses the person's subjective perception and experience of something or someone greater than himself or herself. Religion, on the other hand, refers to the corporate, more formalized, aspects of spirituality, such as belief, dogma, and ritual. Although one may be *spiritual* without being *religious*, the two tend to occur together because it is extremely difficult to maintain the plausibility of one's religious-spiritual viewpoint without the support of others (Berger, 1967, 1969). In this article, we address spirituality within the social context of religion rather than try to create an inevitably artificial separation between the two.

Sociologists have adopted two major strategies for defining religion: *substantive* and *functional*. Substantive definitions attempt to establish what religion *is*, whereas functional definitions describe what religion *does*. Anthropologist Melford Spiro (1966) presented one of the most frequently cited substantive definitions of religion: "An institution consisting of culturally patterned interaction with culturally postulated superhuman beings" (p. 98). In essence, substantive definitions suggest that religion consists of socially shared patterns of behavior and

belief that seek to relate humans to the superhuman. Functional definitions of religion, such as that offered by anthropologist Clifford Geertz (1966), suggest that the central element of religion is the provision of ultimate meaning. Religion allows people to interpret events and experiences as ultimately meaningful by linking them with a larger sense of order.

How might one relate these two approaches to occupational therapy and the dominant religious tradition in western culture, Christianity? Ironically, we find suggestions in an unlikely conglomeration of sources: occupational therapy theory, Pope John Paul II, and Karl Marx. From these sources, we offer a framework based in Judeo-Christian tradition for understanding spirituality's relationship to occupational therapy.

### Functional Approach and Use of Time

Occupational therapy theory contends that what people do with their time, their occupation, is crucially important for their well-being. It is a person's occupation that makes life ultimately meaningful (Meyer, 1922/1977; Reilly, 1962). If occupation is the basis for ultimate meaning, and religion is functionally defined as the filter through which we assign that meaning, then spirituality permeates all areas of occupation, making a direct link between occupational therapy and spirituality.

One way in which both occupational therapists and theologians relate occupation to spirituality as ultimate meaning is through the *use of time*. Adolf Meyer (1922/1977) believed that an appreciation of time as an inexhaustible resource gives people ultimate meaning. Theologian Elton Trueblood (1951) agreed with Meyer on how time organizes our lives and gives meaning: "If a man begins each day as just another unit of time in which he wonders what to do with himself, he is already as good as dead. The man who really lives always has vastly more to do than he can accomplish" (p. 50). Trueblood asserted that a healthy life comes through occupation "by such dedication to something outside the self, that self is thereby forgotten" (p. 52). Reilly (1962) appeared to agree with Trueblood through her great hypothesis "that man, through the use of his hands as they are energized by mind and will, can influence the state of his own health" (p. 2). Author and theologian Madeline L'Engle stated that when we wholly dedicate ourselves to creative activity, we escape time and its binding effects upon us (as cited in Benson & Benson, 1985). To find oneself, one must lose oneself in occupation.

The use of time to provide ultimate meaning comes not just from throwing oneself into creative occupation; it also comes from an appreciation of the rhythm of the human organism. Meyer (1922/1977) believed that it is participation in the rhythm of rest and activity and in the

greater rhythms of life that brings balance and health to a person. Kielhofner (1985) also called for a delicate balance between all the subsystems of the human system. This integrated approach is fundamental to occupational therapy theory (Breines, 1987; Yerxa, 1994) and has its roots in the Immanuelism Movement that was founded in 1905 by Elwood Worcester. Worcester believed that "a person was a unified body, mind, and spirit that were interdependent and inseparable. Curing the diseased individual, then, required several approaches that addressed all aspects of the person" (Quiroga, 1995, p. 104). His concept of dealing with "habit problems" (McCarthy, 1984, p. 96) was a direct predecessor to occupational therapy's habit training (Quiroga, 1995). The Immanuel Movement represented an early predecessor to the self-help and wellness movements of today but did not survive at the time largely because its ideas were co-opted by the medical community (McCarthy, 1984). However, early occupational therapy theorist Herbert Hall called for the medical community to address the spiritual side of care in order to "cure in the best sense" and avoid seeing only "half the picture" (as cited in Quiroga, 1995, p. 106). Early in the history of the profession, spirituality was recognized as an integrated, inseparable component of the human system.

### Substantive Definition and Human Creativity

The second approach to defining religion, that which links one to the superhuman, also has implications for occupational therapy. Interestingly, in his *Encyclical Laborem exercens*, Pope John Paul II (1981) presented a view that is consistent with some fundamental assumptions of occupational therapy. He contended that all human activity, whether manual or intellectual, is work. Human life derives its specific dignity from work. Humans, being created in the image of God, the Creator, received a mandate to fill the earth and subdue it (Gen. 1:28). In carrying out this mandate, humans reflect the very action of the Creator of the universe (John Paul II, 1981, p. 101). According to John Paul II, it is in their daily activity, their work, that humans express the divine image within them and link themselves to God. Sociologist Peter Berger (1964) suggested that "to be human and to work appear as inextricably interwoven" (p. 211), thus supporting John Paul II's contention that creative work activity is at the center of the human-divine relationship. In this view, work should be viewed as an intrinsically spiritual human activity because it links us to the divine.

Not only is work at the center of what connects us to the divine, but also our spirituality provides a center from which all human activity flows. The 17th century monk Brother Lawrence of the Resurrection illustrated in his classic work, *The Practice of the Presence of God*

(published in 1974), the unifying force of a person's spiritual center:

The time of business does not with me differ from the time of prayer; and in the noise and clatter of my kitchen, while several persons are at the same time calling for different things, I possess God in as great tranquillity as if I were upon my knees at the blessed sacrament. (as cited in Foster, 1981, p. 80)

Theologian Richard Foster (1981) identified this "Divine Center" as that which "unifies the demands of our life," (pp. 77–78) integrates all that demands our attention in daily activity, and gives us the confidence to say no or yes to those demands. Foster described his experience of the divine center and its ability to turn occupation into spiritual activity in this way: "God desired to be not on the outskirts, but at the heart of my experience. Gardening was no longer an experience outside of my relationship with God—I discovered God in the gardening" (p. 80). Foster concluded that for the spiritually centered person, "Every thought, every decision, every action stemmed from the divine Root" (p. 83). According to Foster (1978), spirituality occurs not separate from daily life but is "best exercised in the midst of our normal daily activities" (p. 1).

Meyer and Hall called unity of spirituality and occupation the *sacredness of the moment* and the *religion of work*, indicating that proper use of time and occupation fit the individual "rightly into the rhythms of individual and social and cosmic nature" (Meyer, 1922/1977, p. 642). More recently, past president of the American Occupational Therapy Association (AOTA) Robert Bing (1986) pointed to a search for stability in times of unrest and change, a "belief system" that is the "rock upon which we [occupational therapists] must stand" (p. 670) to provide a context for making decisions. Bing might agree that our *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993) can provide a belief system and a divine center for clinical decision making. Gutterman (1990) also summarized spirituality's centering and motivating nature: "Spirituality and occupational therapy interconnect when we define spirit as the life force within us that tells us who we really are" (p. 236). Our activities, therefore, connect us to the divine, not only because our spirituality provides the center, or life force, that causes us to act, but also because the act of creating connects us to a greater reality.

### Purposeful Activity and the Need for Meaning

Both the substantive and functional definitions of religion point to the fact that people need to engage in purposeful activity in order to provide meaning for existence. While denying the value of religion, Karl Marx (1932/1977, 1964/1977) contended that human life and society are rooted in the sensuous human activity (or practice)—the

active, reflective activities—of human beings. When humans are able to use their active, creative, reflective potentials (Pope John Paul II might say, the divine image of God within them), they are able to create and develop both themselves and their society. Breines (1989) called this need to create and develop self and society, making a difference. To her, "The will to 'make a difference' pervades human beings. People feel that they must influence their world. This compelling feature of human behavior permeates human occupation" (p. 51).

Yet, not all work affords the opportunity to express the divine image of God. Many forms of work and activity do not allow for the expression of the creative divine image. Instead, it may even be a threat to the spiritual side of human life. Both Marx (1932/1977) and John Paul II (1981) addressed the issue of alienation. When work becomes meaningless, when there is no call for use of one's active, creative potential, it cuts off the human from his or her divine essence. Trueblood (1951) believed that loss of meaning is the greatest crisis a person might face:

Man can bear great physical or spiritual hardship, but what he cannot bear is a sense of meaninglessness. We must find some way in which our lives count, in which they seem important, or we go mad. The ultimate enemy is not pain or disease or physical hardship, evil as these may be, but *triviality*. What is terrible for men and women is the conviction that they are not needed, that they contribute nothing, and that their lives add up to no enduring meaning. (p. 49)

### Disability as a Loss of Meaning: Implications for the Clinic

Drawing from the substantive and functional definitions of religion, we can conclude that disability affects us spiritually, preventing us from finding meaning, in two dimensions: (a) It separates us from our active, creative, reflective potential, and (b) it prevents us from engaging in occupation so that we are unable to flesh out ultimate meaning. The former may be equated with what occupational therapists call role loss, whereas the latter refers to the specific mental or physical impairment that prevents a person from interacting with or having an effect on his or her environment. Reilly (1962) unified the two dimensions in this way:

Both the existence and the unfolding of the specific powers of an organism are one and the same thing. This concept of function is expressed as: the power to act creates a need to use the power, and the failure to use power results in dysfunction and unhappiness. (p. 5)

The unhappiness of experiencing a disability, whether acquired at birth or at some later point, is related to a profound sense of loss of either actual or potential ability and to grieving that loss (Mitchell & Anderson, 1983).

Therefore, the task of the occupational therapy clinician is twofold: (a) Empower the patient to engage in functional activity that provides meaning (and avoid con-

tributing to the problem of meaningless activities), and (b) connect the patient to his or her own sense of centeredness by focusing treatment on occupation rooted in the patient's past and future. Both tasks involve the successful design of treatment programs that "create therapeutic experiences in which patients must deal with very imperfect bodies, often with dying bodies, and still find some reason to struggle for a meaningful life" (Mattingly, 1991b, p. 983).

Occupational therapy clinics are full of a myriad of activities that are used for reducing pathology or impairment. However, pathology reduction is not enough to engage the patient largely because a focus on only pathology ignores many dimensions of the person, including the spiritual. As Reilly (1962) declared: "there is a long, perilous and complex ladder to be scaled between neuromuscular efficiency and work satisfaction" (p. 8). Occupational therapy that focuses primarily on impairment reduction through purposeful activity does not realize its full potential (Polatajko, 1994). Bockoven (1971) coined the phrase, "dinky little sideshows" (p. 224) to refer to programs that are not comprehensive, to which Reilly (1971) added her complaint that "occupational therapists run the dinky little sideshow from a dinky little shopping list called 'activities of daily living [ADL],' " thereby "reducing the richness of [occupational therapy's] humanistic mandates to an ADL self-care list" (p. 244).

Marx (1932/1977) stated that work becomes meaningless to persons through the improper use of technology. Technology that can augment human practice also can stunt it when it supplants the human worker, taking away satisfaction and creativity. Thus, it reduces the human to the status of a slave to technology wherein the machine controls the human instead of the reverse (Braverman, 1974). When occupational therapists use their "technology" in ways that alienate the patient from his or her active, creative potential (i.e., ways that have no meaning for the patient), they are denying the patients' spiritual aspects. For example, if we continuously use the same repertoire of pegs, reaching apparatuses, and puzzles, even if we have therapeutic goals in mind, we may not engage the patient's motivation because the activity has no meaning to the patient, thus threatening successful outcome of therapy (Breines, 1989). Usefulness of a modality is secondary to the meaning the patient assigns to the modality. According to Yerxa (1994), "Authentic occupational therapy cannot take place unless the patient becomes his or her own agent of competency via occupation" (p. 587). When a treatment program is designed so that activities are based in a context that is meaningful to the patient, then the occupational therapist has moved beyond a narrow focus on pathology and has contributed to the restoration of the

patient's purposeful occupation.

If an occupational therapist can enter the life story of a patient (Mattingly, 1991a) with a piece of the story that makes sense to the patient, connecting with the past and the future, the therapist allows for the patient's active, creative potential to show (Bing, 1986; Mattingly, 1991a; Schell & Cervero, 1993). According to Bing (1986), "The therapist respects the fact that the patient knows more about himself than anyone else" (p. 670). The therapist is able to enter the patient's context by using narrative clinical reasoning (Mattingly, 1991a) that focuses not on treatment needs by diagnosis but on an understanding of the particular aspects of a case. For example, contextual factors, such as the family, home environment, culture, and roles of the patient, provide a context for "looking beyond the disease to how that disease is experienced by that particular patient" (Mattingly, 1991a, p. 1000). Understanding the patient's life story addresses the patient's loss not only as pathology, but also as an experience that has personal meaning (Mattingly, 1991a). Treatment can then be built on therapy becoming a "short story" (Mattingly, 1991a, p. 1000) within the patient's lifelong story, which places the patient's experience within his or her own control rather than experiencing therapy on the occupational therapist's "turf" and terms. Occupational therapy is a small part of patients' whole life stories, whereas their spirituality may occupy a much larger supporting role. By reflecting to patients our understanding of their life stories, we may promote their sense of centeredness and a spiritual context for recovery.

One tool that therapists can use to reconnect patients with their life stories (past, present, and future) is imagery. Meyer (1922/1977) advocated use of imagery in recovery of occupation when he praised "man's capacity of imagination and the use of time with foresight based on a corresponding appreciation of the past and of the present" (p. 640). Mattingly (1991b) stated that clinical reasoning must be "highly imaginistic and deeply phenomenological" (p. 979). Could she have meant that through imagination, therapists make a connection to the patient's spiritual center to help find what motivates the patient? Foster (1978) asserted that "imagination opens the door to faith. If we can 'see' in our mind's eye a shattered marriage whole or a sick person well, it is only a short step to believing that it will be so" (p. 36). Imagination is performed by picturing where the patient has been in life, where he or she is now, and what the story might look like at discharge (Mattingly, 1991a). Mattingly (1991b) related a story in which a young therapist asks, "What do they want? What do they need?" (p. 1003) and answered these questions with a theme for group interaction rooted

in the patients' past and future. These questions pierce to the patient's spirit, where rests the need to create, use time well, and find meaning through making a difference.

## Conclusion

Occupational therapists need not look beyond the tools, theories, and values of the profession to provide a context for acknowledging the spiritual in the clinic. Occupation can be seen as fundamentally spiritual and spirituality as imbedded in occupation. An occupational therapist brings spirituality into the clinic when acknowledging a patient's need to create, be engaged in meaningful activity, and make a difference and when viewing the patient as a person with a past and a future, roles, loss, and a sense of grieving. In addition, occupational therapists perform a spiritual act by identifying these needs in the persons they seek to serve. As Peloquin (1995) suggested, as we are "doing with" persons, we are performing a unique act of "being with" them (p. 27). It is much like the Christian definition of Immanuel, the God who is present with us (Matt. 1:23) and who breaks into our ordinary existence through our daily activities. By reaffirming the humanness of our patients and helping them to do the same as they progress in dealing with loss and finding a measure of wholeness, we acknowledge the spiritual aspects of occupational therapy. ▲

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