

# Occupation-as-means to mental health: A review of the literature, and a call for research

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## KEY WORDS

Human activities and occupations  
Mental health

## ABSTRACT

*Occupational therapy is a profession which is based upon many beliefs about occupation. One belief is that engagement in occupation can promote physical and mental health. This belief appears to support the profession's jurisdictional claim to the use and application of occupation in psychosocial practice. A review of the psychosocial occupational therapy literature yielded few empirical studies which addressed the use of occupation-as-means to mental health. A discrepancy exists between what the profession theoretically advances about occupation and the research conducted in this area. This discrepancy is highlighted as a possible explanation for the lack of recognition of the value of occupational therapy in mental health and is forwarded as a potential risk to the profession's jurisdictional claim to the use and application of occupation. A call to research is advanced to develop a knowledge base on occupation, to empirically support the use of occupation as therapy, and to secure a unique role for occupational therapy in psychosocial practice.*

## RESUMÉ

*L'ergothérapie est une profession fondée sur de nombreuses croyances en ce qui concerne l'occupation. L'une de ces croyances est que la participation des occupations favorise la santé physique et mentale. Parallèlement à cette croyance, l'ergothérapie revendique la promotion de l'occupation dans le domaine de la réadaptation psychosociale comme champ de compétence. L'examen de la littérature portant sur le rôle de l'ergothérapie en réadaptation psychosociale révèle que peu d'études empiriques ont contribué à la promotion de l'occupation pour favoriser la santé mentale. En effet, on trouve dans la littérature des écarts entre les fondements théoriques de l'occupation en santé mentale présentés en ergothérapie et les recherches menées dans le domaine de la santé mentale. D'après l'auteur, ces écarts peuvent expliquer le manque de reconnaissance de la valeur de l'ergothérapie dans le domaine de la santé mentale. L'article souligne également que ces écarts risquent de remettre en question le champ de compétence de la profession quant à la promotion de l'occupation en santé mentale. Cet article suggère qu'il est nécessaire d'orienter les recherches dans cette direction, afin d'approfondir les connaissances de base sur l'occupation, d'effectuer des études empiriques pour appuyer la promotion de l'occupation à titre thérapeutique et pour affirmer le rôle unique de l'ergothérapie dans le domaine de la réadaptation psychosociale.*



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The profession of occupational therapy has historically claimed the use and application of occupation-as-means as the core of professional practice. The profession contends that it is the use of occupation which distinguishes occupational therapy from other health care professions (Rogers, 1984; Yexxa, 1991a). In addition, it is the use and application of occupation which forms the basis of the profession's jurisdictional claim (Abbott, 1988) in health care. The construct of occupation has been ascribed several purposes over the years, including the promotion of human health and well being. A review of the occupational therapy literature was conducted with two purposes in mind: first, to examine the theoretical literature and the assumptions which have supported the use of occupation as therapy; and second, to examine the empirical research literature for evidence in support of the use of occupation as therapy and the beliefs that the profession holds about occupation. The theoretical literature suggests that occupational therapy, values and is committed to, the use of occupation as the basis of therapy. However, the literature revealed few research studies which support this commitment. In the psychosocial area of practice, few studies were located which directly investigated occupation-as-means to mental health.

This purpose of this paper is twofold. The first purpose is to forward the position that the profession of occupational therapy appears to be firmly committed to claiming the jurisdiction (Abbott, 1988) over the use and application of occupation as therapeutic means and that this claim is largely grounded in professional beliefs and assumptions. The second purpose is to argue that despite the importance of occupation to the profession of occupational therapy, therapists have not actively pursued exploration of the construct in psychosocial research. A discrepancy exists between what we say, what we scientifically know, and what we pursue in research. This discrepancy may contribute to a lack of recognition of the value of occupational therapy in psychosocial practice, to a reluctance by therapists to practice in this area, and ultimately, may jeopardize any jurisdictional claim of occupational therapy in mental health. A call for research is advocated.

## Literature Review

The profession of occupational therapy has its historical roots in psychosocial practice (Barris, Kielhofner, & Hawkins Watts, 1983). In Meyer's (1922/1977) philosophical essay, he described the value of occupation as therapy for the mentally ill. Meyer discovered that engaging his patients in a variety of occupations provided a positive focus for their faulty thinking, developed habits and rhythms of a normal lifestyle and provided a means of developing skills which would be useful to earn a livelihood. In addition, Meyer (1922/1977) believed that engaging in occupation could promote the mental health of his patients.

Barris et al., (1983, p. 289) stated that "the oldest and most central role of occupational therapists is that of directly engaging people in occupations as treatment". In early profes-

sional conceptualizations, occupation was described as both therapeutic means and a therapeutic end. The literature suggested that the use of occupation provided a means to divert psychic and physical energies away from worrisome thoughts and anxieties, and to channel them into a more purposeful and positive focus. Therapists, educators and physicians (Dunton, 1918; Howland, 1944; LeVesconte, 1935; Meyer, 1922/1977; Menzel, 1947) believed that diversion of focus was the key to the rehabilitation of any neuropsychiatric patient and that this diversion allowed the patient to begin to focus on their potential. Engagement in occupations served as a means to correct the faulty thinking habits created by an industrialized society and to reestablish rhythms of sleeping, waking, eating and resting (Meyer 1922/1977). Menzel (1947) suggested that man [sic] was at his best when directly engaged in occupations. Occupation was largely described as a process of therapeutic engagement over and beyond any therapeutic end.

The literature also describes the importance of occupation as end. Occupation as a goal of therapy, the attainment of employment and re-establishment of the patient within mainstream society were valued by early writers (LeVesconte, 1935; Meyer, 1922/1977). Dunton (1918), LeVesconte (1935) and Meyer (1922/1977) all speculated as to how occupation as therapy could contribute to a satisfying and productive therapeutic end within the community. The re-establishment of the patient in paid employment and in being a productive member of society was deemed to be evidence of successful treatment. Ambrosi and Barker-Schwartz (1995) suggested that the rehabilitation of individuals into productive employment was highly valued by society and was a therapeutic end upon which occupational therapy did not capitalize.

In early descriptions of the use of occupation as therapy, authors recognized the larger systems which appeared to impact health and well-being. The literature described the influences of sleep and wake cycles, nutrition, psychological and physical states and of social and economic situations as contributing to human health. In the early literature, authors did not specify any one particular aspect of human function or the reduction of impairment as rationale for the application of therapeutic occupation. Instead, they considered the whole person and described the potential of the occupation as means/end to address human physical/biological states, psychological distress and social/productivity needs. LeVesconte (1935), for example, described a vision of the creation of occupational opportunities within mainstream society as a means to the fulfilment of individual goals, creativity and talents of all persons. LeVesconte (1935) believed in the value of occupation for all individuals, not just for the disabled, and its capacity to influence total human health needs. In her opinion, industrialized society and its focus upon production had limited the capacity of vocational occupations to be wholesome and satisfying, and that piecework greatly curtailed individual creativity and potential. Similarly, Meyer (1922/1977) lamented

what he perceived to be a valuing by society of the end products of work, with the emphasis on work as a means to monetary ends, rather than the actual process and benefits of engaging in occupation. Therapists of this time clearly advanced that the attainment of an occupation in society and the development of skills and habits towards this goal was a favourable outcome of occupation therapy.

Over the next two decades, this holistic conceptualization of occupation temporarily faded. In lieu, a focus on the use of occupation in the development of physical skills and abilities (Mosey, 1971) or as a means to express the unconscious psyche prevailed (Soloman, 1947). Therapists came to question their primary belief that it was good for humans to engage in occupations as a basis for therapy and began to borrow philosophies and methods of other disciplines (Levine & Braeley, 1990). Therapists began to use activities as a means to restore lost function and to reduce impairment created by the effects of war. In addition, therapists began to use occupation as an adjunct to therapy, whereby the occupation served as means to uncover unconscious conflict and sublimations which Freudian theory contended were the basis of mental illness (Soloman, 1947; Burton, 1954). Kielhofner and Burke (1977) and Rerek (1971) provided excellent discussions of the factors which contributed to this philosophical shift during the depression years.

Occupation, in its earliest conceptualizations, was believed to be an ideal means of exercising both the mind and body towards health. In the thirties, forties and fifties, there was a dichotomous emphasis upon either the mind or the body with the goal of reducing impairments. Intervention was directed to either the mind or the body. Human health became categorically isolated to mental health or physical health. This division was a departure from earlier beliefs and observations of the unifying links between mental and physical health. The benefits of process or actual engagement in occupation-as-means to treating the whole person was relinquished to a focus on measurable outcomes and the goal of functional ability (Diasio, 1971; Johnson, 1971; Mosey, 1971).

The literature describes a variety of means to promote functional ability, the least of which was by engagement in therapeutic occupation. Instead, activities and adjunctive therapeutic techniques (splinting, sensory integration, projective tests, etc.) became the topic of professional discussion for several decades and the means by which functional ability was to be achieved. Pragmatically, any therapeutic technique which could result in better function could theoretically fall under the auspices of occupational therapy during this time. Subsequently, the focus and identifying links to occupation therapy became "submerged" (Thomer, 1991) and "confusing" (Christiansen, 1991). The ideas once germane to practice became lost to the greater cause of efficacy (Primeau, Clark, & Pierce, 1990) and to the development of technology (Kielhofner & Burke, 1977).

In 1962, Reilly called attention to the untapped and unproven promise of occupation as therapy. Reilly challenged therapists to be cautious in using adapted, simulated activities and adjunctive techniques given the evolutionary and historical evidence in support of occupation. According to Reilly (1962), occupation is an innate human need which addresses both physical and mental health. Reilly (1962, p. 1) spoke directly of this integrating effect when she stated that "man [sic] through the use of his hands as they are energized by his mind and will, can influence the state of his own health".

A reconceptualization of holism and of the capacity of occupation to meet innate human needs has been a topic of ongoing philosophical discussion (Rogers, 1984; Wilcock, 1993; Yerxa, 1995). Christiansen (1994, p.5) stated that, until recently, the profession has paid "only modest attention ...to defining occupation or describing it in a manner that would capture its structural complexity and reduce the ambiguity associated with the term". Kielhofner and Burke (1977) postulated that a professional focus on reductionism left few professional resources for the development of and research on occupation. Similarly, Primeau et al. (1990) suggested that therapists focused largely on efficacy to the demise of research which validated a place for occupation as therapy and a knowledge base to support its use. Why is it then, that a construct so integral to the practice of occupational therapy and to its jurisdictional claim remains largely "esoteric" (Rogers, 1984), "ambiguous" (Christiansen, 1994) and "rarely researched" (Trombly, 1995)?

Barris et al (1983, p. 311) suggested that past criticisms that occupational therapy is primarily diversional (particularly in psychosocial practice), "has led therapists away from our original mission and to adopt tools and methods more like others" (eg., verbal groups with no occupational basis or goal). Fidler (1992, p. 567) suggested that "it is truly ironic that we continue to devalue the essence of occupational therapy, that we struggle to look more like others and less like ourselves...while all the while these others are discovering the efficacy of authentic occupational therapy and striving to own it". These observations are reflective of a growing discontent within the profession about the continued use of occupation as an adjunct to therapy, rather than the central focus of therapy. By reducing people to their physical or mental parts, the profession indirectly proposed the person as part of the whole and occupation as an either-or phenomenon. In addition, the earlier conceptualizations about occupation and health became secondary to substantiating a role for occupational therapy within health care.

The literature suggests that therapists focused more on defining, debating and defending the practice of occupational therapy at the cost of generating empirical knowledge on occupation as a therapeutic means. This focus ultimately contributed to occupational therapy looking more like the other disciplines and less like occupational therapy (Fidler, 1992).

The literature is highly suggestive that the construct of

occupation is important to the profession of occupational therapy. However, Barris et al (1983, p. 311) suggested that "occupational therapy has failed to fulfill the broad mandate earlier conceptualized" and has not fulfilled "the promise of being one of the great ideas of 20th century medicine". They suggested that occupational therapy has "been slow to operationalize [the] hypothesis that occupation can influence health"(p. 311). Subsequently, professional practice has continued to be based on professional beliefs and assumptions rather than empirical evidence.

## Occupational therapy beliefs about occupation

Occupational therapists uphold many beliefs about the potential of human occupation. One belief is that occupation is a basic human need which is directly related to the meaning and quality of one's life. Wilcock (1993) suggested that the evolution of occupation is linked not only to sustenance of basic survival needs, but also that occupation is the primary means by which physical and mental abilities are exercised and kept sharp. According to Wilcock (1993), occupation is not only the medium through which humankind develops, but it is also the opportunities and options that humans pursue to realize meaning, purpose and self-actualization throughout the lifespan.

### Occupation is a basic human need.

Occupational therapists believe that occupation is a basic human need (Reilly, 1962; Trombly, 1995). Occupation has been postulated to be the means by which individuals not only procure the basic essentials of life (eg., food, safety and shelter), but is also an essential element to existence (Wilcock, 1993). Occupation is believed to be innately-driven. Individuals act upon their environment both as a means of adaptation, and as a means of making an impact upon one's world (Breines, 1989). Wilcock (1993) stated that engagement in occupation allows humans to act upon and master the environment in ways which allow for both the individual and the species to prosper.

Wood's review (1993) of the primatology literature suggests that the presence of occupational opportunities is related to adaptive and life supporting behaviours on the part of the primates. Wood (1993) noted that an absence of occupational opportunities appeared to be "related to an increase in maladaptive behaviours, including self-abusive acts and not caring for their [the primates] young" (p. 518). These findings parallel Meyer's (1922/1977) observations of individuals with mental illness who were engaged in occupations. Meyer noted that humans appeared to be driven to doing something, and that this drive was expressed in a variety of ideosyncratic ways, for example, picking at the wool of a loom or picking up debris from the floor. Meyer noted that humans need to do something and what they do is directly tied to the meaning of their day.

## Occupation gives meaning to life

A second belief held about occupation concerns its relationship to the meaning and purpose of one's life (Breines, 1989; Fidler and Fidler, 1978; Meyer, 1977; Polatajko, 1992; Reilly, 1962; Wilcock, 1993; Yerxa et al., 1990). Meyer (1922/1977) wrote that "it is the use that we make of ourselves that gives the ultimate stamp to our every organ"(p. 641). Fidler and Fidler (1978) stated that "it is through such action (engagement in occupation) with feedback from both humans and non-human objects that an individual comes to know the potential and limitations of self and the environment and achieves a sense of competence and intrinsic worth...it is through doing that one becomes"(p. 306). Breines (1989) suggested that humans are driven to make a difference in their lives and the lives of others and that occupation provides the means for accomplishing this difference. The belief that occupation gives meaning to life speaks to the essence of everyday doing. What people do gives one a sense of purpose each day, contributes to the meaning which individuals ascribe to their lives and contributes an organization of behaviour and a measure of time.

## Occupation organizes behaviour

A third belief about occupation is that it organizes behaviour (Kielhofner & Burke, 1977; Meyer, 1977; Polatajko, 1992; Primeau et al., 1990; Slagle, 1928). Meyer (1922/1977) observed that patients who were engaged in occupation tended to exhibit a general rhythm to their daily routine, a balance to work, rest, play and sleep activities and display more organized thoughts and actions. Slagle (1928) based her habit training programme upon a belief that a balance in time and activity would contribute to a healthy lifestyle and better re-integration within the community. In discussing the occupational therapy view on mental illness, Barris et al (1983) noted that "the majority of the clients seen by occupational therapy... suffer from an inability to occupy themselves in a productive and self-fulfilling manner... they lack the skills for action, the habits for an organized life style and the roles that give them identity and make them acceptable to society"(p. 279).

## Occupation has sociocultural and contextual dimensions

The literature also recognizes that what one does has both personal and societal value. Grady (1995) challenged therapists to not only be aware of the unique culture and community of each client, but also "to work actively to create occupational opportunities for individuals with disability to enable them to develop their capabilities in community settings of the client's choice"(p. 300). The American Occupational Therapy Association's position paper on occupation (1995) stated that "social or group conformity may be a compelling drive towards

occupation and that the social meaning ascribed to any given occupation will be established by the societal culture in which the individual resides” (p. 1015). Occupational therapists, (Ambrosi & Barker-Schwartz, 1995; Meyer, 1922/1977; Reilly, 1962; Suto & Frank, 1994) and others (Anthony & Liberman, 1986; Leete, 1989; Scheid & Anderson, 1995) have advanced that society values occupation and that the enablement of occupation-as-end will contribute to greater societal acceptance for those with a mental illness.

However, it has also been recognized that this very social context may create handicap “when disabilities put an individual at a social disadvantage relative to others in society” (Anthony & Liberman, 1986, p. 548). Leete (1989) clearly illustrated the experience of social disadvantage through the eyes of a consumer: “we are subjected ...to the misunderstanding, distrust, and ongoing stigma we experience from the community...where one is discounted” (p. 199) and “...progress is measured by professionals with concepts like ‘consent’ and ‘cooperate’ and ‘comply’ instead of ‘choose’” (p. 200). Similarly, a study by Scheid and Anderson (1995), on the perceptions of the work experience by consumers with severe and persistent mental illness, identified that rehabilitation efforts must not define a positive outcome only in terms of vocational readiness or the attainment of a job, eg., occupation-as-end. They suggested that the effects of psychotropic medications, the perceived threat to one’s disability pension and stigma all contribute to the perception of work as stressful (p. 163). Similarly, Goffman (1963) and Estroff (1989) have alerted mental health professionals to the impact of social stigma upon successful community integration. Suto and Frank (1994) suggested that therapists need to be alert not only to the constraints within the individual, but also “to the sociocultural reality that influences occupation, and phenomenon in the external environment that may handicap one’s efforts” (p. 16).

## Summary of the theoretical literature

The theoretical literature suggests that the profession is committed to occupation as the common core of practice. However, Rogers (1984) reminds us that our ideas will remain esoteric if they cannot be substantiated in science. How well has occupational therapy grounded its beliefs about occupation in science? In particular, have therapists conducted scientific studies which support occupation as a determinant of mental health? Yerxa (1991a, 1991b, 1995) has frequently alerted therapists to the fact that our jurisdictional claim (Abbott, 1988) as a profession will be won or lost on the basis of scientific inquiry which substantiates our beliefs. Yerxa et al (1990) stated “that one of the greatest challenges society faces today is understanding the relationship between engagement in occupation and health” (p. 1). Has occupational therapy met this challenge? Has occupational therapy generated a knowledge base in support of our beliefs about occupation and which substantiates

our jurisdictional claim in health care? A review of psychosocial research casts considerable doubt upon both our knowledge of how occupation promotes mental health and upon our jurisdictional claim.

## Psychosocial occupational therapy research

A review of the psychosocial occupational therapy literature yielded a variety of studies which considered activity therapy and its effectiveness in practice. For example, Kremer, Nelson and Duncombe (1984) conducted a randomized post-test experimental design to see how individuals with a psychiatric illness would rate three traditional occupational therapy groups (cooking, crafts and sensory awareness) after completion of the activity. Using the Osgoode Semantic Differential Scale, clients rated cooking highest in terms of power and action followed by sensory awareness and then craft activities. In 1985, DeCarlo and Mann conducted a pre and post-test experiment to ascertain if there would be differences between an activity-based, a verbal-based and a control group on clients’ perceived interpersonal communication skills. The authors concluded that a significant increase in communication skills for those involved in the activity-based group occurred compared to the verbal group and that there was a non-significant increase for the activity-based group over the control group.

Klyczek and Mann (1986) conducted a descriptive study to see if individuals who participated in twice as much activity than verbal therapy would demonstrate differences in symptomology, community tenure or relapse rate compared with individuals who participated in twice as much verbal therapy. The authors found inconsistent findings. Clients who participated in mostly activity-based therapy showed a 4x decrease in symptoms, equal community tenure and 3.5x increase in relapse rate. Unfortunately, the sample size for the activity group was more than twice the size of the verbal group, and both groups received activity and verbal therapy further confounding the results.

In 1988, Cole and Green used a descriptive study to determine the response of two groups of clients (individuals with psychotic versus borderline disorders) to activity versus psychotherapy groups. The authors concluded that both subject groups responded more favourably to the occupational therapy groups. However, they failed to describe the intervention (other than it being activity-based), and did not clarify whether responding more favourably resulted in enhanced mental health.

In 1992, Webster and Schwartzberg conducted a post group ranking of curative factors of occupational therapy groups using the Yolam’s Q Sort questionnaire. They found that occupational therapy groups were ranked similar to psychotherapy groups and were believed to be strong in cohesiveness, interpersonal, altruistic, hope and cathartic factors.

The authors suggested that further study was indicated to understand why occupation-based groups were rated this way.

In a qualitative study examining the future time perspective of 50 individuals with chronic schizophrenia in a room and care lodging, Suto and Frank (1994) identified that limited future time perspective appeared to be related to less activity by the participants. This study emphasized the impact of occupational deprivation for individuals with a severe and persistent mental illness and the impact of limited occupational opportunity on future goal planning.

A qualitative study by Strong (1995), which explored the experiences of individuals with persistent mental illness working in an affirmative business, found that work was perceived as a powerful influence on participants' self-concept and self-efficacy. Based on in-depth interviews with 15 participants and 15 months of participant action research, Strong affirmed the central occupational therapy belief "that people need to engage in meaningful activity, and by 'doing' we influence our health and sense of self" (p. 198).

Similarly, a recent qualitative study (Rebeiro, 1997), which explored the experience of occupational engagement for eight participants involved in an occupation-based mental health group, identified that occupation served as means to enhanced perceived self-confidence and self-competence. In this study, in-depth interviews and participant observation were utilized to explore the experience of engaging in occupations. Participants suggested that occupations served as a means to define and redefine self, and enhanced subjective well-being. Further, the participants stated that ongoing engagement in occupations served as means to sustain their redefined sense of self and subjective well-being over time. In this study, a supportive, safe environment was essential to both initial and continued occupational engagement. Rebeiro (1997) suggested that therapists need to consider both the environment and the provision of occupational opportunities in order to fully understand any mental health impact on the person.

## Summary of the research literature

The empirical research literature offered few studies which directly examined the use of occupation-as-means to mental health. Most studies explored consumer perceptions of activity-based groups, the use of independent variables other than occupation (eg., stress management, Stein & Smith, 1989), and the use of dependent variables other than mental health (eg., interpersonal communication skills, recidivism). Ironically, those variables which best explicate a unique role for occupational therapy in mental health were least utilized in the various research studies reviewed.

## Discussion

The preceding review of the literature is important to the profession of occupational therapy for two reasons. The first concerns an internal matter for the profession. The examination of

our practice is essential to gain a bearing of where we are at, who we are and what we claim to be. As a profession, we uphold firm convictions about the value of occupation in promoting mental health. Yet, few of the research studies located within the literature identified occupation as the means or as the end of the intervention. Most of the studies reviewed attempted to isolate and measure variables that had little to do with occupation and which subsequently failed to inform the reader of new knowledge or substantiate our beliefs and jurisdictional claim. If we are to lay claim to the use and provision of occupation for therapeutic purposes as a profession, greater attention is required in the area of research to empirically support our beliefs and our assumptions. It is reasonably correct to assume that a reconciliation between what we say and what we do in psychosocial practice is not only indicated, but perhaps, essential to lifting our 'identity confusion' and creating the cohesive, professional focus that Kielhofner and Burke (1977) suggest is requisite for a successful paradigm shift towards occupation.

The second reason concerns matters external to the profession which are directly related to the success of our jurisdictional claim (Abbott, 1988). External matters concern the continued confusion within the public arena of the role of the profession of occupational therapy, the contributions to knowledge that the profession generates within the academic arena and the future role of occupational therapy in the workplace arena in a changing health care system. Abbott (1988, p. 71) suggested that full jurisdictional claims require that "legitimization within the culture by the authority of the profession's knowledge, be established within the law and shaped by the very public idea of the tasks that the profession does". In his book, Abbott (1988, p. 81) stated that "it is unclear whether we should identify professions by the group claims ...or by the functional realities". What might be the functional reality of the profession of occupational therapy? What is the image that we project to the public arena? What contribution has occupational therapy made to the universe of knowledge in psychosocial practice?

Part of our reality is that we appear to be firmly committed to the construct of occupation and to a belief that occupation can promote and maintain mental health. This reality is not so much grounded in fact and scientific proof, as it is within our beliefs. These beliefs appear to be the threads which have united occupational therapy since its inception in the early part of this century. Our beliefs purport that occupation may be a reasonable means to promote mental health. However, it must be argued that our 80 some odd years of beliefs have merely led therapists to assume that a relationship exists between occupation and health, but without sufficient data to substantiate this claim (Fossey, 1992). If this review is at all indicative of the evidence that we present to the academic and public arenas, our jurisdictional claim may in fact be at risk. Given the fierce competition within the pro-

sent health care system, one needs to ask, how can occupational therapy successfully compete? How can our jurisdictional claim be differentiated from that of others?

The answer to these questions and to the reconciliation of internal confusion lies within an enhanced knowledge of the construct of occupation. If the profession of occupational therapy stakes its jurisdictional claim to the therapeutic use of and the enablement of occupation, this focus should be reflected in our workplace arenas. There should be little doubt in either the clients' or other disciplines' minds as to the role and purpose of occupational therapy in mental health. Single case studies could be conducted within the clinic which tap and document the insider's experience and perceptions of engaging in occupations. Collectively, single case studies can contribute to a growing body of empirical data and subsequently contribute to what we know about occupation-as-means to mental health and well-being. Creative and collaborative partnerships with consumers which examine the meaning of engaging in occupations and of the greater societal influences to engaging in occupations are essential to understanding the importance of human occupation to mental health and the reality of accessing occupation beyond the confines of the clinic.

Dunton (1918) stated that occupation requires expression in the "insane as well as the sane". The theoretical literature suggested that occupation is an ideal medium for funneling one's talents into a greater purpose and for realizing meaning in one's life. However, the empirical literature revealed that occupational therapy has not actively investigated this relationship in science.

If occupational therapists aspire to reflect a unique occupation approach to client care and desire to distinguish themselves from other professions, then we need to seriously reconcile what we say and publicly declare, and what we research and do in the clinic. Qualitative research, which seeks to understand better the construct of occupation and its importance to the mental health needs of the consumer, is recommended as the first step. By examining why occupation is helpful to an individual with mental illness, occupational therapists may not only substantiate their beliefs, but also, identify how occupation-as-means can be utilized to promote mental health.

## Conclusion

In this paper, the professional literature was examined in order to identify if there is a good fit between what we say about occupation, what we know and what we pursue in research. Occupational therapy's claim to the use of occupation-as-means to mental health does not appear to be well supported by research studies. This position is substantiated by an observed discrepancy between the formal declarations about occupation by the profession and the reality of the research initiatives within psychosocial practice. The research studies failed to substantiate our beliefs about occupation, and sub-

sequently, have not contributed to a successful jurisdictional claim in the workplace, public or academic arenas. A reconciliation between the profession's beliefs and the reality of clinical practice and research endeavours may have both internal and external benefits. A broader conceptualization of occupation-as-means and as-end most clearly reflects what Meyer told us about occupation and most clearly looks like occupational therapy. Such a conceptualization will open up both qualitative and quantitative research opportunities to explore, to discover and to better understand if and how occupation-as-means contributes to mental health, and if and how the enablement of occupation-as-end maintains the health cycle and furthers the "means" by which individuals with severe and persistent mental illness can find meaning and purpose in their lives.

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